

# Ellergreen Medical Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ellergreen Medical Centre on 12 November 2015.

Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- The practice did not follow Health and Safety legislation to ensure the safety of both patients and staff. Risk assessments for health and safety had been carried out but no action had been taken against the risks identified such as electrical and fire safety.
- The practice did not follow national guidelines for the cleaning of premises. There was no monitoring of cleaning for the premises or clinical equipment and cleaning equipment was not fit for purpose.
- The practice analysed significant events. Information from these and complaints identified serious issues with poor record keeping and communications which the practice was in the process of addressing.
- The practice had disabled access and facilities but no hearing loop. There was access to translation services.

- The practice identified the needs of its population and worked well with other health and local community organisations such as paediatric nurses and citizens advice.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG) but this had a limited membership. The practice acted on feedback from both patients and staff.
- Staff worked well together as a team and all felt supported to carry out their roles. Staff we spoke with on the day had completed mandatory training but the training matrix identified gaps and it was unclear if this was simply due to poor monitoring. There was no clear strategy or business plans. There was a new practice manager and some policies and systems had been revised but there were further improvements needed.

Importantly, the provider must:

Have due regard to all Health and Safety legislation, and:

# Summary of findings

- Put in place monitoring systems for cleaning of the premises to ensure the practice is following current guidelines and discard all dirty cleaning equipment such as dirty mops.
- Carry out a control of substances hazardous to health assessment for all materials used.
- Carry out any actions identified in health and safety risk assessments for example, in fire and Legionella risk assessments.
- Carry out electrical safety checks for the building.

In addition they must:

- Ensure their governance systems are effective by improving: policies, record keeping, staff training, monitoring systems, risk assessments and actions needed for health and safety.

There were improvements the provider should consider:-

- Address the high level of hypnotic medication prescribing.
- Carry out the remaining annual physical health checks for all patients experiencing poor mental health.
- Carry out regular GP and nurses' consultation audits to ensure all clinicians are following appropriate guidance in relation to treatment and medical record keeping.
- Carry out patient and staff surveys.
- Consider further ways to improve patient satisfaction with regards to making appointments and look at tackling the high patient fail to attend rate for appointments.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. The practice took the opportunity to learn from internal incidents, to support improvement. However, work was still in progress with regards to a significant event that took place as a result of a complaint received via NHS England. Risk assessments for health and safety were carried out but the relevant actions to address risks had not been undertaken. There were no monitoring systems in place for the cleaning of the premises or clinical equipment and cleaning equipment was not fit for purpose.

Requires improvement



### Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams.

Good



### Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect. Staff helped people and those close to them to cope emotionally with their care and treatment.

Good



### Are services responsive to people's needs?

The practice is rated good for providing responsive services. The practice had initiated positive service improvements for its patients. It acted on suggestions for improvements from feedback from the patient participation group (PPG). Learning from complaints was shared with staff.

Good



### Are services well-led?

The practice is rated as requires improvement for being well-led. There was no overall strategy or business plan in place. Staff were unaware of the values of the practice. A new practice manager had been employed in February 2015 and had begun implementing new policies and procedures but these were yet to be embedded. Improvements were needed in the monitoring of health and safety.

Requires improvement



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and nursing home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Requires improvement



### People with long term conditions

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had registers in place for several long term conditions including diabetes and asthma. All patients on the register had a diary date for a review appointment and were followed up if they did not attend. The practice took part in telehealth schemes to help with the monitoring of conditions.

Requires improvement



### Families, children and young people

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place 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 A&E attendances. The practice regularly liaised with health visitors. The practice was part of pilot projects in the area to work with paediatricians and respiratory nurses to improve care provided to children.

Requires improvement



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

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings and prescription ordering.

Requires improvement



# Summary of findings

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. The practice held a weekly Addaction clinic for patients with substance misuse problems.

Requires improvement



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

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients experiencing poor mental health received an invitation for an annual physical health check and we were informed that only 44% of eligible patients had received a review. The practice had identified that the practice population had high levels of stress and depression. The practice engaged with the local mental health team and also had counsellors and Citizens Advice Bureau on site. All staff had received dementia awareness training.

Requires improvement



# Summary of findings

## What people who use the service say

Results from the National GP Patient Survey July 2015 (from 115 responses which is equivalent to 0.9% of the patient list) demonstrated that the practice was performing in line with local and national averages. For example:

- 92% of respondents describe their overall experience of this surgery as good compared with a CCG average of **87% and national average of 85%.**
- 79% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 79% and national average of 78%.

However; results indicated the practice could perform better in terms of appointments, for example:

- 67% of respondents describe their experience of making an appointment as good compared with a CCG average of 75% and national average of 73%.

The practice scored higher than average in terms of satisfaction with care given by the GPs. For example:

- 93% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a local CCG average of 88% and a national average of 85%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards (which is 0.2% of the practice patient list size) of which 29 were positive about the standard of care received. GPs and nurses all received praise for their professional care but there was one negative comment regarding not being listened to by receptionists.

The practice participated in the NHS Friends and Family test which is a survey that asks patients how likely they would recommend the service. We looked at data collected from January 2015 to October 2015. Results showed the majority of patients were extremely likely or likely to recommend the service with only three negative comments regarding waiting too long to make an appointment from 140 comments.

# Ellergreen Medical Centre

## Detailed findings

### Our inspection team

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

a CQC Lead Inspector and included a GP specialist advisor and practice manager specialist advisor.

## Background to Ellergreen Medical Centre

Ellergreen Medical Centre is situated in a deprived area of Liverpool. There were 12,046 patients on the practice list at the time of our inspection.

The practice is managed by seven GP partners. There are also two salaried GPs and a GP locum. There is a nurse practitioner, three practice nurses and a healthcare assistant. Members of clinical staff are supported by the practice manager and an assistant manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling the 111 service.

The practice has a General Medical Services (GMS) contract and had an enhanced services contract which includes the delivery of childhood vaccinations.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned

inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.



## Detailed findings

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 12 November 2015.
- Spoke to staff and a representative of the patient participation group (PPG).
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

The practice took the opportunity to learn from internal incidents, to support improvement. All staff were involved in incident reporting and those we interviewed told us they could do this confidently and felt supported to do so without any fear of blame. However, there was no written policy to manage significant events.

The practice used information from complaints in significant events analysis. There were significant events around cancer diagnosis and gaps had been identified especially in communications and medical records. The practice had a 12 point action plan and had improved some systems such as following up any patients who had been referred under the two week rule and further training but still had to implement improved IT systems. We reviewed five patient records for recent cancer diagnoses and found appropriate steps had been followed. There had been an audit of cancer diagnoses but the practice would further benefit from regular audits of clinicians' consultations.

Information about safety alerts was disseminated to practice staff.

### Overview of safety systems and processes

- There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GP provided reports where necessary for other agencies and met with health visitors on a monthly basis to discuss any child safeguarding concerns. Clinical staff demonstrated they understood their responsibilities but not all other staff. The practice training matrix highlighted gaps in training.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). These 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.

- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks for clinical staff. One staff file had references missing.
- One of the practice nurses was the designated lead for infection control but not all staff knew who the lead was. There was an infection control protocol in place but the practice training matrix indicated that not all staff had received up to date training. There were appropriate spillage kits and clinical waste disposal facilities and contracts in place. There was no schedule for cleaning clinical equipment. Infection control audits had been carried out which identified the cleaning of premises and equipment needed to be improved.
- Arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines, for example, to improve medicines optimisation for patients with chronic obstructive pulmonary disease. The practice had also worked to reduce high antibiotic prescribing but had not addressed high levels of hypnotic medication prescribing. Prescription pads were securely stored and there were systems in place to monitor their use which had only been recently introduced. There was no monitoring system for uncollected prescriptions.

### Monitoring risks to patients

- There was a health and safety policy and poster on display in the reception area.
- There was no electric safety certificate available.
- There were no monitoring systems in place for the cleaning of the premises and cleaning equipment and materials were not fit for purpose. There was nothing in place to demonstrate they were following health and

## Are services safe?

safety guidance and it was not clear if cleaning equipment such as mops were being used throughout the building or if there were different mops for different areas. There were various cleaning materials in the building. We asked to see a control of substances hazardous to health (COSHH) risk assessment file and found the risk assessments did not match the materials in use.

- A fire risk assessment had been completed but action necessary had not been undertaken. There were no emergency fire plans or building maps available at the entrances of the building for the fire brigade to utilise in the event of an emergency. One of the practice nurses put up a plan during the inspection, but the plan did not identify the location of hazardous materials within the building such as oxygen and liquid nitrogen. Although there were maintenance contracts for fire fighting equipment and emergency lighting, there were no regular monitoring checks of fire/smoke alarms and we found some emergency lighting was not working. There had been a recent fire drill but not all staff had been involved and there was no record of previous drills. All staff had received fire safety awareness training at induction and knew what to do in the event of a fire but it was unclear from the training matrix if all staff received annual refresher training.

- A Legionella risk assessment had been completed but there were no records of any monitoring.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice recognised there was a shortfall in administration/reception staff and were still recruiting new staff.

### **Arrangements to deal with emergencies and major incidents**

All staff we spoke with told us they received annual basic life support training, but the training matrix identified gaps for some clinicians but it was unclear if this was simply poor recording. There were emergency medicines available in one of the treatment rooms. There was also a first aid kit and accident book available. The practice had a defibrillator available on the premises and oxygen.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, none of the staff we spoke with knew about the plan but did give us an example of when the practice had to cope with a power cut.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Patient's needs were discussed at monthly palliative care and unplanned hospital admissions meetings with other healthcare professionals.

Patients experiencing poor mental health received an invitation for an annual physical health check, but we were informed that only 44% of eligible patients had received a review this year.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people. Consent forms for surgical procedures were used and scanned in to the medical records of patients.

### Protecting and improving patient health

- Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, patients were screened for impaired glucose regulation and were referred to a Health Trainer for lifestyle advice. The practice also participated in tele-health care and a 'Grasp Atrial Fibrillation' project which identified patients who required anticoagulants to lower the risk of stroke. The practice was part of pilot projects in the area to work with paediatricians and respiratory nurses to improve care provided to children. The practice held a weekly Addaction clinic for patients with substance misuse problems. There was a physiotherapist available for patients suffering neck and back pain.

- The practice nurses carried out child hood vaccinations and also acted as mentors for nurses from other practices in the area. Immunisation rates (2014) for the vaccinations given to two year olds and under ranged from 88% to 98% and were higher than CCG averages of 89% to 96%. Vaccination rates for five year olds were higher and ranged from 72% to 100% compared with local CCG averages of 95% to 97%. The practice recognised there were a high number of Polish patients attending the practice and practice nurses were aware of vaccination schedules for these patients.
- The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 76% compared to a national average of 73%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 94% which was higher than the national average of 81%.

### Coordinating patient care and sharing information

There was an information governance policy in place to ensure patient's details were kept safe and staff received training in handling confidential data and used smart cards to access computer systems. There was a confidentiality policy available.

Incoming mail such as hospital letters and test results were scanned onto patient notes by administration staff and then read by a clinician. Significant events and audits had identified there were problems in time taken to scan hospital letters on to computerised records. The practice was addressing this by altering their computer systems. There were also issues identified in codes applied to records and the practice was employing an additional member of staff specifically to look at this.

The practice worked with a variety of other health care professionals including health visitors, midwives, district nurses and Macmillan nurses.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The

# Are services effective?

(for example, treatment is effective)

practice had diary dates for patients who had long term conditions to ensure they all attended health reviews and reminders were sent out if they did not attend. Results from 2014-2015 were 100% of the total number of points available. This practice was not an outlier for some QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes assessment and care was comparable with the national and local averages.
- Performance for mental health assessment and care was comparable with the national and local averages.

The practice carried out cycles of clinical audits for monitoring and improving patient outcomes for example a diabetes audit.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- There were enough staff to provide clinical services and this was monitored. The practice was recruiting both clinical and administration staff.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. However, induction did not cover whistle blowing and the locum induction pack had yet to be finalised. We saw a draft version, but this did not include information about what to do if there was a safeguarding concern.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. All staff had received dementia awareness training. Clinical staff attended learning events organised by the CCG. However, we identified from the training matrix that not all staff were up to date with several mandatory subjects such as fire safety awareness.
- There were annual appraisal systems in place. Training needs were identified through appraisals.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Patient CQC comment cards we received were positive about the service experienced. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs but there was no notice about this facility available to patients in the reception and waiting areas.

Data from the National GP Patient Survey July 2015 showed from 115 responses that performance was comparable with or better than local and national averages for example,

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

### Care planning and involvement in decisions about care and treatment

Comment cards reviewed indicated that health issues were discussed with patients and they felt involved in decision making about the care and treatment they received. The majority of responses indicated patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Data from the National GP Patient Survey July 2015 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above or in line with local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted the family for additional support and an alert was placed on patients records.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

There was a Patient Participation Group (PPG) however the practice had struggled to recruit members. The group met on a regular basis and submitted proposals for improvements to the practice management team such as improving the lighting in the waiting room.

The practice had identified that the practice population had high levels of stress and depression. The practice engaged with the local mental health team and also had counsellors and Citizens Advice Bureau on site.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients. In addition, the practice recognised that almost half its population did not have access to a car and that the surgery was not easy to access by public transport. Therefore, patients who required someone else to drive them to the surgery were coded as housebound to help with access to a GP or nurse.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were translation services available.

### Access to the service

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by contacting the 111 service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages but lower for their overall experience. The practice had recently stopped extended hours yet one concern raised to us at inspection was about the need for more appointments. There was a high fail to attend appointment

rate (approximately 400 missed appointments per month) and although the practice said they monitored the appointment system it was unclear what further action was to be taken other than possibly recruiting a new GP.

- 77% of patients were satisfied with the practice's opening hours (CCG average of 79%, national average of 75%).
- 76% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 67% patients described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 62% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

### Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was in a practice leaflet but this was not available in the waiting room. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to. Letters to patients in response to complaints, made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed complaints and found that both written and verbal complaints were recorded and written responses for both types of complaints which included apologies were given to the patient and an explanation of events. The practice discussed complaints at meetings. The practice manager had only been in post since February 2015, and an annual review had not yet taken place to monitor complaints to identify any trends to help support improvement.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

Staff were unaware of the practice values and there was no overall clear strategy. We were told that the GP partners did regularly meet to discuss strategy however; there were no formal arrangements or minutes from these meetings and there was no business plan in place.

### Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- Policies and procedures that all staff could access but there was no system to check staff had read and understood the policies available. The practice manager had been employed since February 2015 and was in the process of updating policies and procedures. Lead members of staff were involved to ensure the policies reflected best practice and were practice specific.
- A clinical governance policy which outlined there was a 'robust framework to ensure it adhered to Health and Safety legislation'. However, we found health and safety legislation was not being followed to ensure the safety of patients and staff who used the premises. There were no gas or electric safety certificates for the premises. There was a lack of systems in place to monitor health and safety. For example, there was no monitoring system in place for cleaning of the premises or fire safety.
- A system of reporting incidents whereby learning from outcomes of analysis of incidents took place, but there was no overall policy in place.
- A training matrix identified gaps in training and it was unclear whether this was simply due to poor recording and monitoring or whether training had not been completed.

### Leadership, openness and transparency

There had been recent changes to the leadership structure. Some staff had lead roles but not all staff were aware of each other's roles. Staff told us:-

- The practice held regular team meetings.
- There was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- They felt respected, valued and supported each other.

### Seeking and acting on feedback from patients, the public and staff

The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG) but this had a limited membership. The practice acted on feedback from both patients and staff. For example, the practice had listened to the concerns of nurses not having enough time to complete necessary administrative tasks and time was now blocked off each day to help with record keeping. The practice did collect information from the NHS Friends and family survey but did not carry out more detailed surveys.

### Continuous improvement

The practice took part in various pilot schemes to endeavour to improve patient health. For example, worked with paediatricians and respiratory nurses to improve care provided to children.

Further work was required by the provider to improve governance arrangements including: overall strategy, policies, training, monitoring systems and risk assessments and acting on improvements identified.



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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>The provider had failed to monitor the level of cleanliness for the premises and clinical equipment and had not risk assessed the cleaning materials in use. Cleaning equipment was dirty and not fit for purpose. Regulation 15 (1) (a) clean premises.</p> <p>The provider had failed to take action with regard to health and safety risk assessments of the practice and failed to ensure the premises were properly maintained to ensure the safety of patients and staff. Regulation 15(1) (d).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance systems were effective. Policies, record keeping, monitoring systems for training, cleaning and risk assessments and identified actions for health and safety needed improving. Regulation 17(2) (f)</p>