

The Clapham Family Practice

Inspection report

89 Clapham High Street
Clapham
London
SW4 7DB

Tel: 020 3049 6600

www.theclaphamfamilypractice.co.uk

Date of inspection visit: 6 November 2018

Date of publication: 14/01/2019

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This practice is rated as Requires Improvement overall.

The practice consists of what was two former practices which merged in July 2018. Both practices had previously been inspected by CQC. The main site which has always been known as Clapham Family Practice was inspected in October 2016 and was rated as good in all areas. The site at 86 Clapham Manor Street was inspected in April 2018 and was rated as requires improvement overall. It was rated as inadequate for safe, requires improvement for effective and well led and as good for caring and responsive. All population groups were rated as requires improvement.

The report stated where the practice must make improvements:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that systems and processes are established and operated effectively to ensure compliance with the requirements of good governance.

In addition, the provider should:

- Review the arrangements for identification of patients with caring responsibilities so they can provide and signpost them to the appropriate support.

We carried out an announced comprehensive inspection at The Clapham Family Practice on 6 November 2018. The inspection was a comprehensive inspection of the newly merged organisation, but also a follow up of the inspection at the Clapham Manor Street site.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

At this inspection we found:

- 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.
- The practice had some implemented defined and embedded systems to minimise risks to patient safety, although the management of sharps was not in line with national guidance.
- The practice did not have systems in place to ensure the safe management of high risk medicines and the security of prescriptions.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, some members of staff had not been appraised.
- 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.
- Information about services and how to complain was available.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Governance systems were in place in most areas, but clinical meetings were not documented.
- 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:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that systems and processes are in place to ensure compliance with the requirements of good staffing.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently 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 

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 GP specialist adviser in training who acted as an observer.

Background to The Clapham Family Practice

The Clapham Family Practice provides primary medical services in the London Borough of Lambeth to approximately 22,000 patients. The practice was formed by the merger of two practices 12 weeks prior to the inspection. The main site (which has always been known as Clapham Family Practice) operates at 89 Clapham High Street, Clapham, London, SW4 7DB. Approximately 19,000 of the practice's list were based at this site prior to the merger. The second site is based at The Manor Health Centre, 86 Clapham Manor Street, Clapham, London, SW4 6EB. Both sites are based at purpose built premises.

The practice population is in the fifth most deprived decile in England, although the practice has pockets of both high deprivation and affluence. The practice population's age demographic is in line with the Lambeth but not the national average. The practice has a higher proportion of patients aged 15-44 than the national average, with all other areas being lower than the national average.

The practice is managed by three partners. The GP team at the surgery is made up of 12 GPs (including the

partners) working a total of 85 sessions per week. There are also four practice nurses (23 sessions), a pharmacist (5 sessions) and three healthcare assistants (25 sessions). There is a practice manager and an assistant practice manager. The team is supported by three managers and 16 other administrative and reception staff. The practice operates under a Personal Medical Services (PMS) contract.

The practice reception is open between 8:30am and 6:30pm Monday to Friday. There are extended hours at the main site on every weekday evening, from 6:30pm to 8pm on Mondays and Wednesdays, from 6:30pm until 8:30pm on Tuesdays and Thursdays and 6:30pm until 7pm on Fridays. The practice is also open on Saturday mornings from 9am until 12pm. When the practice is closed patients are directed to contact the local out of hours service.

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

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 the practice had:

- Not ensured the safe management of medicines and prescriptions, and had not ensured that systems and processes for the management of high risk or controlled medicines was in place.
- Not ensured that the service was meeting best practice about infection control. The practice reported that the building owner had denied permission for sharps boxes to be affixed to the wall.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse, with the exception of infection control.

- 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. Learning from safeguarding incidents were available to staff. 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.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- In most cases there was an effective system to manage infection prevention and control. However, sharps bins at the practice were not securely affixed, although the practice reported that the landlord of the building had refused permission for them to do so. None of the rooms that we looked in had purple topped sharps bins in place which are required for the disposal of sharps and medicines with cyto-toxic or cyto-static contents. The practice was disposing of these contents in normal sharps bins.
- 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. Staff had flexibility in their contracts and reported that they were normally happy to work extra hours as required.
- 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.
- The practice did not have a formalised risk register in place but individual risk strategies were in place where they had been identified.

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 in most cases. However, both sites kept injectable diazepam in

Are services safe?

emergency medicines boxes. As a controlled drug this should have been kept securely and monitored in line with guidance for the storage of controlled drugs. The practice stated that they would no longer store this medicine and would dispose of it securely.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance in most cases, and at all times at the main site. However, we saw that this was not the case in the branch site which the practice had taken on 12 weeks before the inspection. We reviewed two cases where patients had been prescribed lithium. In one case, a patient had been provided with a further prescription in the past twelve weeks although the requisite tests had not been completed since February 2018. In a second case, the practice had received blood test with adverse findings on 2nd October, but no action had been taken until 6th November. We reviewed four other cases where patients had been prescribed high risk medications and they had been managed in line with guidelines. The practice commenced an audit of patients of high risk medications at the branch site following the inspection.
- The practice did not record serial numbers of prescription stationary so use of the stationary could not be fully monitored. On the day of the inspection the practice had a repeat prescription process of placing prescriptions in slots on the GPs door so that they could be signed. This was not secure as details of patients, their address and medicines that they were taken were accessible to passing patients, who could also potentially have been misused. The practice changed this process following feedback from the inspection team on the day of the inspection.

- 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, or in the case of the branch site, the practice was able to show how patients would be followed up in future.

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 safety using information from a range of sources.

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 took action 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 requires improvement for providing effective services overall and across all population groups.

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

- The practice was not able to provide appraisal documentation for some staff. Several staff told us that they had been appraised, but the lead nurse and two administrative staff told us that they had not been appraised in over a year.
- The practice had undertaken a number of audits, but only one was two cycle, and this had not shown improvement from the first cycle to the second.
- Although we saw no evidence that two week wait referrals had been missed, the system for follow up was not sufficiently formalised. On the day of the inspection that practice addressed this.

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 used appropriate tools to assess the level of pain in patients.
- Regular clinical and nursing meetings were in place to discuss patient care.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

There were some issues such as the lack of appraisal of all staff that impacted on all patients' groups. However, the practice also provided the following services to each of the population groups.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice had incorporated the list of the branch surgery where follow up patients was traditionally poorer into the overall list, and there were robust systems for follow up. 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 was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with national averages.

Families, children and young people:

- Childhood immunisation uptake rates were slightly below the 90% target but were in line with the national average. There were systems in place to ensure that children were recalled where they needed vaccinations.

Are services effective?

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

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

- The practice's uptake for cervical screening was 64%, which was below the 80% coverage target for the national screening programme but in line with the national average. The practice had recall systems for patients and informed them that cervical screening was essential at identifying health risks.
- The practice's uptake for breast and bowel cancer screening was similar to the national average.
- 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.

- Quality and Outcomes Framework (QOF) results for the last published year at the main site were 532 of a possible 559 available, or 95%. QOF scores were in line with the national average in all areas. Results at the branch site were 397 of a possible 559, or 71%. These were significantly below the national average in most areas. The Clapham Family Practice had merged the lists and ensured patients at the branch site benefitted from the same recall procedures as the main site.
- Rates of exception reporting were either in line with or lower than the national average in all areas.
- 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. However, the practice had undertaken mostly one cycle audits so it was difficult to determine whether the standard of care being provided was improving.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, but were not monitored fully by the practice.

- 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.

Are services 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.
- There was an induction programme for new staff. The practice was not able to provide appraisal documentation for all of its staff. Three staff told us that they had been appraised, but the lead nurse and two administrative staff told us that they had not been appraised in over a year. Two of the staff indicated that it was over two years since they had last been appraised.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. However, some referral systems were not fully formalised

- We saw records that showed 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. However, the monitoring of two week wait referrals was not formalised at the time of the inspection. Following the inspection, the practice formalised the existing process that was in place.

- 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 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.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- 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 and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises at both sites 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. 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.
- The service delivered holistic health assessments to its most at risk older patients in line with the requirements set by the clinical commissioning group.
- The practice provided care at two residential homes where a doctor undertook a "ward round" once a week at each site. Nurses attended less regularly for the monitoring of long term conditions.

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.

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. For example, the practice had implemented extended opening hours five evenings per week and on Saturday mornings

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 met with local community mental health providers to ensure that care was provided effectively.

Timely access to care and treatment

Most patients reported that they were able to access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's 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.
- Most patients reported that the appointment system was easy to use, although several patients that we interviewed said that appointments could be difficult to access in a timely manner.

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 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.
- Staff told us that leaders in the practice were visible and had helped them develop in their roles.

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. This including addressing areas which the practice was aware needed addressing when they took on management of the branch site.
- 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.
- The practice monitored progress against delivery of the strategy.

Culture

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

- 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 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. However, we noted that not all staff at the practice had been formally appraised.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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

There were clear responsibilities, roles and systems of accountability to support good governance and management in some areas.

- Structures, processes and systems to support good governance and management were clearly set out. However, systems in the practice had not ensured that all staff were appraised, and processes designed for the management of medicines and prescriptions were not adequate.
- 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 to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. However, there were risks at the branch site that the practice had not anticipated when it took over management of the site.
- Full clinical meetings were in place and staff told us where care had been discussed.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit was in place but most were one cycle only. As a consequence, it was difficult to determine whether or not they had a positive impact on quality of care and outcomes for patients.
- 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.

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.
- With the exception of the repeat prescription process which was discontinued by the practice following the exception, 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

There were 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.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice had not ensured the safe management of medicines, and had not ensured that systems and processes for the management of high risk or controlled medicines was in place.• The practice was not meeting best practice with regard to infection control. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice had not ensured that staff were appraised. <p>This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>