

Dawley Medical Practice

Inspection report

Webb House
King Street, Dawley
Telford
Shropshire
TF4 2AA
Tel: 01952 630500
www.dawleymedicalpractice.co.uk

Date of inspection visit: 15 October 2018
Date of publication: 14/12/2018

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?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall.

We previously carried out an announced comprehensive inspection at Dawley Medical Practice in July 2015. The practice was rated as good overall. The full comprehensive report on the July 2015 inspection can be found by selecting the 'all reports' link for Dawley Medical Practice on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Dawley Medical Practice on 15 October 2018 as part of our inspection programme.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Requires Improvement

At this inspection we found:

- The practice had systems, processes and practices in place to protect people from potential abuse. Staff were aware of how to raise a safeguarding concern and had access to internal leads and contacts for external safeguarding agencies. Clinical staff had received training to the appropriate level for their role but not all reception and administrative staff had received training in safeguarding children.
- The practice had systems to manage most risks so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Systems in place for identifying, assessing and mitigating most risks to the health and safety of patients and staff were not effective. For example, the system for monitoring of patients on high risk medicines was not effective. The practice did not have a system to assure that appropriate action had been taken in response to patient safety alerts such as the Medicines and Healthcare Products Regulatory Agency (MHRA).

- Staff recruitment practices were in line with legal requirements, however an assessment of mental and physical health including immunity status of staff had not been recorded.
- The practice had reviewed the appointment system in response to patient feedback. However, further work was needed to improve patient satisfaction in relation to access to appointments.
- The practice had installed a new telephone system to better manage patient calls.
- The practice had an active patient participation group.
- There was a focus on continuous learning and improvement. However, there was a lack of oversight in ensuring staff had completed basic training. There were significant gaps noted in staff training records and at the time of the inspection, there was a lack of protected time given to complete training.

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 specified information is available regarding each person employed.

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

- Formulate an action plan for responding to the results of the GP patient survey to include actions to address the lower than average results regarding access to the service.
- Offer more opportunities for clinical supervision and protected learning time to complete basic training.

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	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 

Our inspection team

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

Background to Dawley Medical Practice

Dawley Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in the Dawley area of Telford, Shropshire. The practice is located in a purpose-built property. The practice has a registered patient list size of 10,206 patients. The practice is part of NHS Telford and Wrekin Clinical Commissioning Group (CCG).

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people with health issues including chronic disease management and end of life care.

The practice is in an area considered as a third most deprived when compared nationally. People living in more deprived areas tend to have greater need for health services.

At 8.6%, the practice unemployment level is almost double the CCG average of 4.4% and higher than national level of 4.9%.

The percentage of the practice population with a long-standing health condition is 71.6% which is higher compared to local average and national average. (CCG 55.9% and national 53.7%)

The percentage of patients over the age of 65 is higher for the practice in comparison with the CCG and National average. The population covered is predominantly white British.

The practice staffing comprises of:

- Five GP partners (three female GPs and two male GPs)
- One Nurse Practitioner (NP)
- One Lead Nurse
- Two practice nurses
- Two health care assistants (HCA)
- One Practice Manager
- One reception team leader
- One Medical secretary/team leader
- A team of eleven administration and reception staff

The practice is open Monday, Wednesday, Thursday and Friday between the hours of 8am and 6.30pm and between 8am and 8pm on Tuesday.

NHS 111 takes calls when the GP surgery is closed.

Additional information about the practice is available on their website:

www.dawleymedicalpractice.co.uk

Are services safe?

We rated the practice as requires improvement for providing safe services.

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

People were not always protected from avoidable harm. There was a potential for the safety of patients and staff to be compromised because:

- The systems for checking patients on medicines requiring monitoring was reactive.
- The practice had not carried out a risk assessment to reflect the emergency medicines required for the range of treatments offered and the conditions treated.
- Patient safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were not always acted on.
- The practice had not carried out a risk assessment to reflect the decision not to carry emergency medicines in doctors' bags.
- The practice had not carried out a risk assessment for the need for staff who also acted as chaperones to have a DBS check.

Following the inspection, the practice told us how they were working to address the issues identified above. This included the introduction of a proactive plan for managing patients on medicines requiring monitoring and a better system for acting on and responding to safety alerts such as MHRA alerts.

Safety systems and processes

The practice's systems to keep people safe and safeguarded from abuse were not always effective.

- The practice had systems to safeguard children and vulnerable adults from abuse but they needed strengthening. Clinical staff had received up-to-date safeguarding and safety training appropriate to their role. Some of the reception staff however had not received training in safeguarding children. We could also see gaps in the training records for safeguarding adults training. Staff, however knew how to identify and report concerns.
- Two members of staff had been identified as chaperones but were not trained for the role. One of the two chaperones had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify

whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, 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 but there was no information relating to the physical and mental fitness of staff to carry out their work. Details regarding staff immunity status was also missing from staff files.
- There was a system to manage infection prevention and control. A recent audit had been completed which identified some necessary actions. It was not clear who was responsible for the action or date of completion.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order however we saw one example where a piece of equipment had missed its calibration date.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were 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. However, at the time of the inspection, this was difficult as three members of staff were on sick leave.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies, but staff were not suitably trained in emergency procedures. Emergency medicines were available on site except for a medicine required in the event of cervical shock. The GPs did not carry emergency medicines in their bags. No formal risk assessment was in place to illustrate the rationale for this decision. Following the inspection, the practice told us that emergency medicine required in the event of cervical shock had been obtained.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Whilst the practice

Are services safe?

had equipment available to enable assessment of patients with presumed sepsis, staff had not received training on how to identify and manage patients with severe infections including sepsis.

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.
- 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.

Appropriate and safe use of medicines

The practice had 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 and 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. The practice's antimicrobial prescribing was comparable with local and national averages.
- We found that the practice needed to strengthen the system for managing and prescribing medicines requiring close monitoring. For example, the practice was unable to show what processes were in place to show that patients had received appropriate blood monitoring prior to prescriptions being re-issued. We found evidence that some patients were overdue their blood monitoring checks.

- Patients were involved in regular reviews of their medicines.

Track record on safety

Information about safety was not always comprehensive or timely.

- There was a record of portable appliance testing.
- The fire alarm was tested regularly and fire drills were logged.
- There were no risk assessments in relation to safety issues such as health and safety risk assessment and premises risk assessment.
- No 5-year fixed electrical certificate was in place, but gas safety certificate and lift inspection certificate was in place. Following the inspection, the provider had arranged for the electrical testing to take place and had submitted evidence to demonstrate that this had been completed.

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 but we found one example where a significant event was discussed but not recorded.
- There was not an effective system in place to log, review, discuss and act on external alerts such as the Medicines and Healthcare Products Regulatory Agency (MHRA) alerts that may affect patients' safety. There was no log kept of alerts coming in, actions taken, follow up or oversight by partners

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 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 received a full assessment of their physical, mental and social needs.
- Staff liaised with other clinical, non-clinical and voluntary services required to enable patients to receive the right care.
- The practice provided medical services to two local care homes with weekly visits to the residents and care plans in situ and sheltered accommodation in the local area.
- 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.

- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. Patients 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 could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long-term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were just below the target percentage of 90% or above in three of the four indicators. The practice had experienced a change in personnel resulting in the loss of two practice nurses which had impacted on patient access to appointments for immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 70%, which was comparable to the 72% national average.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- 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 held a register of patients living in vulnerable circumstances including those with a learning disability.

Are services effective?

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. We observed reception staff opportunistically offering to book some patients in for the flu vaccination for example.

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.
- 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.
- The practice's performance on quality indicators for mental health was not always in line with local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, was below local and national averages. The practice was aware and acknowledged this. Non-verified data from 2017/2018 shared with the inspection team showed that the practice had improved their performance in this area and had achieved the maximum six points available for this indicator.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- 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.
- The most recent published Quality Outcome Framework (QOF) results for 2016/17 showed that the practice achieved 97% of the total number of points available which was lower than the clinical commissioning group (CCG) average of 98% but the same as the national average of 97%. The overall exception reporting rate was 7.8%, which was higher than the CCG and the national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice).

Effective staffing

- Some staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions. Two of the nurses responsible for caring for patients on the diabetic pathway, had attended the Warwick diabetes course.
- The practice however, did not fully understand the learning needs of staff. There was no structured approach to learning and development needs. Protected time was not offered to completed training. There were considerable gaps in staff training records.
- The practice provided staff with some ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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 discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who had 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, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

- Policies and protocols were in place at the practice to ensure there was a standardised approach to obtaining consent.
- Clinical staff spoken with understood the general principles of Gillick competencies and Fraser guidelines. However, training records shared with us by the practice, showed that a number of staff (including clinical staff) had not received training in the principles of consent.

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 on the day of the inspection was mostly 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 the practice was performing in line with both the CCG and national average for its satisfaction scores on consultations with health care practitioners.

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, 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 proactively identified carers and supported them.
- Results from the national GP patient survey showed the practice was performing in line with the CCG and National average for its satisfaction score on patient involvement.

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. They challenged behaviour that fell short of this.
- Most patients told us that they felt their privacy and dignity was respected. One patient felt that their privacy could be compromised and felt a more discreet area should be provided at reception so that personal information could not be overheard. Another patient told us that they did not appreciate having to discuss personal information at the front desk and were unaware that they could request a room to discuss personal issues.
- We found through observation that staff interactions with patients promoted the privacy and dignity of patients.

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 requires improvement for providing responsive services because:

- Whilst the practice had responded to patient feedback, further work was needed to improve patient satisfaction in relation to access to care and treatment. Some patients felt that there were unacceptable waiting times and delays in getting to see a GP. Some patients reported that some improvements had been noted in the appointment system, whilst others felt that the appointment system needed further review.
- The national GP patient survey results (2018) for the practice were below local and national averages for questions relating to access to care and treatment. In particular the patient satisfaction around telephone access, the type of appointment offered and the overall experience of making an appointment.
- The practice did not review trends from complaints.

Responding to and meeting people's needs

The practice organised and delivered services which met some of the patients' needs. The practice had attempted to respond to patient feedback with regards to the appointment system and telephone access.

- The practice attempted to meet the needs of its population and tailored services in response to those needs.
- The practice had reviewed its appointment system and moved away from open access to a more structured appointment system.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who 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 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.
- Dedicated phone lines were available for home visit requests as well as requests for prescriptions, which helped to reduce the needs for patients being in long queues to access care.

People with long-term conditions:

- Patients with a long-term condition received regular reviews to check their health and medicines needs were being appropriately met.
- Patients were contacted to attend appointments via the use of text messages in addition to the use of traditional letters.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. 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.
- The premises were suitable for children, babies and breastfeeding mothers.
- Weekly child immunisation clinics were held and a range of appointments offered outside school core hours.

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

- The practice offered the facility for patients to access their records and prescriptions online. Patients however, were no longer able to book appointments on-line.
- Telephone consultations were available.
- The practice offered extended opening hours on Tuesday evenings from 6.30pm to 8pm.

People whose circumstances make them vulnerable:

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

Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice maintained a list of patients who were also carers.

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.
- Patients were sign posted to support groups and voluntary organisations.

Timely access to care and treatment

- Some patients felt that there were unacceptable waiting times and delays in getting to see a GP.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients reported that some improvements had been noted in the appointment system, whilst others felt that the appointment system needed further review.
- The national GP patient survey results (2018) for the practice were below local and national averages for questions relating to access to care and treatment. In particular, the patient satisfaction around telephone access, the type of appointment offered and the overall experience of making an appointment. For example, the percentage of patients who responded positively to how

easy it was to get through to someone at their GP practice on the phone was 34%, this was lower than the CCG average of 63% and the national average of 70%. Patient who responded positively to the overall experience of making an appointment was 39%, which was lower than the CCG average of 61% and the national average of 69%. The percentage of patients who were satisfied with the type of appointment offered was 50%. Again, this was lower than the CCG average of 70% and the national average of 74%.

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. Some of the patients spoken with however did not know how to make a complaint. Patients who made complaints were treated compassionately by staff.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints through discussion at team meetings, but the learning was not documented or disseminated to the wider team.
- The practice did not review trends from complaints.

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 requires improvement for being well-led because:

- Governance arrangements were not always operated effectively.
- There was not always a clear and effective process for managing risk.

Leadership capacity and capability

- The practice had experienced changes to its leadership and staffing team since our last inspection. The practice had lost three GP partners within a short space of time, followed shortly by the loss of the practice manager and two registered nurses. This had put the practice under great pressure and it was struggling with the increased workload, impacting on its performance.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services but had been constrained by the loss of key personnel. However, the practice was gradually re-building through the recruitment of a practice nurse, salaried GP, ANP and the addition of three new partners.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers 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 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.
- The practice actively promoted equality and diversity.
- There were positive relationships between staff and teams.

Governance arrangements

There were governance systems and processes in place however, they did not always operate effectively and were inconsistent.

- The re-structuring of the team to formalise line management structures had improved moral and communication. Staff mostly knew their roles and responsibilities and who they were accountable to. However, there was a lack of oversight to ensure that staff had completed basic training. There was also a lack of oversight to ensure patients' safety, for example basic health and safety risk assessments were not in place.
- The practice had lost 50% of their policies on transferring over to another computer system. Some established policies, procedures and activities ensured safety. However, there was no process in place for monitoring that staff had received, read and understood the content of the policies.

Managing risks, issues and performance

There was not always a clear and effective process for managing risks, issues and performance.

- The practice did not have adequate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we found that the system in place for the actioning of patient safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) was not effective in managing risks to patients.

Are services well-led?

- 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 but not all staff had received training in how to respond to major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were 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 effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Staff however had not received training in information governance.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning and continuous improvement. There was a focus on continuous learning and improvement although difficult in practice due to a lack of protected learning time.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider was failing to ensure that care and treatment was provided in a safe way for patients. In particular:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The systems for monitoring patients on medicines requiring monitoring was reactive.• Patient safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were not always acted on.• The practice had not carried out a risk assessment to reflect the emergency medicines required in the practice for the range of treatments offered and the conditions treated.• The practice had not carried out a risk assessment to reflect the decision not to carry emergency medicines in doctors' bags.• The practice had not carried out a risk assessment for the need for staff who also acted as chaperones to have a DBS check. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

Requirement notices

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 met:

There were governance systems and processes in place however, these were not always effective and compliant with the requirements of the fundamental standards of care. In particular:

The provider had not assessed, monitored and mitigated 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. In particular:

- The practice did not have certificates in place to show that electrical periodic inspection tests had been completed. Health and safety risk assessments had not been completed for the premises. Some practice blinds had loop cords. No risk assessment and no tie backs were in place.

There was a shortfall in the systems and processes in place to assess, monitor and improve the quality and safety of the services provided. In particular:

- There was a lack of action plan and recording of performance for example in meeting the requirements of the Infection Prevention and Control (IPC) audit.
- There was a lack of oversight for ensuring that staff had completed basic training.
- There was no formal recording of the complaints discussed in practice meetings.

The provider had not maintained all necessary records in relation to persons employed in the carrying on of the regulated activity. In particular:

- There were no records on file demonstrating staff immunity in line with current PHE guidance relevant to their role. No assessment of mental and physical health had been recorded to confirm suitability of staff to work.

This was in breach of regulation 17 (1), (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

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.