Todmorden Health Centre

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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced comprehensive inspection of the extended access service run by Pennine GP Alliance Limited at Todmorden Health Centre on 23 June 2021. Overall, the provider is rated as good.

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires Improvement

Why we carried out this inspection

This announced comprehensive inspection was the provider's first inspection. We looked at the key questions safe, effective, caring, responsive and well-led.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Requesting evidence from the provider
- A site visit

As part of this inspection we interviewed by video conferencing, the Operations Manager, a GP, two advanced nurse practitioners, two advanced clinical practitioners and two receptionists. On the day of the inspection we interviewed at the location the Registered Manager, the GP Clinical Lead and the Operations Manager. We also interviewed by telephone, a GP and an advanced clinical practitioner who were working remotely for the extended access service on the day of the inspection.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this provider as good overall and requires improvement for the key question well-led.

Overall summary

We found that:

- The provider continued to contribute to the local health agenda and work in partnership with stakeholders to deliver patient care during the challenges of the past year with the COVID-19 pandemic.
- There were gaps in the oversight of some systems and processes to demonstrate effective governance. In particular, there were gaps in staff recruitment documentation, staff training and frequency updates, oversight of premises and equipment at the host GP practices, health and safety risk assessment, including fire evacuation, business continuity planning and policies and procedures.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- Leaders reviewed the effectiveness and appropriateness of the care the service provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a programme of quality improvement, including clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Leaders demonstrated they had the capacity and skills to deliver high-quality, sustainable care.
- Patient feedback about the service had been positive.

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

- 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:

- Implement a system to track and monitor prescription stationery used by the service.
- Review the system to identify and record incidents and significant events to ensure all potential learning opportunities are captured to drive quality improvement.
- Develop a system to monitor the process for seeking consent to ensure consent and decision-making is in line with legislation and guidance.
- Improve and develop staff awareness of duty of candour and ensure all staff are aware of their responsibilities in relation to this.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Todmorden Health Centre

Pennine GP Alliance Limited, established in 2014, is a GP Federation serving the needs of the population of Calderdale. The Federation is made up of all 21 general practices, with a patient population of 220,000, spanning five Primary Care Networks (PCNs) in the Calderdale Clinical Commissioning Group (CCG). Further details can be found on the provider's website at www.penninegpa.co.uk.

The focus of this inspection is the delivery of the extended access service, which has been operational since August 2017, for three practices within the Upper Calder Valley PCN and five practices within the North Halifax PCN. This is a patient population of approximately 80,000.

The extended access service operates from two locations, which we visited during our inspection:

- Todmorden Health Centre, Lower George Street, Todmorden OL14 5RN
- Keighley Road Surgery, Keighley Road, Halifax HX2 9LL

The extended access service is provided between 6.30pm and 8pm on Monday to Friday.

During the COVID-19 pandemic, the extended access service is being delivered via remote consultation. The provider told us that face-to-face consultations are scheduled to recommence in July 2021

Pennine GP Alliance's administrative centre operates from Spring Hall Medical Practice, 173 Spring Hall Lane, Halifax, HX3 4JG. There are five clinical directors, representing each of the five PCNs, who are also board members. Day-to-day operational oversight is provided by the Registered Manager, a GP clinical lead, a non-clinical Operations Manager and an administration team.

The extended access service is provided by five GPs, which included the GP clinical lead, three advanced nurse practitioners, eight advanced clinical practitioners and five receptionists. The provider told us that staffing would increase when the service resumed face-to-face consultations.

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

Good

Are services safe?

We rated the provider as good for providing a safe service.

Safety systems and processes

The service had systems in place to keep people safe and safeguarded from abuse.

- There was a lead member of staff for safeguarding processes and procedures. Policies covering adult and child safeguarding were accessible to staff. Staff we spoke with confirmed they knew how to access these. We saw that clinical staff had been trained to safeguarding children level three. Staff we spoke with knew how to identify and report concerns. There were systems to identify vulnerable patients on the clinical record system.
- The safeguarding lead described local safeguarding arrangements, which were outlined in the safeguarding policies. The provider told us there had been no safeguarding children or adult referrals in the past 12 months.
- At the time of our inspection there were no face-to-face consultations taking place. We were informed they were due to recommence in July 2021. We spoke with staff who would act as chaperones and saw they 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 were able to describe their role and responsibility when chaperoning.
- The majority of clinical and non-clinical staff were employed on a locum basis; some through an agency. We reviewed six clinical staff and two non-clinical staff recruitment files on the day of our inspection, and found there was a system in place to check all relevant employment documentation in accordance with regulations, for example, photo-ID, DBS and professional registration checks. However, we found that references had not been provided by the locum agency for some clinical staff. None of the locum clinical staff and non-clinical staff had a locum contract or agreement in place with the provider. In addition, we found gaps in the recording of the full immunisation status for some staff. At the time of our inspection there was no direct patient contact. After the inspection, the provider advised us that these staff would not undertake face-to-face consultations in the service until they had provided confirmation of their immunisation status.
- The extended access service was contracted to operate from two host GP practices. We visited both sites and observed the premises to be clean and tidy. We saw there were systems and processes in place to manage infection prevention and control (IPC), including IPC audits. The provider had nominated an IPC lead. However, not all staff we spoke with knew who the IPC lead was, although this was in the IPC policy. We reviewed the training files of eight staff members and found IPC training in place.
- The arrangements for managing waste and clinical specimens at the host sites kept people safe.
- Premises and facilities were managed by the host GP practices. We saw evidence of premises maintenance records, for example fire alarm and extinguisher checks. We saw the host practices had undertaken risk assessments which included fire, health and safety and legionella. However, the provider did have any systems or processes in place to monitor the facilities management undertaken by the host GP practices to satisfy themselves that all areas were compliant. After the inspection, the provider told us they were creating a system to ensure oversight of premises and facilities management by the host GP sites.
- The provider had not undertaken a health and safety risk assessment pertaining to their service, which operated outside core hours within the host GP premises. The provider told us they would address this ahead of face-to-face consultations recommencing.
- We saw evidence that weekly fire alarm checks were undertaken by the host GP practices and these were logged. Fire safety was included for staff in their induction and fire awareness training was included as part of the mandatory training schedule. There was no record that the provider had facilitated a fire evacuation for their staff, when an on-site service was in operation, or had been part of a fire evacuation exercise with either host GP practice.
- The medical equipment we reviewed on the day had been maintained according to manufacturer's instructions.

Risks to patients

Good

Are services safe?

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

- There were arrangements for planning and monitoring the number and mix of staff required for the service. Arrangements were in place for ensuring that this requirement was fulfilled and took account of holidays, sickness and busy periods. We saw evidence that rotas were planned ahead.
- The number and times of consultations were fixed, in line with the provider's contract. There were no walk-in or non-pre-booked appointments. Consequently, there was no requirement for any system for dealing with surges in demand.
- The service was equipped to deal with medical emergencies (including suspected sepsis). We saw that the oxygen supply and defibrillator at each location was regularly checked and fit for use. We reviewed eight staff files and saw that basic life support training had been undertaken.
- Clinicians we spoke with knew how to identify and manage patients with severe infections including sepsis. Receptionists we spoke with were aware of actions to take if they encountered a deteriorating or acutely unwell patient.
- The service had a business continuity plan (BCP) in place which outlined incidents which could impact on service delivery. However, there were some gaps in the plan, which included key supplier and staff contact details. In addition, the provider had not tested or practised any of the scenarios in the BCP to assure themselves of its effectiveness.
- The provider held a risk register. We saw that all identified risks had been assessed to define the level of risk by considering the category of probability against the category of impact on the service. All risks had been allocated a RAG (red, amber, green) rating based on this assessment. We saw that the provider regularly monitored this.

Information to deliver safe care and treatment

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

- We reviewed some individual care records and found they were written and managed securely and in line with current guidance and relevant legislation.
- Clinicians had access to patient information to enable them to deliver safe care and treatment.
- There were systems for sharing information with a patient's GP and other agencies to enable them to deliver safe care and treatment.
- Referral letters contained specific information to allow appropriate and timely referrals. The service had a system in place to send a notification to a patient's GP through the clinical system when an urgent two-week wait referral had been undertaken. There were systems in place to ensure these were followed-up.
- The provider had Information Commissioner's Office (ICO) registration in place.

Appropriate and safe use of medicines

The service had systems and processes in place for appropriate and safe handling of medicines.

- Clinical staff we spoke with prescribed medicines to patients and gave advice on medicines in line with current national guidance.
- The service had undertaken audits of their prescribing, for example, antibiotics and hypnotics.
- The service monitored the prescribing of its clinicians through clinical notes reviews.
- The service had access to all the appropriate emergency medicines at both locations. We saw that there was a system in place to check these.
- The service did not dispense any medicines and did not hold any controlled drugs.
- The service did not hold or administer any medicines which required refrigeration.

Good

Are services safe?

- We found prescription stationery was securely stored at both sites. However, the provider did not have a system to log prescription stationery serial numbers. They told us they would initiate a system ahead of resuming face-to-face consultations.

Track record on safety

- This was the provider's first inspection. At the inspection we found some systems and processes were not fully embedded to ensure effective governance.
- The provider had a system in place for receiving, recording, acting and sharing patient safety alerts.

Lessons learned and improvements made

The service had systems and processes in place to make improvements when things went wrong.

- The provider had a significant event policy in place, which was accessible to staff. Staff we spoke with understood their duty to raise concerns and report incidents and near misses. They told us they would inform the Operations Manager or GP clinical lead. Staff we spoke with told us they had not experienced any incidents which needed to be reported.
- We saw that the provider had only recorded one significant event in the past 12 months.
- The provider told us significant events would be discussed at clinical meetings, which had recently commenced.
- The leadership team demonstrated their awareness of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The service had only recorded one significant event in the past 12 months, so it was not possible to assess if the provider complied with the duty of candour.
- There was a duty of candour policy in place but not all staff we spoke with understood the term duty of candour.

Good

Are services effective?

We have rated the provider as good for providing an effective service.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. Guidance was available through a clinical decision support tool integrated into the clinical system and updates were discussed at clinical meetings, which had recently commenced prior to our inspection.
- We spoke with clinicians and reviewed some clinical records. We found from those reviewed that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- The service monitored that these guidelines were followed through audits and random sample checks of patient records.
- 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.
- Reception staff we spoke with knew to contact the duty GP for any patients presenting with high-risk symptoms, such as chest pain or difficulty in breathing.

Monitoring care and treatment

The provider had a programme of quality improvement activity, including clinical audit, and routinely reviewed the effectiveness and appropriateness of the care provided.

- There was evidence of quality improvement, including clinical audit. We saw that the provider had undertaken antibiotic and hypnotic prescribing audits.
- There was a schedule of clinical notes and prescribing reviews. Outcomes were fed back to clinicians. Clinicians we spoke with confirmed this.
- Clinicians we spoke with told us they had access to local prescribing guidelines.

Effective staffing

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

- Both clinical and non-clinical staff we spoke with had appropriate skills, knowledge and experience for their role. We saw that the provider maintained evidence of formal qualifications and professional registration as part of their recruitment procedures.
- The service had a mandatory training schedule for staff which included safeguarding children and adults, mental capacity act (MCA), infection prevention and control, basic life support, information governance, fire safety awareness, health and safety, sepsis awareness and equality and diversity. The inspection process highlighted gaps in capturing some mandatory training and frequency of updates. Staff we spoke with told us that they had undertaken some training in their daytime employment within GP practices. However, the provider did not have an effective system in place to capture this at the time of our inspection.
- There was an induction programme for new staff, including locum staff, which was support by a locum handbook. This was accessible, along with policies and procedures, on the provider's web-based compliance and workforce management platform. Staff we spoke with knew how to access this. Some of the staff we spoke with had commenced

during the period when the service was only being delivered remotely so had not been on site at either of the two GP practices where the service was contracted to be delivered. Some of the staff we spoke with worked at these locations during the daytime and were familiar with the premises. The provider told us that ahead of resuming face-to-face consultations, supplementary induction to include premises and equipment would be undertaken.

- The majority of clinical and non-clinical staff were employed on a locum basis. Evidence of professional appraisal and revalidation was maintained by the provider. Some staff told us they had received an appraisal in their daytime employment but not in their role as part of the extended access service. The provider told us a formal appraisal process was not in place but clinical guidance, feedback and support was provided through regular notes and prescribing reviews with clinicians. The provider told us they planned to enhance this process to include how training, learning and development needs were identified, planned for and supported for their staff to create a more formal appraisal process. This would also include non-clinical staff.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- Staff working at the service had access to each patient's full clinical record. Staff were able to view correspondence and test results within the record, and order further tests or make referrals when appropriate.
- Information was relayed to patients' own GPs via the clinical system.
- Patients with vulnerability factors were identified via a 'flagging' system on the patient record and could be viewed by staff.
- We saw that details were entered into patients' electronic records at the time of the consultation.
- There were arrangements in place for booking appointments. All appointments were pre-booked by the patient's own GP practice. There were no walk-in patients.

Helping patients to live healthier lives

As an extended access service, the provider was not able to provide continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrated their commitment to patient education and promotion of health and well-being advice.

Staff we spoke with demonstrated a knowledge of local and wider health needs of patient groups who may attend the extended access services. Clinicians told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance but there was no systems in place to monitor this process.

- Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Staff acting as chaperones told us that consent and details of who had been the chaperone was recorded in the patient's clinical notes.
- The provider did not have any system in place to monitor to process for seeking consent.

Good

Are services effective?

- We saw Mental Capacity Act (MCA) training was included as part of the provider's mandatory training schedule. We reviewed eight staff training records and saw all had undertaken MCA training.

Good

Are services caring?

We rated the service as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff we spoke with demonstrated they understood patients' personal, cultural, social and religious needs.
- We saw equality and diversity training formed part of the provider's mandatory training schedule.
- The provider collected patient feedback through the NHS Friends and Family Test (FFT). We reviewed current data for 2021 for both sites for the period when remote consultations only were being provided. Feedback for services provided from Todmorden Health Centre, based on 22 responses, showed that 74% would be extremely likely and 17% likely to recommend the service. Feedback for extended access services provided from Keighley Road Surgery, based on 44 responses, showed that 61% would be extremely likely and 36% likely to recommend the service.
- We reviewed patient feedback from the period prior to the COVID-19 pandemic for both sites when the service was providing face-to-face consultations. We found that feedback for the services provided from Todmorden Health Centre, based on 324 responses, showed that 85% would be extremely likely and 13% likely to recommend the service. Feedback for services provided from Keighley Road Surgery, based on 376 responses, showed that 80% would be extremely likely and 16% likely to recommend the service.
- At the time of our inspection the service was being delivered remotely and there were no face-to-face consultations. As such we did not have the opportunity to speak with any patients during our inspection.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- All appointments were 15 minutes in length with GPs, advanced nurse practitioners and advanced clinical practitioners to facilitate effective communication.
- Interpretation services were available for patients who did not have English as a first language and staff we spoke with knew how to access these.
- Staff helped patients and their carers find further information and access community and advocacy services.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with were aware, and gave examples, of the need to maintain patient confidentiality. For example, ensuring that patient identifiable information was not visible to unauthorised personnel.
- Staff acting as chaperones demonstrated their understanding of their responsibilities in relation to maintaining patient dignity and confidentiality.
- We visited both sites where extended access services were contracted to be delivered. We observed that there were arrangements to ensure confidentiality at the reception desk.
- Privacy curtains were in use in clinical rooms.
- Staff we spoke with told us that there was a private room available should a patient be distressed or wanted to discuss sensitive issues, which we observed when we undertook our site visits.

Good

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. Patient needs and preferences were taken into account.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. Patients had access to interpreter services and there was an induction hearing loop in place, at both locations, for patients who had hearing difficulties.

Timely access to the service

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

The extended access service operated from 6:30pm to 8pm Monday to Friday at both Todmorden Health Centre and Keighley Road Surgery. Patients registered at one of the three GP practices in the Upper Calder Valley primary care network (PCN) and five GP practices in the North Halifax PCN could access appointments through their own GP practice.

Listening and learning from concerns and complaints

The service had systems in place to respond to complaints and improve the quality of care.

- There was a complaints policy and a lead in place. We were unable to determine if the service learned lessons from individual concerns and complaints as there had been no complaints within the past 12 months.
- The provider told us they recorded verbal complaints to ensure all opportunities to learn from feedback was captured.

Requires Improvement

Are services well-led?

We have rated the provider as requires improvement for providing a well-led service as systems and processes to demonstrate effective oversight and good governance were not sufficiently embedded. In particular, we found gaps in recruitment checks, staff training, premises and equipment oversight, health and safety risk assessment, including fire evacuation, business continuity plan and process, and policies and procedures.

Leadership capacity and capability

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

- Leaders were open and transparent about the challenges of the last year during the COVID-19 pandemic. The service had moved from face-to-face to remote consultations. They told us they planned to resume face-to-face consultations in July 2021.
- Although staff did not have access to managerial support in person during operational hours, they were able to access support by telephone, if needed. This included clinical guidance and administrative support. Staff told us they had been provided with appropriate contact details.
- There had been some changes in designated and lead roles and not all staff we spoke with knew who all the current designated leads were. For example, the infection prevention and control lead and the Freedom to Speak Up Guardian.

Vision and strategy

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

- The provider told us that their vision was to 'ensure viable GP services remain at the heart of local communities, providing sustainable and high-quality, patient-focused healthcare.' This was underpinned by their aims of 'sustainable GP services, commercial success, unified services that were flexible and responsive and delivering effective and efficient primary care services.'
- We saw that the provider's vision, values and aims were outlined on their patient-facing website.
- The service had a realistic strategy and supporting business plan to achieve their priorities. Progress against delivery of the strategy was monitored.

Culture

The service had a culture which drove high-quality sustainable care.

- Staff we spoke with stated they felt respected, supported and valued. They were happy to work in the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff told us there were positive relationships between staff, and the clinical lead and operational manager were approachable and accessible when needed.
- The provider had a whistleblowing policy in place which referenced a Freedom to Speak Up Guardian but did not name them. Not all staff we spoke with knew who the Freedom to Speak Up Guardian was.
- The management team were aware of the requirements of the duty of candour. There was a duty of candour policy in place. However, not all staff we spoke with understood the term duty of candour and their responsibilities in relation to this.
- 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.
- The provider had identified equality and diversity training as part of their mandatory training schedule.

Governance arrangements

Requires Improvement

Are services well-led?

Although there were roles and systems of accountability to support good governance and management, we found gaps in its oversight.

- There were gaps in the oversight of some systems and processes to demonstrate effective governance. In particular, there were gaps in staff recruitment documentation, staff training and frequency updates, oversight of premises and equipment at the host GP practices and business continuity planning.
- There were policies and procedures in place but some of these contained insufficient information and were not site-specific.
- The provider had recently commenced meetings for clinical staff and planned to roll out meetings to include non-clinical staff, to facilitate effective communication and a platform to discuss service activity and feedback.

Managing risks, issues and performance

- There were gaps in the provider's operational systems and processes which impacted on the provider's ability to identify, manage and mitigate risk. In particular, recruitment, training and premises and facilities oversight.
- The service had a business continuity plan (BCP) in place which outlined incidents which could impact on service delivery. However, there were some gaps in the plan, which included key supplier and staff contact details. In addition, the provider had not tested or practised any of the scenarios of the BCP to assure themselves of its effectiveness.
- The provider undertook quality improvement activity, including clinical audit, and routinely reviewed the effectiveness and appropriateness of the care provided through clinical notes and prescribing reviews.
- Service leaders had oversight of patient safety alerts, incidents, and complaints.

Appropriate and accurate information

The provider demonstrated commitment to using data and information proactively to drive and support decision making.

- The provider used performance information which was reported and monitored, and management and staff were held to account.
- Quality and operational information was used to ensure and improve performance.
- Arrangements for data security, patient confidentiality and data management systems were appropriate.
- Clinicians had access to patient information to enable them to deliver safe care and treatment.
- The service submitted data or notifications to external organisations, including the Care Quality Commission, as necessary.

Engagement with patients, the public, staff and external partners

- The provider continued to contribute to the local health agenda and work in partnership with stakeholders to deliver patient care.
- The provider engaged with the local Clinical Commissioning Group (CCG) and provided quarterly delivery and performance reports, which included utilisation of the service and quality assurance updates, for example, complaints, incidents and patient survey feedback.
- The service obtained feedback from patients for the extended access service through the Friends and Family Test (FFT), complaints and direct feedback during clinical encounters. We saw that patient feedback about the service had been good.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

Requires Improvement

Are services well-led?

- The provider used an integrated IT infrastructure to deliver the service. This included a clinical decision support tool integrated into the clinical system, prescribing formulary and a web-based compliance and workforce management platform which provided efficiency, consistency, clinical effectiveness and safety.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had not ensured that effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care.** **In particular, we found that governance systems had failed to identify that:** • There were gaps in recruitment documentation. • There were gaps in core training and frequency of training updates. • There were gaps in the business disruption and continuity plan and the processes had not been practised. • A health and safety risk assessment of the provider's service within the host GP practices, including fire evacuation, had not been undertaken • There was insufficient oversight of premises and equipment facilities management undertaken by the host GP practices. • Policies and procedures contained insufficient information and did not always reflect the provider's procedures. **This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**