

# Dr Ehab Amin -Medi Access

## Quality Report

Weelsby View Health Centre  
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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 service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Requires improvement overall.** (Previous inspection June 2016 – Good with requires improvement for the Safe domain)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Dr Ehab Amin on 11 December 2017 as part of our inspection programme.

At this inspection we found:

- We found some safety systems and processes were not in place or had weaknesses.
- The practice did not have a system to record when action was taken following the receipt of national safety alerts.
- The practice did not have an effective system to identify or monitor vulnerable patients.
- We found there was a lack of evidence of records of mandatory training such as safeguarding, basic life support and infection control.
- Some staff were performing duties that they did not have the qualifications, competence, skills or experience which was necessary for the work performed by them.
- The practice reviewed the effectiveness and appropriateness of some of the care it provided.
- 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.

# Summary of findings

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure staff have the qualifications, competence, skills and experience necessary for the work to be performed by them.
- Ensure arrangements are in place for the safe management of medicines.

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

- Consider providing an induction pack relevant to their role for temporary and new staff.

- Undertake infection prevention and control audits annually.
- Review arrangements for clinical cover during staff absence.
- Review arrangements for patients making complaints and compliments.
- Review the system to ensure that patients who are vulnerable or subject to safeguarding issues are highlighted to all staff and that the system is robust and monitored.
- Review arrangements for the assessment, support and care of older patients who are frail or may be vulnerable.
- Review the arrangements for the follow up on older patients discharged from hospital to ensure their care plans and prescriptions are updated to reflect any extra or changed needs.
- Consider how to improve care of patients with diabetes.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

# Dr Ehab Amin -Medi Access

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC lead inspector and included a GP specialist adviser and a second CQC inspector.

## Background to Dr Ehab Amin -Medi Access

Dr Ehab Amin practice is in Weelsby View Health Centre, a purpose built building on Ladysmith Road in Grimsby. The building is shared with a number of other GP practices. Dr Ehab Amin's practice provides Personal Medical Services (PMS) to approximately 2,500 patients living in the Hainton and Heneage area of North East Grimsby. The practice has one male GP and a practice nurse. They are supported by a practice manager and four reception/administrative staff.

The majority of patients are of white British background and 1.5% of the local population is from eastern Europe. The practice population profile is similar to the England average except the 50+ years age group is lower than the England average and the 0-9 and 15-29 years age groups are higher than the England average. The practice scored one on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice is open 8am to 6.30pm Monday to Friday. Appointments are available Monday to Friday 9am to 11am. Afternoon appointments are 4pm to 6pm Monday, Tuesday, Wednesday and Friday. Extended hours appointments are offered on Monday 6pm to 7.45pm.

Out of Hours care (from 6.30pm to 8am) is provided through the local out of hours service.

# Are services safe?

## Our findings

At our previous inspection on 22 June 2016, we rated the practice as requires improvement for providing safe services. When we undertook a follow up inspection on 11 December 2017 these arrangements had improved in some areas but worsened in others. We identified gaps in infection prevention and control and medicines management. We found there were gaps in the safeguarding adults and children training completed by non-clinical staff. There were gaps in the completion of staff training in areas such as fire safety, information governance and Mental Capacity Act. We found that some staff were working beyond their scope of expertise.

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

### Safety systems and processes

We found some safety systems and processes were not in place or had weaknesses.

- The practice had a range of safety policies which were made available to staff. Most staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. However the safeguarding register was not available to all staff including locums. This was resolved following the inspection.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).

- Most staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice appeared clean however there was no effective system to manage infection prevention and control. Infection prevention and control audits had not been done and there was no evidence that cleaning had been monitored.
- The practice had some systems and processes that ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, we found some equipment was overdue electrical safety checks. For example, a kettle, a printer and a fax machine were due to be checked 13/1/2017 and a photocopier check was due 21/1/2011.
- There were systems for safely managing healthcare waste.
- There was no clinical cover during nursing staff absence and limited cover during GP absence.

### Risks to patients

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

- There were some arrangements for planning and monitoring the number and mix of staff needed.
- There was no formal induction system for permanent or temporary clinical staff tailored to their role. This put patients at risk as inappropriate procedures and processes could be followed.
- 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, for example, sepsis.
- When there were changes to services or staff the practice had not 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.

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

Some of the practice systems for appropriate and safe handling of medicines were not safe.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment put patients at potential risk. We found the medicine refrigerator was unlocked, there were gaps in the recording of the medicine refrigerator temperatures and the contents were incorrectly stored.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, we found three occasions on which guidance had not been followed. The practice had not audited antimicrobial prescribing and there was no evidence of actions taken to support good antimicrobial stewardship.

- The practice involved patients in regular reviews of their medicines. However, the system for monitoring patients on high-risk medications was inconsistent and put patients at risk. For example, we looked at four records of patients prescribed high-risk medications and found two were overdue blood monitoring tests. Following the inspection, the practice reviewed all patients on high-risk medications and took appropriate action.

## Track record on safety

The practice had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Lessons learned and improvements made

We found the practice had not learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice had sometimes not learned when things went wrong nor taken effective action to improve safety in the practice. For example, on two occasions an incorrect prescription had been given to a patient.
- The practice could not demonstrate appropriate investigation and actions taken in response to national patient safety alerts received by the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 22 June 2016, we rated the practice as good for providing effective services. When we undertook a follow up inspection on 11 December 2017 we rated the practice as requires improvement for providing effective services overall and across all population groups.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw some evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. With exception of the system for monitoring patients on high-risk medications.

- Patients' 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 are frail or may be vulnerable were on a register however there was no evidence they received a full assessment of their physical, mental and social needs. Those identified as being frail had no care plan in place.
- Patients aged over 75 years were invited for a health check. If necessary they were referred to other services such as voluntary services. Over a 12 month period the practice had carried out 53 of these checks.
- The practice had not followed up on older patients discharged from hospital. It had not ensured that their care plans and prescriptions were updated to reflect any extra or changed 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. However, care of patients with diabetes is 10-14% below CCG averages for control of blood sugars.

Additionally, the practice referral rate to structured diabetes education is below average (33% patients receiving the intervention compared to CCG 68%; England 70%).

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 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 no arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 years. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. However these patients were not clearly identified on the computer system. This was resolved following the inspection.

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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 92% 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 average.



# Are services effective?

## (for example, treatment is effective)

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 96%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG 97%; national 95%).
- The practice did not have a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

### Monitoring care and treatment

The practice had a limited programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of some of the care provided. Two one-cycle audits had been undertaken but there had been no follow-up to see if improvements had been made.

The most recent published Quality Outcome Framework (QOF) results 2016/17 were 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 6% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice was actively involved in quality improvement activity. For example, telephone triage had been reviewed and processes changed to ensure call-backs were undertaken in a timely manner.

### Effective staffing

- Most staff had the skills, knowledge and experience to carry out their roles. For example, 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. However some clinicians were working out of their scope of practice and expertise. Not all clinical staff including those that administered vaccines and immunisations had up to date anaphylaxis training.

- The practice had not understood the learning needs of staff. Up to date records of skills, qualifications and training were not maintained. Staff were encouraged and given opportunities to develop.
- The practice could not demonstrate appropriate investigation and actions taken in response to national patient safety alerts received by the practice.
- The practice provided staff with ongoing support. This included appraisals, coaching and mentoring, clinical supervision and support for revalidation. There was no induction process in place for temporary or permanent medical, nursing staff or administration staff.
- 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 some 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, patients at risk of developing a long-term condition and carers.

# Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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.

## 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. However, we found no evidence the GP had undertaken Mental Capacity Act training.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## Our findings

At our previous inspection on 22 June 2016, we rated the practice as good for providing caring services. When we undertook a follow up inspection on 11 December 2017 we rated the practice as good for providing caring services overall and across all population groups.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. All six patient questionnaires we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 373 surveys were sent out and 119 were returned. This represented 5% of the practice population. The practice was below average for four out of six satisfaction scores on consultations with GPs. Satisfaction scores on consultations with nurses were average. For example:

- 76% of patients who responded said the GP was good at listening to them compared with the CCG average of 87% and the national average of 89%.
- 74% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 72% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 85%.

- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

The practice had no plans to address issues in which patient feedback was more than 5% worse than CCG or England averages.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice's computer system alerted GPs if a patient was carer. The practice had identified 30 patients as carers (1.2% of the practice list).

- Carer leaflets were available in the waiting area.

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 mixed when compared with local and national averages:

## Are services caring?

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 83%; national average - 85%.

The practice had no plans to address issues in which patient feedback was more than 5% worse than CCG or England averages.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 22 June 2016, we rated the practice as good for providing responsive services. When we undertook a follow up inspection on 11 December 2017 we rated the practice as good for providing responsive services overall and across all population groups.

### 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. For example, online services for repeat prescription requests had been promoted and 21% of repeat prescription requests are made online (April 2017).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

#### 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 some 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. However these systems were not fully implemented.

- All parents or guardians calling with concerns about a child 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 on Monday evening.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. However these patients were not clearly identified on the computer system. This was resolved following the inspection.

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

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia.

### Timely access to the service

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local

# Are services responsive to people's needs?

(for example, to feedback?)

and national averages. This was supported by observations on the day of inspection and completed comment cards. 373 surveys were sent out and 119 were returned. This represented 5% of the practice population.

- 76% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 84% of patients who responded said they could get through easily to the practice by phone; CCG – 71%; national average - 71%.
- 89% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 90% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.

- 88% of patients who responded described their experience of making an appointment as good; CCG - 72%; national average - 73%.
- 73% of patients who responded said they don't normally have to wait too long to be seen; CCG - 55%; national average - 84%.

## 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 not available in the practice or online.
- We reviewed two complaints received in the last year and found that they were satisfactorily handled in a timely way. Staff treated patients who made complaints compassionately. The learning from one complaint resulted in practice staff wearing identity badges.

# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 22 June 2016, we rated the practice as good for providing well-led services.

When we undertook a follow up inspection on 11 December 2017 we rated the practice as requires improvement for providing well-led services overall and across all population groups.

### Leadership capacity and capability

- Leaders had some experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were aware of issues and priorities relating to the quality and future of services. They understood the challenges and were addressing some of them. However, the practice had no plans to address the below average satisfaction scores in the annual national GP Patient Survey published July 2017.
- Leaders were visible and approachable.
- The practice had some processes to develop leadership capacity and skills.

### Vision and strategy

The practice had a vision but no formal strategy to deliver high quality care and promote good outcomes for patients.

- There was a vision and set of values. The practice had no formal strategy or supporting business plans to achieve priorities.
- Some staff were aware of and understood the vision and values and their role in achieving them.
- The vision was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- There was no evidence the practice monitored progress against delivery of the strategy.

### 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 inconsistent with the vision and values.
- 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.
- The practice could not demonstrate appropriate investigation and actions taken in response to national patient safety alerts received by the practice.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development.
- There was an emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were some structures, processes and systems to support good governance and management however these were not fully implemented. We found not all staff had received training at appropriate levels and frequency and this required improvement. For example, fire safety, information governance and Mental Capacity Act.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Most staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However some clinicians were working out of their scope of practice and expertise.
- Practice leaders had established proper policies, procedures and activities to ensure safety however we found some were not operating as intended. For example infection control audit and mandatory training.

### Managing risks, issues and performance

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

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- We found there was no formal induction system for new or temporary medical or nursing staff tailored to their role.



# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Practice leaders had oversight of MHRA alerts, incidents and complaints. However, the practice could not demonstrate appropriate investigation and actions taken in response to national patient safety alerts received by the practice.
- 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 for major incidents however, these required additional detail to be effective.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were no plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However we found no evidence of one staff having received information governance training in the last 12 months and we found no evidence that another member of staff had received any information governance training.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

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

There was an active patient participation group however there was little evidence the practice involved patients, the public, staff and external partners to support high-quality sustainable services.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met</b></p> <p>12(2)(c) Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none"><li>• Some staff were working outside of their scope of practice and expertise.</li></ul> <p>12(2)(g) The proper and safe management of medicines</p> <ul style="list-style-type: none"><li>• Medicines refrigerator temperatures were not recorded daily and the medicines refrigerator was stocked incorrectly.</li><li>• The medicine refrigerator was not locked.</li><li>• There was no second thermometer in the vaccine medicines refrigerator.</li></ul> <p>12(2)(h) Assessing the risk of and preventing detecting and controlling the spread of infections including those that are health care related.</p> <ul style="list-style-type: none"><li>• There was no evidence of infection prevention and control audit.</li><li>• There was no evidence of cleaning monitoring.</li></ul> <p><b>Regulation 12(2)</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care</b></p>

## Requirement notices

17(2)(b)

### How the regulation was not being met

The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

- There was no system in place to monitor the prescription of high risk medicines.
- The practice could not demonstrate appropriate investigation and actions taken in response to national patient safety alerts received by the practice.

The registered person had failed to ensure that all equipment used by the service was properly maintained. In particular: Kettle, photocopier, printer, laminator and fax machine were overdue safety checks

There was limited evidence of learning from significant events.

### Regulation 17(2)

## Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

18(2)(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform

### How the regulation was not being met

- The practice could not demonstrate that staff had completed training in areas such as safeguarding adults and children, basic life support, infection prevention and control and information governance.
- There was no evidence of mental capacity act training for GPs.
- There was no evidence of induction for clinical staff
- Not all clinical staff including those that administered vaccines and immunisations had up to date anaphylaxis training.

### Regulation 18(2)