

# Plumbridge Medical Centre

## Inspection report

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Date of inspection visit: 7 November 2018

Date of publication: 31/01/2019

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?

Good



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 overall. The practice was previously inspected on 21 November 2017. At that inspection the rating for the practice was requires improvement overall.**

The key questions are rated as:

Are services safe? – good

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 Plumbridge Medical Centre to follow up on breaches of regulations identified during the inspection carried out on 21 November 2017. The inspection was carried out across two days by prior arrangement to accommodate staff leave.

At this inspection we found:

- The practice had some systems to manage risk, but these were not always applied consistently.
- In many areas, the practice was in line with local and national averages for clinical performance. However, in some areas they were not in line with local and national averages. For example, the practice was above the national and local average for their prescribing of hypnotics. In addition, they were below the national and local average in one of the diabetes management indicators.
- We saw evidence that care and treatment had not always been delivered according to evidence-based guidelines.

- When incidents happened, the practice had not always learned from them and improved their processes.
- There was a lack of governance arrangements to ensure that risk was managed and that quality assurance processes were in place to improve patient outcomes.
- The practice had identified 73 patients as carers (3% of the practice list).
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Feedback from patients on the day of the inspection indicated that staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was limited focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- The practice must ensure systems and processes are established and operated effectively to demonstrate good governance.

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

- Take action to increase the uptake of childhood immunisations and cervical screening.
- Review the information available to patients about how to make a complaint.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to Plumbridge Medical Centre

Plumbridge Medical Centre is located in the Royal Borough of Greenwich. The Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality. The practice operates from a purpose-built accommodation and provides services to 2450 registered patients. The practice age distribution differs from the national average in that they have a lower than average patient population aged over 65 years. The practice is located within an area rated four out of 10 on the index of multiple deprivation decile (one equals the most deprived area).

The provider is registered with the CQC as an individual. Services are provided from one location at 32 Plumbridge Street, Greenwich SE10 8PA; and are delivered under a

General Medical Services (GMS) contract. The practice is registered with the CQC to provide the regulated activities of maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

Clinical services are provided by the full-time lead GP (female), a salaried GP (male) providing two sessions per week, a locum GP (female) providing one session per week and a practice nurse (female) providing one morning and one afternoon session per week. Administrative services are provided by a Practice Manager, a part-time administrator and four part-time reception staff.

# Are services safe?

**We rated the practice as good for providing safe services. Some issues were identified during the inspection but the practice responded quickly to our findings and rectified all concerns within the inspection period.**

## Safety systems and processes

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

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- 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.
- 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 conducted safety risk assessments in some areas. For example, the practice conducted regular infection prevention and control audits and was able to demonstrate that the risk of infection was adequately managed.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- 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. Albeit, they were areas that required action.

- The practice's list of emergency drugs did not include, Furosemide, Diclofenac and Dexamethasone. By the end of the inspection, the practice had sourced the former two medicines and provided evidence that they had placed an order for the latter.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice had equipment 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.
- Appropriate indemnity arrangements were in place to cover potential liabilities that may arise.

## Information to deliver safe care and treatment

The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

- We saw evidence that all relevant staff had been forwarded and discussed safety alerts such as those produced by the Medicines and Healthcare products Regulatory Agency.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- Clinicians made timely referrals which included all the necessary information.

## Appropriate and safe use of medicines

At the start of the inspection we found the practice did not have a reliable system for the appropriate handling of medicines. However, the issues identified were immediately addressed.

- At the start of the inspection, we found that a percentage of patients taking high risk medicines had not had a blood test within the required timeframe and the practice had not acted on a safety alert disseminated to all practices in 2012 regarding the drug,

## Are services safe?

Simvastatin. However, by the end of the inspection, we saw that all patients prescribed Simvastatin had been contacted and arrangements made to rectify the issues identified. Similarly, all the patients on high risk medicines that were due to have a blood test had been contacted and arrangements made.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice had the facilities to store prescription stationery securely and in line with guidance,
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Data showed that their overall antimicrobial prescribing rate was in line with local and national averages, and their prescribing of broad spectrum antibiotics was below the local and national average (broad spectrum antibiotics are those which act against a wide range of disease-causing bacteria, but which may contribute to antibiotic resistance).

### Track record on safety

There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- We saw some evidence that lessons were shared and action was taken to improve safety in the practice.

### Lessons learned and improvements made

There was a system for reporting incidents and significant events. However, the provider had not taken the opportunity to learn from all incidents that occurred.

- We saw that, after receiving test results of a child the practice prescribed a course of antibiotics. A voice message was recorded for the child's guardian to collect the prescription from the practice. The prescription was not collected. A week later, the practice received a letter from a local hospital stating that the child had been seen at the Accident and Emergency Department.
- Although, there was no evidence to suggest that the child had been seen as a result of infection for which the practice provided a prescription; the provider had not carried out a significant event analysis to identify areas where they may act differently in the future, if presented with a similar set of circumstances. This was raised with the practice and by the end of the inspection, they had carried out an analysis of the event, which included lessons learnt and action to take in the future. For example, carrying out a home visit.
- The staff we interviewed understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving safety and medicines alerts; however, there was no clear process for acting on these alerts and no record was kept of the action the practice had taken in response.

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

# Are services effective?

**We rated the practice as requires improvement for providing effective services.**

**At the last inspection we rated the practice as requires improvement for providing effective services as there was a lack of processes in place for the practice to assure themselves that care and treatment was delivered according to evidence-based guidance. At this inspection we did see sufficient evidence that the practice had made significant improvements in this area; as such, the practice remains rated requires improvement for providing effective services.**

**The issues identified at this inspection as requiring improvement affected two out of the six population groups, which makes the practice requires improvement overall.**

## Effective needs assessment, care and treatment

Although, the practice did have systems to keep clinicians up to date with current evidence-based practice; we saw that patients had not always been delivered care and treatment in line with current legislation, standards and guidance.

- For instance, clinicians had not acted on the information published by the Medicines and Healthcare Products Regulatory Agency in 2012. In addition, treatment had not been monitored as required.
- 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:

This population group is rated requires improvement for providing effective services.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 75 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- 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:

This population group is rated good for providing effective services.

The practice's overall Quality Outcomes Framework Achievement in 2017/18 for the care of patients with long-term conditions was in line with national averages.

- 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, we found that not all patients had been monitored appropriately.

The practice's patient list consisted of 48 patients on a medicine that required them to have regular blood tests. 10 patients had not had a blood test within the required timeframe. After raising this with the provider, by the end of the inspection all of the 10 patients had been contacted and had a blood test arranged.

- In addition, we discovered that 19 patients on a different medicine to the above, had not had their medicine dose reviewed in line with current guidance. We raised this with the practice, and by the end of the inspection saw that all patients had been contacted and had either had their medicine dose reduced or changed to a different medicine.
- 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.

### Families, children and young people:

This population group is rated requires improvement for providing effective services.



# Are services effective?

- Childhood immunisation was carried out in line with the national childhood vaccination programme. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice failed to achieve the target in one of the four areas.
- 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):

This population group is rated good for providing effective services.

- In 2016/17 the practice's uptake for cervical screening was 64%, which was comparable to the 72% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group is rated good for providing effective services.

- 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 homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group is rated good for providing effective services.

- 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.

- 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 comparable to local and national averages. In some areas they had achieved a positive variation. For example, 100% of the practice's patients with dementia had had their care plan reviewed within the preceding 12 months, this was above the local and national average of 84%.

## Monitoring care and treatment

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2016/17) showed the practice had achieved 93% of the total number of points available.

There clinical exception report rate was under 3% 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 could demonstrate that they conducted quality improvement activity; for example, they had completed audits required by the CCG such as direct-Acting Oral Anticoagulants audits, which showed an improvement in the number of patients on the medicines. There was also evidence that their prescribing audits had resulted in positive changes in prescribing for individual patients.
- The practice used information about care and treatment to make improvements.

# Are services effective?

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included, 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 services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered 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 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, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**



# Are services caring?

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

## **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.
- We received 33 comment cards; twenty seven cards were positive about the standard of care received. Four cards had a mixed response, and two cards described negative experiences. Patients described the care received as excellent and commented that staff were friendly and they were always treated with courtesy and respect.
- We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients said they would recommend the practice.
- The practice's GP patient survey results were above local and national averages for a number of indicators. For example, 81% of patients were satisfied with the general practice appointment times available. This was above the local (63%) and national averages (66%).

## **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 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 proactively identified carers and supported them.
- The practice's GP patient survey results were in line local and national averages for questions relating to involvement in decisions about care and treatment. For example, 87% of patients surveyed said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment. This was comparable to the local (90%) and national (93%) averages.

## **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.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, as good for providing responsive services.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice provided same-day appointments for older people.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group is rated good for providing responsive services.

- 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. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group is rated good for providing responsive services.

- 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:

This population group is rated good for providing responsive services.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

This population group is rated good for providing responsive services.

- 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, the practice had extended opening hours on Monday evening.

People whose circumstances make them vulnerable:

This population group is rated good for providing responsive services.

- Staff interviewed knew how to recognise signs of abuse and were aware of their responsibilities regarding information sharing with relevant agencies.
- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice worked with other health care professionals in the case management of vulnerable patients.

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

This population group is rated good for providing responsive services.

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

# Are services responsive to people's needs?

- Patients who failed to attend were proactively followed up by a phone call from a GP.

## Timely access to care and treatment

- 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.

Results from the July 2018 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

## 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; however, the systems in relation to the complaints process required review.

- Information about how to make a complaint or raise concerns was only available to patients on request from the practice and was not included in the practice leaflet.
- The complaint policy and procedures were in line with recognised guidance. The practice had received two complaints during the previous 12 months. Both were managed appropriately. The practice had carried out an analysis of patient feedback through review of the Friends and Family Test survey results. However, we saw little evidence that the practice had implemented measurable improvement activities.

**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.**

At the last inspection we rated the practice as requires improvement for providing well-led services, as the deficiencies in governance limited the practice's ability to operate effectively and provide safe care. At this inspection we found, there had not been sufficient improvement in the systems and processes which underpinned patient safety and issues were only rectified after being highlighted by the inspection team.

### **Leadership capacity and capability**

Leaders aspired to deliver high-quality, sustainable care; however, in some areas, the governance arrangements in place required review and development.

- In some areas leaders failed to demonstrate that they had a comprehensive understanding of the risks relating to the practice; in particular, the risks relating to medicine management and arrangements in place to ensure the quality of the service provided.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice held minuted multi-disciplinary meetings with district nurses and health visitors to monitor vulnerable families and safeguarding concerns.

### **Vision and strategy**

The practice aspired to deliver high quality care and promote good outcomes for patients.

- 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 aspired to provide high-quality sustainable care; however, in some areas they lacked processes to achieve this.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints; however, there was not always a complete and contemporaneous record kept of incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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 had systems in place to act on behaviour and performance inconsistent with the vision and values.
- 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### **Governance arrangements**

There were clear responsibilities, roles and systems of accountability. In spite of this, the leaders did not have sufficient oversight to ensure policies were put into practice effectively.

- Practice leaders had established policies, procedures and activities to ensure safety but had not assured themselves that they were operating as intended. For example, leaders had not assured themselves that the practice's safety alerts was adhered to consistently.
- The provider had not taken steps to ensure staff had learnt from all incidents.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

# Are services well-led?

## Managing risks, issues and performance

There were processes for managing risks, issues and performance; however, the practice was not fully equipped to manage all medical emergencies.

- For example, the practice did not have three of the required emergency medicines available and had not undertaken a risk assessment.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

There were areas where the practice acted on appropriate and accurate information. Nevertheless, we saw evidence that this was not always the case.

- The information used to monitor performance and the delivery of quality care was accurate and useful. That said, the practice had not always acted on the information provided.
- The practice used information technology systems to monitor and improve the quality of care.
- 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 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.

## 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.

- The practice had created an action plan as resulting from feedback contained in the GP patient survey.
- 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.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice was in the process of trying to recruit to its patient participation group.

## Continuous improvement and innovation

The partners at the practice were keen to be involved in new initiatives and engaged with the CCG in order to trial new ways of working.

- The lead GPs at the practice had special interests, which allowed them to provide an enhanced level of care in areas such as cancer management.
- There was a focus on continuous learning and improvement.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <p>The provider had not assured themselves that patients were being prescribed in line with current guidance.</p> <p>The practice had not appropriately assessed patient safety in relation to the prescribing of medicines that required monitoring through periodic blood tests.</p> <p>The provider had not ensured staff learned lessons from all significant events to mitigate potential risks.</p> <p><b>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>