

# The Village Medical Centre

## Inspection report

20 Quarry Street  
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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?

Good 

Are services well-led?

Requires improvement 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection October 2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at The Village Medical Centre on 10 April 2018, this was a comprehensive inspection and we also followed up on the breaches of regulations identified in the previous inspection.

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. However, the system for the dissemination of patient safety alerts required improvement.
- The practice had systems to safeguard children and vulnerable adults from abuse, however the safeguarding policy for children had not been updated.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, there were a number of areas where maintenance improvements were required.
- The practice routinely reviewed the effectiveness and appropriateness of the care provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice did not have formal registers for patients who are vulnerable, at risk of safeguarding matters and those whose circumstances make them vulnerable such as patients with a learning disability.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Staff worked well together as a team, knew their patients well and all felt supported to carry out their roles.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice did not have a Patient Participation Group (PPG) who could work closely with staff to monitor and develop services.

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

- The provider must 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:

- Review the system in place for dissemination patient safety alerts to ensure records are made that alerts have been reviewed and acted upon by staff when required.
- Review the maintenance plans and arrangements at the practice and undertake repairs where building work has deteriorated. The provider should review the access restrictions for disabled patients at the entrance to the practice by completing a disability access audit.
- Review the efforts made by the practice to set up a Patient Participation Group and to obtain the views of patients about the services they receive.
- Consider the development of formal registers for patients who are vulnerable, at risk of safeguarding matters and those whose circumstances make them vulnerable such as patients with a learning disability.
- Review the human resource policies and procedures for staff recruitment.
- Review the records held to show that all health care assistants have been deemed competent to undertake the extended duties they are allowed to perform, such as administration of vaccinations.
- Review the agenda and minutes made for staff meetings.
- Review the practice's computer system so that GPs are alerted if a patient is a carer, so that support services could be offered to carers and the people they cared for.

# Overall summary

**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.

## Background to The Village Medical Centre

The Village Medical Centre is located in the heart of Woolton, this is a suburb in the south of Liverpool. This area has a life expectancy above the national average. The practice has a little over 3,500 patients with a higher than average number of patients being over 65 years of age. There are two male GPs and one female GP. Supporting them is a team including two practice nurses, a practice manager, and a team of seven reception / administrative staff.

Medical services are provided by a General Medical Services (GMS) contract by the three GPs. The practice is open from 8am to 6.30pm Monday to Friday. Open access is available each morning for GP appointments and each

afternoon bookable appointments are available. Extended hours are available from 7am to 6.30pm on a day which changes each week. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits.

The practice treats patients of all ages and provides a range of primary medical services. Home visits and telephone consultations are available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse, however the safeguarding policy for children had not been updated. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. We observed that some of the human resources policies had not been updated.
- There was an effective system to manage infection prevention and control. We observed that overall the premises were clean and tidy. We were told that healthcare workers decontaminate their hands immediately before and after every episode of direct contact or care. Equipment was decontaminated between use. The service had up to date infection prevention and control (IPC) policies in place. A recent external IPC audit had been undertaken at the practice with positive results.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, there were a number of premises issues discussed with the provider relating to cracks in the walls and ceilings. Actions had been taken to address this in terms of trying to find out the cause but required repairs to the areas had not been completed. A planned preventative maintenance program was not in place.
- We found the practice maintenance of equipment (including equipment taken on home visits) conformed

to the relevant safety standards and manufacturer's instructions. For example, electrical equipment was PAT tested and equipment needing servicing and calibration had this completed.

- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- In March 2018 the practice undertook an external Health and Safety and Fire risk assessment. A number of areas were identified as high risk which meant they required prompt actions. At the time of inspection an action plan was being drawn up and we requested that this be shared with us to ensure all the required risks had been addressed. This was sent to us shortly after the inspection.

## Information to deliver safe care and treatment

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

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

## Are services safe?

### 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. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had a good track record on safety.

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

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and 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, the system in place did not include confirmation that alerts had been received by staff and actions taken if required.

**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.**

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

### Older people:

- The practice had a higher than average number of elderly in the population. 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. Monthly multi-disciplinary meetings (MDT) took place, this include the wider community health and social care services.
- 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. Over a 12 month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.
- 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.

- 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.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

### 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 offered a fortnightly midwife clinic on a Monday and an immunisation clinic run by the practice nurse every other Wednesday.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- We observed a small children's slide and a colourful fish tank in the waiting room to help keep younger patients amused during the wait to be seen.

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

- The practice's uptake for cervical screening was 77.4%, which was just below the 80% coverage target for the

## Are services effective?

national screening programme but in line with other practices across the CCG. The practice was aware of this and plans were in place to address this with extended hours being offered.

- The practices' uptake for breast and bowel cancer screening was in line 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:

- 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 had alerts kept on patient's records but there were no formal registers kept 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.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those

living with dementia. For example 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.

- 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 did not have a structured programme of quality improvement activity but there was evidence of some measures to review the effectiveness and appropriateness of the care provided through clinical and procedural audit.

- The most recent published Quality Outcome Framework (QOF) results were below average at 99% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 96%.
- The overall exception reporting rate was 7.1% compared with a CCG average of 8.9% and a national average of 9.6%.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

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.

## Are services effective?

- 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 practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. However, records were not kept at the practice to show the competence of the health care assistant in administering vaccinations.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. 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 who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

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

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition.
- 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 and 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.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses.
- All but one of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice.

## **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 those 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 to find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice did not proactively identify carers.
- Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages.
- Patient feedback to us showed that GPs and nurses involved patients in discussions about treatment and services offered by the practice.

## **Privacy and dignity**

The practice respected respect 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. Patients would be invited into the practice manager's room or into a private area if they wanted to discuss sensitive matters.
- 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 patient 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 had a ramp at the entrance to the building for disabled patients use. However, at the top of the ramp there were two doors to gain entry to the practice. Patients using a wheelchair would not be able to access the building alone and there was a risk that they could not gain entry or could get trapped between both doors if reception staff were not available to assist. The practice had not undertaken a disability access audit to review this risk.
- 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, 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.

### 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 monthly 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, extended opening hours across the week for appointments.

### People whose circumstances make them vulnerable:

- The practice coded patients whose circumstance could make them vulnerable but they did not hold a register for this.
- 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.
- A large cohort of patients were frail elderly with multiple comorbidities who often live alone and may also have some cognitive impairment. The practice had a frailty register and each month selected patients were consented and referred to a community integrated care team for an enhanced review.

## Timely access to care and treatment

## Are services responsive to people's needs?

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. Open access was available for GP appointments each day Monday to Friday. In addition patients were able to book appointments for each afternoon if required.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

### **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. For example, when patients raised concerns about the waiting times in the early morning a system was put into place to ensure fair access to patients who had arrived first.

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

# Are services well-led?

**We rated the practice as Requires Improvement for providing a well-led service.**

## Leadership capacity and capability

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

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

## Vision and strategy

The practice did not have a formal documented vision or strategy to deliver high quality, sustainable care but all staff shared the ethos that patients were at the centre of care services. The aims of the practice and the goals set were in line with health and social priorities across the region and had been developed with support from the local Clinical Commissioning Group (CCG). The practice planned its services to meet the needs of the practice population.

## Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the practice 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 received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. General Practitioners, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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

- The practice had identified responsibilities, roles and systems of accountability to support governance and management. There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were available in hard copy and on a new practice intranet however, a number of these had not been updated for some time. For example, human resource and children's safeguarding policies and procedures. We identified during the inspection there was no system in place to monitor policies and procedures.
- The practice was aware of their current performance and this was monitored at staff meetings on a regular basis.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence that allowed for lessons to be learned and shared following significant events and complaints.

## Managing risks, issues and performance

There were clear and effective clarity around processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of

## Are services well-led?

national and local safety alerts, incidents, and complaints. However, this system required improvement to ensure that alerts had been reviewed and acted upon by staff when required

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice 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. However, there was no evidence that performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information. However, these meetings did not include all staff and the minutes taken were brief.
- The practice submitted data or notifications to external organisations as required.
- We found the provider did not ensure that past medical records for patients were stored securely and protected against the risk of accidental loss, including corruption, damage or destruction. These were observed being stored in a room which was locked but was

overcrowded with other records, archived information and heated IT server equipment. The patient records were not stored in facilities that would prevent accidental damage should an incident occur.

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

There was no evidence that the practice involved patients, the public, staff and external partners to support high-quality sustainable services. Staff meetings were taking place but minutes of these meetings were brief and there was no set agenda. Efforts had been made by the practice to set up a Patient Participation Group but this had failed and there was no other activities undertaken to try to gain the views of patients that use the service.

### Continuous improvement and innovation

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

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

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>The provider did not have an up to date children's safeguarding policy.</b>  The provider did not ensure that past medical records for patients were stored securely and protected against the risk of accidental loss, including corruption, damage or destruction.  This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.