

# The Lakes Medical Practice

## Quality Report

The Lakes Medical 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

# Summary of findings

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## Overall summary

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

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

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 – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those recently retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) – Inadequate

We carried out an announced comprehensive inspection at The Lakes Medical Practice on 5 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice did not have clear systems and processes in place. Policies were not easily accessible to staff.
- The practice did not have a system in place to deal with patient safety and medicine alerts.
- There was a lack of record keeping within the practice; meetings were not always documented and safety checks were not recorded.
- The practice acted on significant events and took action to make improvements. Staff were aware of their own responsibilities in reporting events.
- Recruitment checks were not always carried out on staff, and staff files did not always contain the relevant information as set out in schedule three of the regulations.
- Safeguarding procedures were in place and staff understood the signs of abuse and how to report any concerns.
- The practice had systems to monitor performance of the practice and were achieving a quality and outcome framework (QOF) score of 85%.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

# Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients told us they did not find the appointment system easy to use and sometimes struggled getting an appointment

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 recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- The provider should have regular team meetings

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

# The Lakes Medical Practice

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and two practice nurse specialist advisers.

## Background to The Lakes Medical Practice

The lakes Medical Centre provides primary medical services at 21 Chorley Road, Swinton, M27 4AF.

The practice has three GP partners, two male and one female and three salaried GPs, one female and two male. The nursing team consists of a nurse practitioner (male),

two practice nurses (female) a health care assistant and a phlebotomist. The clinical staff are supported by an administration team made up of a practice manager and reception staff. The lakes medical centre is a teaching practice and has a GP trainee.

The Lakes Medical Centre provides care to over 9300 patients. The age population is similar to the national average but with a slightly higher proportion of adults aged from 25-34.

The practice's level of deprivation is rated four out of 10 on the Indices of Multiple Deprivation (IMD) decile (the lower the IDM, the more deprived an area is). The average life expectancy for males at the practice is 79 years and 83 years for females.

Outside of normal opening hours, patients would be diverted to the NHS 111 service.

# Are services safe?

## Our findings

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

### Safety systems and processes

The practice did not have clear systems to keep patients safe.

- The practice did not conduct safety risk assessments. Safety policies and systems were not in place.
- The practice did not have a system in place for acting on patient safety and medicine alerts, such as alerts from the Medicines and Healthcare products Regulatory Agency. We found that recent medicine alerts had not been acted on and when we asked the practice to perform a search on a recent drug alert relating to sodium valproate, we found four patients on this drug. None of these patients had been recalled to discuss the alert.
- The practice did not have a fire risk assessment in place. The fire alarm system had not been serviced since October 2016. The practice told us they carried out regular checks of the fire alarm system but did not keep a record of this.
- The practice had systems to safeguard children and vulnerable adults from abuse. A safeguarding policy was in place but was not practice specific and did not contain the name of the safeguarding lead. The policy contained contact numbers for raising concerns but the policy was not accessible to all staff members.
- 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 told us they carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis but staff files did not always contain evidence to demonstrate these checks were performed. Some staff files were missing information such as proof of identity and references from previous employment. The practice told us they performed Disclosure and Barring Service (DBS) checks on all new staff members, but there was no evidence to confirm these checks had been carried out including clinical staff as we were told staff kept their own DBS at home. (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). There were also no records kept relating to staff vaccinations and immunity. We were told locum GPs were occasionally used and the same locums were used each time, but there were no recruitment records kept for the locums.

- All 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 but not all had received a DBS check or had been risk assessed.
- There was an effective system to manage infection prevention and control.
- The practice had not ensured that equipment was safe as electrical equipment had not been PAT tested since November 2015. Medical equipment was maintained according to manufacturers' instructions and had been calibrated within the last 12 months. There were systems for safely managing healthcare waste.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. A rota system was in place and staff were cross trained in various roles.
- There was an effective induction system for temporary staff tailored to their role and a locum pack was available for locum GPs.
- Administration staff had received no formal training on triaging and were not provided with a clinical competency list to refer to when allocating appointments. For example, we were told that patients presenting with certain conditions such as chicken pox would be directed to the pharmacist by administration staff rather than being offered an appointment with a clinician.
- 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.

### Information to deliver safe care and treatment

## Are services safe?

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

- 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

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks but we found the pads for the defibrillator had expired. The practice did not keep prescription stationery securely and there were no systems in place to monitor its use.
- We observed a box of repeat prescriptions being handed over to a pharmacy driver who then proceeded to take out the prescriptions required by the pharmacy, which breached patient confidentiality. We asked the pharmacy driver about this who told us it occasionally happens. We also alerted the practice partners to this issue who informed us that this would not happen again.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record but some improvements were needed.

- There were no comprehensive risk assessments in relation to safety issues.
- The practice told us they monitored and reviewed activity. We saw that improvements were made when things went wrong in order to improve safety. For example, a recent significant event led to a patient receiving a medicine for longer than was necessary. Improvements were made as a result to ensure a stop date was always added to medicines that are on repeat.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents but the practice did not keep track of which patients were affected by incidents. The service did not have a policy in place for significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice reviewed and investigated when things went wrong but did not have a formalised procedure for this and did not keep track of which patients were affected by incidents. The practice learned and shared lessons, and took action to improve safety in the practice.
- There were no systems in place for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**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 with exception for patient safety alerts. 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. The practice was not an outlier for any Quality and Outcome Framework (QOF) clinical targets.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group age-sex related prescribing unit from July 2016 to June 2017 was 0.58 compared to the CCG average of 0.92 and the national average of 0.9.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age sex Related Prescribing Unit from July 2016 to June 2017 was 1.3 compared to the CCG average of 1.14 and the national average of 0.98.
- We saw no evidence of discrimination when making care and treatment decisions.

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

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health 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 only 51.9% of patients on more than four different medicines had received a medicine review.
- 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 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 73.7%, which was slightly below the 80% 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:

- 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.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the CCG average of 89.1% and national average of 83.7% the national average.

# Are services effective?

## (for example, treatment is effective)

- 80.5% 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 CCG average of 90.4% and the national average of 90.7%.
- The practice aimed to consider 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 80.5%; CCG 90.4%; national 90.7%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 92.5%; CCG 94.1%; national 95.3%).

### 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 most recent published Quality Outcome Framework (QOF) results were 84.9% of the total number of points available compared with the clinical commissioning group (CCG) average of 91.2% and national average of 95.5%. The overall exception reporting rate was 8.1% 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 used information about care and treatment to make improvements and we were told that QOF was regularly discussed at meetings.
- The practice was actively involved in quality improvement activity and we saw evidence of some clinical audit single cycle audits including an audit on rivaroxaban prescribing which indicated some patients were on this medicine unnecessarily. Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

Staff were not always provided with the skills or knowledge to carry out their roles. For example, administration staff

told us they would advise patients to contact the pharmacy for certain conditions such as chicken pox without having any training or protocols to support this. We found that 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.

- We looked at training records for staff and found staff had not always completed training relevant to their role. For example we found that clinical staff had not completed infection control training and mental capacity act training. Some staff members had not completed information governance training.
- The practice did not always provide staff with ongoing support. Staff received an induction, clinical supervision and support for revalidation but not all staff had been appraised within the last 12 months. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- 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 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.



# Are services effective?

(for example, treatment is effective)

- 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 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 and tackling obesity.

## Consent to care and treatment

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

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

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### 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.
- 27 of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described staff as helpful and caring. 14 comment cards were not positive and patients said they often had problems with getting an appointment.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 313 surveys were sent out and 110 were returned. This represented about 1% of the practice population. The practice was generally in line with for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 86% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.
- 88% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.

- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 76% of patients who responded said they found the receptionists at the practice helpful; CCG - 85%; national average - 87%.

### 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- 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 proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 170 patients as carers (1.8% of the practice list).

- Information was available to carers on how to find support.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

## Are services caring?

Results from the national GP patient survey showed patients responses were mixed to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages:

- 77% 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 85% and the national average 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.

- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

### 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

**We rated the practice, and all of the population groups, as requires improvement for providing responsive services 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 extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held 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.

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 on a Monday and Thursday.
- Telephone 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.

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.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

### Timely access to the service

Patients told us they were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to test results, diagnosis and treatment but patients we spoke with and patient comment cards indicated that it was difficult to get a timely appointment to see a GP.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

# Are services responsive to people's needs?

(for example, to feedback?)

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally below compared to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 313 surveys were sent out and 110 were returned. This represented about 1% of the practice population.

- 88% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 44% of patients who responded said they could get through easily to the practice by phone; CCG – 70%; national average - 71%.
- 70% 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 - 82%; national average - 84%.
- 66% of patients who responded said their last appointment was convenient; CCG - 78%; national average - 81%.

- 61% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%.
- 58% of patients who responded said they don't normally have to wait too long to be seen; CCG - 57%; national average - 58%.

## **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 on the website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Nine complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

Inadequate 

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

## Our findings

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

### Leadership capacity and capability

Leaders did not always demonstrate they had the capacity and skills to deliver high-quality, sustainable care.

- We found that overall leadership was not effective. There was a lack of systems and processes in place to ensure compliance with good governance.
- While GPs were knowledgeable about issues and priorities relating to the quality and future of services, we identified some shortfalls in the management of the service.
- Leaders at all levels were visible and approachable.

### Vision and strategy

The practice told us that they provide a consistently high standard of medical care. They were committed to the needs of their service users and would involve them in decision making about their treatment and care.

However, on the day of the inspection we found a lack of strategy in the overall management of the service. The practice was unable to demonstrate an effective strategy in respect of managing safety.

### Culture

The practice told us they prioritised safe, high quality and compassionate care. However, we found a lack of focus on the governance systems required which resulted in issues that threatened the delivery of safe care.

- Whilst we saw evidence of some meetings taking place, they were not frequent; the last team meeting was held in October 2017. We found that significant events that happened after this time had not been discussed. Clinical meetings were happening regularly but these were not minuted, therefore it was difficult to identify what had taken place and what learning had been shared.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice and the practice focused on the needs of patients.
- 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 but we found that it was not always possible to trace past incidents back to the affected patients as this information was not documented by the provider. 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 some processes for providing all staff with the development they need. This included appraisal and career development conversations. We found that some nursing staff were overdue for an annual appraisal.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities within the practice, but we found systems to be lacking.

- Structures, processes and systems to support good governance and management were not clearly set out. Staff were unable to access practice policies, and we were told policies did not exist for certain processes, such as a policy for significant events and patient safety alerts.
- We found that patients were at risk of harm because some systems and processes were not in place. For example, patient safety alerts, recruitment files, and no access to practice policies.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

### Managing risks, issues and performance

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

- There was an ineffective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice had carried out some risk assessments of the service.

# Are services well-led?

Inadequate 

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

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- There was limited evidence to demonstrate clinical audit was having a positive impact on quality of care and outcomes for patients as audits were still in the first cycle.
- The practice had plans in place and had trained staff for major incidents.

## 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 had recently upgraded their computer systems and were undergoing training for the new system on the day of the inspection.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- 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 patient participation group (PPG) had recently disbanded but the practice was encouraging new members to sign up to a new PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation.

- The practice made use of internal and external reviews of incidents and complaints but there was limited evidence to show how improvements and learning had been disseminated as meetings and discussions were not always minuted.

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 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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: Not all staff had been appraised in the last 12 months. |

| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br><br>The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work in particular: The provider could not demonstrate that the relevant recruitment checks had been carried out on staff. Staff were acting as chaperones without a DBS or risk assessment in place. |



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 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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</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> <p>Patient safety and medicine alerts had not been acted upon.</p> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: Administration staff were advising patients to seek advice from a pharmacist for certain conditions without any training or guidance.</p> <p>Checks were not always carried out to ensure the service was safe. For example, PAT testing had not been carried out since 2015 defibrillator pads had expired, and the fire alarm system had not been serviced in line with manufactures recommendations.</p> |

| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>Policies were not always in place for certain processes and staff were not able to easily access the policies that were in place.</p> |

This section is primarily information for the provider

## Enforcement actions

There was a lack of record keeping within the practice. For example, fire safety checks were not documented and staff meetings were not always minuted, and there was no log to keep track of blank prescriptions.