

Marshall's Cross Medical Centre St Helens and Knowsley Teaching Hospitals NHS Trust

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement. (This was the first inspection for this practice).

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at St Helen Hospital, Marshalls Cross Medical Centre 14 August 2018. This inspection was carried out as part of the inspection of the St Helens and Knowsley Teaching Hospital NHS Trust inspection programme completed by the Care Quality Commission (CQC) hospital directorate inspection.

The trust had taken over two practices and was working hard to provide safe, effective, caring, responsive and well-led service. The two patient lists were joined and patients were given an automatic right to remain at the practice if they wished.

The trust had successfully amalgamated two administration teams and provided training and support to ensure they could work together and in keeping with the trusts values. Only one of the original GP's continued to work at the practice. The practice used locums GP's and advanced nurse practitioners to ensure patients continued to receive a service at the location. A suit of policies and procedures had been developed for staff to follow.

At this inspection we found:

- The practice had 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. These systems, however, needed to be strengthened.
- Patients were involved in planning the care they received.
- There was a focus on continuous learning and improvement and elements of this had been embedded into the Marshalls Cross Practice, however, additional steps needed to be taken to ensure all staff completed the training and acquired the expertise necessary to carry out their current or proposed responsibilities.

- Patients reported they found the appointment system easy to use, could access care when they needed it and appointment availability was flexible.
- Patient feedback and the management of complaints, we reviewed, indicated that staff treated patients with compassion, kindness, dignity and respect.
- The practice did not have a comprehensive programme of clinical improvement activity. A program of clinical audits to measure outcomes and drive improvements was not in place.
- The audits or checks that had been completed were not thorough because they did not include information about the basis for any findings.
- There was no evidence that the provider had completed performance management for GPs, locum GPs and advanced nurse practitioners on an ongoing basis.
- Processes for dealing with child protection issues needed to be strengthened.
- Processes for dealing with uncollected prescriptions were not robust.
- All relevant risk assessments had not been completed.

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

Ensure care and treatment is provided in a safe way to patients.

Ensure patients are protected from abuse and improper treatment.

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:

- provide daily cleaning plans and checklists to the practice for cleaning staff to follow so they can be assured that all areas are cleaned as required.
- keep health and safety risk assessments and corresponding action plans under frequent review to ensure remedial action is timely.
- revise the induction program for temporary clinicians to ensure the information is tailored to their roles.
- develop a risk assessment and mitigation plan in relation the medicines omitted from the emergency medicines kit.
- act to monitor staff compliance with the consent protocol.

Overall summary

- review staff meeting notes in line with the confidentiality protocol.
- ensure staff are suitable prepared to take on specialist roles.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to St Helens Hospital

The Marshalls Cross medical centre practice is managed by the St Helen's and Knowsley NHS Trust Teaching Hospital (the trust) and is situated in a purpose-built department at St Helens Hospital, Orange Zone, Marshalls Cross Road, Merseyside, WA9 3DA.

The practice is part of the St Helens Clinical Commissioning Group (CCG) and has an Alternative Medical Services (AMS) contract. The trust took over the practice on a caretaker basis in September 2017 and was awarded the contract by St Helen's CCG in April 2018. This was the first CQC inspection for the practice.

The practice operates under the trusts registration for the following regulated activities:

- Surgical procedures
- Treatment of disease disorder or injury
- Maternity and midwifery services
- Family Planning
- Diagnostic and screening procedures.

The practice has a register of 5052 patients.

The practice is open Monday to Friday 8am to 6.30pm. Patients can also use an extended hours provider between 6.30pm and 10.30pm seven days a week.

The staffing consists of:

A lead GP one half day each week;

Three salaried GP's (one male and two females) employed on part-time contracts to cover consultation times;

one regular long-term locum GP (female);

one part-time advanced nurse practitioner;

one full-time practice nurse;

one part-time health care assistant.

The practice also had access to additional locum clinical and nursing staff who can be employed as required through a specialist agency.

The clinical staff are supported by a senior manager who is a registered nurse; practice manager; deputy practice manager and a team of administration; reception and technical staff in addition to the lead GP available one half-day each week.

The service and staff team are an integrated part of the trust and are supported by the trusts corporate infrastructure, for example human resources, training and development, senior and corporate management and governance systems.

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:

- A robust system for monitoring patients on long term or high-risk medication was not in place and uncollected prescriptions were not dealt with effectively.
- The practice and environment had not been risk assessed in relation to providing care and treatment to patients on a special register.
- Child protection processes needed to be strengthened.

Safety systems and processes

- The provider carried out appropriate staff checks at the time of recruitment and processes were in place for periodical repeat checks as appropriate.
- All staff received up-to-date safeguarding and safety training appropriate to their role and knew how to identify and report concerns.
- The provider made learning from safeguarding incidents available to staff and staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The child protection and adult safeguarding policies and guidance were clear and accessible. Staff knew the name of the safeguarding lead and how to contact the deputy safeguarding lead when required. The safeguarding lead was knowledgeable about safeguarding and child protection issues.
- Staff took steps, including working with other agencies, to protect adult patients from abuse, neglect, discrimination and breaches of their dignity and respect. However, improvements were needed in the child protection processes as the practice did not follow-up referrals made to health visitors when children missed appointments.
- There were effective systems in place to manage infection prevention and control.
- All maintenance safety checks had been completed. The provider had arrangements to ensure that facilities and equipment were in good working order and the

premises looked clean and tidy. The furniture, fixtures and fittings were in good repair however, cleaning rotas and checklists did not relate to the cleaning plans in place and were not available for all rooms.

- We noted that a health and safety risk assessment had not been completed by the provider and saw that window blinds had fixed cords. This was not in keeping with best practice guidance relating to preventing accidental or intentional strangulation. We also noted that sharps bins were not anchored to a wall, however they were out of reach of children.
- The provider arranged for a health and safety risk assessment to be completed during the inspection. This was carried out by the providers representative for the practice and a member of the trusts estates team. However, the practice provided a service to patients on a special register but the facilities and premises had not been risk assessed in relation to these patients.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were in place.

- There was a corporate induction process in place for temporary staff tailored to their role, and a local induction checklist for GP's and ANP's was also available, however, evidence did not confirm that GPs and Advanced Nurse Practitioners (ANP) had accessed appropriate information 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.
- Arrangements were in place for monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.

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.

Are services safe?

- The practice had detailed systems, including failsafe's, for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with best practice protocols.

Appropriate and safe use of medicines

- The practice had systems for appropriate and safe handling of medicines, however, more action was needed to ensure patients always received the medicines they needed. We found gaps in the system for managing uncollected prescriptions had not ensured uncollected prescriptions were discovered and appropriate action taken.
- The provider inherited the patient list from the previous registered practice. A drug monitoring protocol had been developed and introduced in June 2018. At the time of the inspection the provider was embedding new processes to assure themselves that patients on long term medicines were followed up and appropriately managed.
- The provider could not demonstrate that a robust system was in place to ensure patients would be involved in regular reviews of their medicines and the practice had not reviewed its antibiotic prescribing to ensure this was in line with local and national guidance.
- Emergency medicines were readily accessible and all were in date. We noted that two of the recommended items were not included.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Track record on safety

- The provider had a single channel for safety alerts from different sources. Staff were also signed up to receive alerts so they could also take responsibility on an individual basis. Staff stated they shared the information received when appropriate. Staff described methods of how managers shared information this included updates during daily staff meetings (huddles); information on the trust intranet which included 5 topics a day and email updates from the local Clinical Commissioning Groups.

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.
- The practice used a well-established electronic incident reporting system and this was routinely used by staff. All incidents including near misses were formally investigated, learning identified and lessons learnt shared with all staff through different forums which included team meetings, daily meetings called huddles, written team briefings and targeted training sessions. The provider also ensured staff who raised incidents received direct feedback through the reporting system.
- The electronic reporting system helped the provider to review incidents and identify themes.

Are services effective?

We rated the practice and all the population groups as requires improvement for providing effective services overall.

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

- System were not in place to monitor that NICE and other best practice guidance were followed.
- Key staff had not completed essential training relevant to their role and responsibilities, however training had been arranged to rectify matter.
- Effective clinical audits had not been completed.

Effective needs assessment, care and treatment

- We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance and clear clinical pathways and protocols were in place.
- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing, however the provider had not introduced clinical audits to review the effectiveness and appropriateness of the care provided.
- The trust became responsible for the practice in April 2018 and were aware of the need to take steps to identify the ongoing needs of patients on their list.
- The provider had not assured themselves that they had accurate data about the medical and clinical treatment of their patients. The provider had not formalised a baseline audit of high risk clinical areas so that priorities could be identified, mitigating plans developed and actioned in a timely way.
- 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, and patients who were over 65 were identified, however the practice had not yet established the use of a frailty tool to identify patients aged 65 and who were living with moderate or severe frailty.
- 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 knowledge of treating older people including their psychological, mental and communication needs. Some staff had completed mental capacity act training, however key staff such as GP's had not completed this training. We were informed that this formed part of the induction training. However, the GPs were working independently prior to their induction and the provider had not put formal processes in place to ensure patients' rights were protected during this time.

People with long-term conditions:

- Processes for ensuring patients with long-term conditions had a structured annual review to check their health and medicines needs were not embedded, however GP's did routinely attend multidisciplinary meetings and work with other health and care professionals to deliver a coordinated package of care for patients with complex needs.
- The patients survey indicated that 82% patients with long term conditions were satisfied with the support they had received in the previous 12 months. This was comparable to local and national results.
- Processes for following up patients who lived independently and had received treatment in hospital or through out-of-hours were in place.
- Processes were developed to identify patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- 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:

- 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 provider took over the practice in April 2018 and reliable quality indicator information about the practice's performance for outcomes related to working aged people was not available.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- 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.
- The practice provides an extended hours service aimed at working age people.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those who required end of life care or people 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 opportunistic access to 'stop smoking' services. A system for following up patients who failed to attend for administration of long term medication reviewed was being developed.
- 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 percentage of patients with schizophrenia, bipolar affective disorder and other psychoses registered with the practice who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months 2016/2017 was 46% which was significantly below the local average of 90%. This data referred to a period before the trust became responsible for the service however, the information had not been used to help prioritise areas of care and treatment that needed urgent review.
- The practice was in the process of identify and arranging annual health checks for all eligible patients including those with a learning disability.

Monitoring care and treatment

- The practice did not have a comprehensive programme of quality improvement activity and the effectiveness and appropriateness of the care provided was not routinely monitored.
- Clinicians had taken a role in local improvement initiatives from within the practice.

Effective staffing

The effectiveness of staff provision, training and staff support was inconsistent.

- Staff were qualified to carry out their substantive roles, however they were not provided with regular ongoing support and supervision and clinical staff were not adequacy over seen.
- There was no evidence of formal clinical supervision for the salaried or locum GP's or the ANP's who worked at the practice. The provider had not completed a staffing rationale to ensure clinical leadership and clinical cover provided effective staffing.
- Processes were not in place to ensure that Advanced Nurse Practitioners (ANP) and newly appointed GP's were sufficiently mentored and monitored.
- The provider had taken steps to develop staff for advanced roles, for example, to carry out reviews for people with long term conditions and older people but this was not monitored. However, this was not consistent for example staff given responsibility for coordinating end of life care had not received specialist training.
- The trust was in the process of amalgamating and updating the training records for staff who had transferred in to the organisation. The aim was to provide up to date information about the skills, qualifications and training needs for all staff. A corporate induction programme was in place for new staff and the local induction package for the practice was under review.
- The practice provided protected time for staff training and staff were given choice and opportunities to develop.
- There was an approach for supporting and managing staff when their performance was poor.
- 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.

Coordinating care and treatment

Are services effective?

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

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. Patients received coordinated and person-centred care. The practice worked with patients living in care and nursing homes to develop personal care plans.
- When children relocated into the local area systems were in place to ensure information was shared with health visitors and community services for children that were shared with relevant agencies. This included when they were referred to hospitals.
- Processes for end of life care were not fully developed, a GP had been allocated as end of life coordinator, however the doctor had not completed specialist end of life training, neither had the doctor been involved in multidisciplinary end of life care review meetings.

Helping patients to live healthier lives

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

- The practice identified patients who may need 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 and were participating in a social prescribing scheme.
- 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, through providing leaflets and educational films.

Consent to care and treatment

The practice had systems in place to support 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 and where appropriate, they ensured that a patient's mental capacity to make a decision was assessed and recorded.
- The provider did not have processes in place to audit whether consent was usually gained in keeping with best practice.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's 2018 GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

- Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids such as hearing-aid loop system and easy read signage and leaflets.
- 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.
- The practice's 2018 GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all 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 provider became responsible for the practice in April 2018 and since that time had completed patient surveys and public consultations to find out what services were needed.
- The provider worked closely with the local Clinical Commissioning Group and was involved in planning local initiatives to meet the specialist needs of patients in the local area.
- The practice was engaged in a social prescribing pilot this was in collaboration with the CCG and the local authority's healthy living team. The healthy living team offered monthly coffee meet and chat sessions for young people and young families. Patients could also access advice about housing, finances and other support groups within the area.
- 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. GP sessions had been allocated to local residential homes so that the needs of those patients could be responded to appropriately.

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.

People with long-term conditions:

- The provider was developing a process to ensure patients with a long-term condition received an annual

review to check their health and medicines needs. The plan included ensuring patients with multiple conditions had all their conditions reviewed during a single appointment.

- The practice nurse attended 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 18 were offered a same day appointment when necessary.

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

- The provider was reviewing the needs of this population group however, these patients were signposted to accessible services such as out of hours services which included Saturday appointments.
- The practice actively invited patients between the ages of 16-24 to attend for sexual health screening and sexual health education. If patients preferred not to attend a face-to-face consultation, they could provide a urine sample which would be sent for testing. Patients were also signposted to other services and the results were managed by the Sexual Health Team.

People whose circumstances make them vulnerable:

- The practice had a patient record system in place that could develop a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances could 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.
- Clinicians used standardised tools to assess patients for dementia.

Are services responsive to people's needs?

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's 2018 GP patient survey results were in line with local and national averages for questions relating to satisfaction with access to care and treatment.
- The practice scored better than the local and national averages relating to periods of waiting for 15 minutes or less after their appointment time.

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 and the practice learned lessons from individual concerns and complaints.
- We saw that systems were in place to analyse and learn from trends.

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.

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

- Clinical oversight and governance systems at the service was insufficient and did not demonstrate effectiveness.

Leadership capacity and capability

The trust provided a clear leadership structure which was understood by staff and leaders however there was insufficient clinical leadership and oversight to promote high-quality and sustainable care. Clinical leadership was not readily accessible. Administrative leadership, however, was well organised and accessible.

- The trust did not provide assurance that there was sufficient clinical leadership and that the clinical leadership available was knowledgeable about issues and priorities relating to the quality and future of services. The provider did not demonstrate that all leadership understood the challenges and how to address them.
- Evidence indicated that clinical leadership was approachable, however this leadership was not visible or readily accessible as this was only provided for half a day, once a week.
- Evidence was not available to demonstrate that the clinical leader worked closely with clinical staff and others to provide inclusive and effective leadership.
- The administration leadership team were readily accessible to staff and had developed processes which included planning for the future.

Vision and strategy

The practice had a clear vision to deliver high quality, sustainable care however the strategy was not supported by the appropriate clinical leadership.

- There was a clear vision and set of values, plans were in place to employ additional medical and nursing staff, however the strategy to monitor and support clinical staff was not clearly defined.
- Administration staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The overall strategy was in line with health and social care priorities across the region, however, systems to monitor progress against the strategy were not well defined.

Culture

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

- The provider took over responsibility for the practice in April 2018 and this involved transferring established staff on to a new contract and employing additional staff. This new team worked together well. Staff stated they felt respected, supported and valued. All staff said they were proud to work in the practice and for the trust.
- Leaders and managers, including the clinical lead, acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so and had confidence that these would be addressed. Staff were focussed on the needs of the patients.
- There were processes for providing administration staff with the development they need. Clinical development and monitoring in relation to providing a GP service was not well developed or formalised.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff, however this was not supported by robust risk assessments.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training and staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Roles and systems of accountability were unclear in relation to the governance of clinical and nursing outputs.

- Structures, processes and systems to support good governance and management were being developed however, the provider could not assure themselves that

Are services well-led?

these would promote partnership working and co-ordinated person-centred care because highly developed general practice expertise and leadership was not available day to day.

- Processes in place to share information were well used and all staff including GP's attended the daily information sharing huddles.
- Administration and support staff were clear about their roles and accountabilities for example all were clear in respect of infection prevention and control, dealing with emergencies and events that may threaten the running of the practice.
- The provider needed to develop more robust methods to demonstrate policies, procedures and activities resulted in the practice operating as intended.
- Processes for assessing outcomes for patients, such as the audit programme, were not robust.

Managing risks, issues and performance

There were processes for managing risks, issues and performance however these needed to be strengthened.

- The provider had developed a risk register for the practice which indicated that there was an overarching process to record, understand, monitor and address current and future risks including risks to patient safety.
- Practice leaders had oversight of incidents, and complaints, however a system to provide oversight of safety alerts was not in place.
- Clinical audit plans were not in place and audits that had been completed did not provide sufficient information and detail to have a positive impact on the quality of care and outcomes for patients.

Appropriate and accurate information

Information at the practice was at times difficult to interpret, however the provider took steps to act on the information they had available.

- Quality and operational information was used to inform and improve performance and this information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings and staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care had not been analysed and reconciled with other information to ensure plans were based on accurate information.

- Information technology systems were in place which could be used to monitor and improve the quality of care.
- The practice submitted data and notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. We noted however, that identifiable information was used in meeting notes. This issue was discussed with the provider.

Engagement with patients, the public, staff and external partners

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

- A diverse range of patients', staff and external partners' views and concerns were encouraged, heard and used to shape services and culture. This included patient questionnaires, staff handovers and other staff meetings, and regular contact with the commissioners of the service. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of some systems and processes for learning, continuous improvement and innovation, however, these were not always in keeping with best practice quality improvement methodology.

- There was some focus on learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints and 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.
- A program of audits and monitoring was not in place.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met. Systems in place did not ensure that care and treatment was provided in a safe way because: Timely action was not taken to investigate uncollected prescriptions. There was no system in place to monitor that NICE guidelines were followed. Processes for managing patients on high risk medicines were not sufficiently developed. The provider had not completed a risk assessment to ensure the premises, facilities and processes were suitable to safely provide the specialist high risk service. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 How the regulation was not being met. The providers systems and processes were not established to assess, monitor and improve the quality of all care because: Systems in place did not adequately assess and monitor quality and identify all the areas for improvement in carrying on the regulated activities for example a comprehensive audit programme was not in place. Systems in place did not adequately assess, monitor and mitigate risks relating to the health, safety and welfare of service users for example risk assessments were not comprehensive. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met. The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular: Minimal formal clinical leadership was available to the service to oversee the clinical governance and development of the practice and provide management and support to the clinical staff working at the practice. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.