

# Park View Medical 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?

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.

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 carried out an announced comprehensive inspection at Park View Medical Centre on 13 June 2018 as part of our inspection programme

At this inspection we found:

- The practice was one of a group of six practices that had recently been taken over in April 2017 by a new provider. There had been initial challenges for the provider in ensuring that each practice had sufficient staff and effective teams in place. The provider had focused on staff training and well – being to empower staff; and improving mechanisms for patient engagement to drive patient centred care.
- Systems and processes were still in the process of being developed and improved across all the practices. Incidents and complaints were monitored centrally by the provider. When incidents did happen, the practice learned from them and improved their processes. However, we found that policies and the degree of provider oversight needed to be expanded to improve the safety mechanisms already in place; and improve clinical support to ensure all clinicians are supported to keep up to date with best practice guidance and legislation.
- There were insufficient monitoring systems for: when essential health and safety and fire safety checks of the premises were due; checking that clinicians used appropriately calibrated equipment; prescribing safety; and checking the immunisation status of staff.
- Systems and processes for safeguarding required improvement.
- Staff understood the requirements of the duty of candour.

- The practice routinely monitored its performance against contractual requirements however there was very little evidence of clinical audit for quality assurance.
- Staff felt well supported by management and worked well together as a team. They received appropriate training for their role and had opportunities for career development.
- There was some evidence of performance management of GPs at this practice but overall the provider needed a more robust system of consultation, referral and prescribing audits.
- Patient feedback and complaints, we reviewed indicated that generally staff treated patients with compassion, kindness, dignity and respect.
- The practice used locum GPs and routine appointments before 9.30am and after 5pm were not always available.

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

- Ensure patients are protected from abuse and improper treatment.
- Ensure patients receive safe care and treatment

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

- Review the range of infection prevention and control policies to ensure they are adequate and appropriate for the practice. Review the training and supervision of the infection control lead.
- Monitor the immunisation status for all staff.
- Review the location of emergency equipment, in particular the oxygen in order for it to be accessible at all times.
- Increase the availability of GP appointments especially for the working population.
- Introduce a schedule of clinical audits and expand prescribing, consultation and referral audits.
- Review and expand the policies and the degree of provider oversight to improve the safety mechanisms already in place; and improve clinical support to ensure all clinicians are supported to keep up to date with best practice guidance and legislation.

**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>Good</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 second CQC inspector.

## Background to Park View Medical Centre

Park View Medical Centre is situated in a residential area of North Liverpool. The practice address is Orphan Drive, Liverpool, L6 7UN. The practice website address is [primarycareconnect.org.uk](http://primarycareconnect.org.uk)

The practice is part of NHS Liverpool Clinical Commissioning Group (CCG) and has an Alternative Primary Medical Services (APMS) contract.

The provider is Primary Care Connect Ltd which is a not for profit company run by Liverpool GP federation in partnership with five Liverpool GMS practices and Bridgewater Community Trust. The provider delivers services from five other practices in Liverpool (Everton Road Surgery, Anfield Health, West Speke Health Centre, Garston Family Health Centre and Netherley Health Centre.)

The organisational structure consists of a Board and an Executive Team made up of a Finance and Performance Committee, an HR business partner, an operations manager, a Medical Director and a Quality and Risk Committee. There is a centralised contracts and performance team. Each practice is supported by a Deputy Operations Manager and a team leader, front

office reception staff trained as care navigators, and back office administration staff. Primary Care Connect Ltd employs a clinical pharmacist for all its practices. Additional support was available from Mentor practices.

At this practice there is one salaried GP and the practice uses regular GP locums. There is one practice nurse, a healthcare assistant and an advanced nurse practitioner that works across the provider locations.

Park View Medical Centre is registered with the Care Quality Commission to carry out the following regulated activities: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

Park View Medical Centre is situated in a socially deprived area of Liverpool with high unemployment rates. There were 3,063 patients on the practice register at the time of our inspection.

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact NHS 111 for the GP out of hours service.

# 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 some systems to keep people safe and safeguarded from abuse but improvements were required.
- There was no structured medication audit system to ensure safe prescribing for antibiotics and high-risk medications.
- The system in place to ensure that equipment used by staff had been appropriately calibrated required improvement as during inspection this was lacking and did not include checking that staff's personal equipment was calibrated.
- There was no practice level or provider level system in place to monitor when essential health and safety checks were due for their premises and to assure them that any remedial action was taken.

## Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse but improvements should be made.

- The systems to safeguard children and vulnerable adults from abuse needed improving. Alerts were placed on patient records but there was no register of patients to provide clinicians with information to enable them to safely monitor and provide care and treatment to these patients. The practice did have contact with a health visitor and there were documented safeguarding meetings. Safeguarding policies required updating to reflect current local and national guidance and legislation. In discussion with the operational manager, we were informed that the provider had sought external guidance to help strengthen their safeguarding policies and protocols and were in the process of reviewing and revising their policies.
- Staff knew how to identify and report concerns. However clinical staff (the practice nurse and GP) had not received safeguarding training at a level appropriate to their role. The safeguarding lead was a GP from the mentor practice.
- 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 worked 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. Recruitment checks were carried out centrally by the HR team for the provider in accordance with the regulations for permanent staff. The practice used GP locums from a variety of agencies. Agreements were in place for the agencies to carry out recruitment checks and there was a practice level system for cross checking the relevant information.
- There were no checks in place, other than on recruitment, for the immunisation status of clinical staff. There were no immunisation status details for the permanent GP and non- clinical staff.
- There was a lead nurse for infection prevention and control. The practice nurse was the infection control lead. They sought advice and support from the local community infection control however they did not meet regularly and had not received training other than basic annual updates in infection control. Infection control policies were in place however there was not a full range of policies appropriate to the practice.
- The practice had arrangements to ensure that equipment was safe and in good working order, however we found that one of the nurse's own blood pressure monitoring machines had not been recently checked or calibrated.
- The practice did not own the premises. Several health and safety checks were undertaken under contract by the premises owner. However, the management had difficulty in retrieving the information to assure themselves facilities and equipment were safe and in good working order. There was no practice level or provider level system in place to monitor when essential health and safety checks were due for their premises and to assure them that any remedial action was taken. There was no evidence that emergency lighting checks had been undertaken and no evidence of water temperature monitoring to mitigate risks associated with Legionella.
- Arrangements for managing waste and clinical specimens kept people safe.

# Are services 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. However, we found that the emergency oxygen was stored in a locked room with limited access if the need arose.
- 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.

- 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 and there was a referral monitoring system.

## Appropriate and safe use of medicines

The practice had 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.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, there was a lack of medication audits to ensure the practice was prescribing antibiotics and high-risk medications appropriately.
- 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 some risk assessments in relation to safety issues, however some of these, for example Legionella risk assessment did not have mitigating actions for recording water temperatures undertaken and documented.
- The practice monitored and reviewed activity however the provider did not have oversight of the individual practice risks to ensure these were effective and minimised the risks.

## 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. However, we found that two clinical rooms had window blinds with unsecured cords. This had been the subject of an alert previously and had not been acted upon. The practice told us they would rectify this immediately.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to non-verifiable data provided by the practice for 2017/18. QOF is a system intended to improve the quality of general practice and reward good 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice had access to an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- The practice liaised with the local falls team to support those patients at risk.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice focused on avoiding unplanned admissions to hospital.
- 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. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. For example, diabetic specialist nurses.

- 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.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 85%, which was higher than the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was much higher than 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:



# Are services effective?

- The practice had a special palliative care register and held regular multi-professional meetings with input from district nurses, GPs, community matrons, palliative nurses and practice staff.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered annual health checks to patients 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 liaised with the Primary Care Mental Health Liaison Practitioner who worked with the practice to provide updates on local referral pathways, services available and training opportunities for clinicians.
- Patients had an annual review with a GP to assess their current health and social care needs.
- 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.
- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 98% of patients experiencing poor mental health had received discussion and advice about alcohol consumption.

## Monitoring care and treatment

The practice had a facilitator who worked across other practices to help them monitor their performance for QOF, screening and immunisations. Performance was monitored daily and any issues were flagged up as weekly 'hot picks' to concentrate on.

The practice did not yet have a comprehensive programme of quality improvement activity such as an audit plan or

programme based on local, national and service priorities. Some monitoring and evaluation work such as consultation audits and medicines management data searches had been completed.

## Effective staffing

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. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- 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 information with relevant professionals when deciding care delivery for people with long term conditions. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children.
- Patients received coordinated and person-centred care. This included when they moved between services, when

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they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who maybe 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 had consent forms.

**Please refer to the Evidence Tables for further information.**



# Are services caring?

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- The practice gave patients timely support and information.

## 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, use of interpreters was available.

- Reception staff had been trained as care navigators. 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.

**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 patients' needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had 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:

- 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.

### 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.

- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment if necessary.
- The practice recognized it is difficult to engage teenagers and tried to communicate in a way that is young person friendly by using Twitter and Facebook.
- Younger patients could make appointments with the same GP.
- The practice sign posted patients to a local teenage health service when necessary.
- The practice had achieved the Breast Feeding Welcome certificate which involved work on ensuring the practice environment was 'friendly' which included staff being trained and having a level of awareness.

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.
- Early and later appointments were available with practice nurses. However, there was currently no early morning or late GP appointments beyond 5pm for locum GPs.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated 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.

## Are services responsive to people's needs?

- Some patient feedback suggested there had been long waiting times for appointments. The practice advised us they had sought to have a more flexible appointment system for the GPs by incorporating some catch up time to rectify this issue.
- Patients with the most urgent needs had their care and treatment prioritised.
- Information about how to make a complaint or raise concerns was available.
- 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.

### **Listening and learning from concerns and complaints**

The practice responded to complaints appropriately 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.
- There was a nominated mentor practice who provided support and clinical supervision.

## Vision and strategy

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

- The practice was one of a group of six practices that had recently been taken over in April 2017 by a new provider. There had been initial challenges for the provider in ensuring that each practice had sufficient staff and effective teams in place. The provider had focused on staff training and well – being to empower staff; and improving mechanisms for patient engagement to drive patient centred care.
- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had an open and inclusive culture.

- 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 consistent 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. This included appraisal and career development conversations. All staff had annual appraisals scheduled.
- 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.
- There were positive relationships between staff and teams.

## Governance arrangements

The practice was part of a larger organisation and governance and risk management processes were universal across each of the six practices registered. The provider had a board of directors, a senior management team and a management structure across each practice providing different layers of leadership and support. We found that while some clear responsibilities, roles and systems of accountability were in place to support good governance, aspects of this should be improved at a corporate level.

Practice leaders had policies, procedures and activities to ensure safety to assure them that they were operating as intended. However, systems and processes were still in the process of being developed and improved across all the practices. We found that policies and the degree of provider oversight could be expanded to improve the safety mechanisms already in place; and improve clinical support to ensure all clinicians are supported to keep up to date with best practice guidance and legislation.

## Managing risks, issues and performance

There were some processes for managing risks, issues and performance but these required improvements.

## Are services well-led?

- There were insufficient monitoring systems for: when essential health and safety and fire safety checks of the premises were due; checking that clinicians used appropriately calibrated equipment; prescribing safety; and checking the immunisation status of staff.
- There was some evidence of performance management of GPs at this practice but overall the provider needed a more robust system of consultation, referral and prescribing audits.
- Clinical audits had yet to be scheduled as the provider had concentrated on staffing issues.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Staff told us about weekly and monthly meetings that took place where they were encouraged to reflect on how the week had gone and what could have been done better. Staff told us they valued these meetings and found them a positive experience.
- Performance information was combined with the views of patients. The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance, such as QOF information was accurate and useful. There were plans to address any identified weaknesses.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice involved patients, 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

The provider was open and transparent about the challenges the practice faced. These included sustainability, the recruitment and retention of GPs, national and local challenges. Despite this there was evidence of systems and processes for learning, continuous improvement and innovation.

- New roles had been developed for staff such as the GP assistant and care navigator role.
- There was a focus on continuous learning and improvement. Permanent staff were supported with training and support for their continuing professional development requirements.
- 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• There was no structured medication audit system to ensure safe prescribing for antibiotics and high-risk medications.</li><li>• The system in place to ensure that equipment used by staff had been appropriately calibrated required improvement as during inspection this was lacking and did not include staff's personal equipment.</li><li>• There was no practice level or provider level system in place to monitor when essential health and safety checks were due for their premises and to assure them that any remedial action was taken. Some health and safety checks for example, water temperature checks for Legionella and emergency lighting tests had not been completed.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met:</b></p> <p><b>Suitable systems and processes were not established or in place in order to effectively prevent abuse.</b></p> <ul style="list-style-type: none"><li>• Clinical staff were not trained to a level appropriate to their role</li><li>• Safeguarding policies were not up to date with current legislation and guidance</li><li>• Registers of vulnerable people were not adequately maintained.</li></ul>