Selden Medical Centre

Inspection 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 location	Requires improvement
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as requires improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

We carried out an announced inspection at Selden Medical Centre on 19 July 2018 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had recently been through several changes to its partnership, clinical staffing and management which meant that leadership and capacity had been reduced and systems and processes were not yet embedded.
- Practice leaders were aware of the issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice listened to and acted on patient views. For example, in response to GP patient survey feedback, improvements had been made to the appointment system.
- Patient feedback on the day of the inspection was positive in relation to the care and treatment received.
- Systems for managing risk so that safety incidents were less likely to happen were not always effective. For example, learning from incidents and the action taken were not consistently shared or followed up.
- The practice did not have an effective system for ensuring patient and medicine safety alerts were acted on.
- Practice performance against the quality and outcomes framework (QOF) indicators for patients with long term mental health conditions and patients with high blood pressure was significantly lower than the local and national average. Exception reporting rates were significantly higher than average for several indicators. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice performed below the national target for two out of the four childhood vaccines.
- Arrangements for ensuring appropriate standards of cleanliness and hygiene were maintained were not always effective.

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 patients are protected from abuse and improper treatment.

The areas where the provider should make improvements are:

- Put a system in place to ensure the ongoing registration of clinical staff is checked and regularly monitored.
- Continue to implement measures to improve telephone access and appointment availability.
- Provide awareness training for all staff on the 'red flag' sepsis symptoms that might be reported by patients and how to respond.
- Improve the identification of carers so that they can be offered appropriate support.
- Implement a programme of continuous improvement.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or

Overall summary

overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service must improve within six months to avoid CQC taking steps to cancel the provider's registration.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

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

Background to Selden Medical Centre

Selden Medical Centre provides general medical services to the population of Worthing. There are approximately 8,400 registered patients.

The practice is run by an individual GP who employs two salaried GPs. One of the GPs is male and two are female. The practice usually employs three practice nurses (at the time of our inspection one nursing post was vacant), one health care assistant, a team of receptionists, administrative staff and an assistant practice manager. The assistant practice manager is acting as an interim practice manager until a new manager is recruited.

The practice has a slightly lower than average population of 5 to 29-year olds compared to the national average and a higher than average number of 30 to 50-year olds and those aged 85 or more than the national average population. The percentage of registered patients suffering deprivation (affecting both adults and children) is the fourth highest in the clinical commissioning group area. The percentage of patients with long standing health conditions, disability allowance claimants and those with a caring responsibility is higher than the national average.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning; and surgical procedures.

For information about practice services, opening times and appointments please visit their website at https://www.seldenmedicalcentre.nhs.uk

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- The practice did not have its own specific policies on safeguarding children and vulnerable adults and one of the GPs had not received the appropriate level of training.
- It did not have an effective system to manage infection prevention and control.
- Systems to assess, monitor and manage risks to patient safety were not always adequate.
- There was limited evidence of learning or changes to practice because of significant events.
- There was no system to ensure or record action taken in response to medicines and patient safety alerts.

Safety systems and processes

The practice did not always have clear systems to keep people safe and safeguarded from abuse.

- Not all staff received up-to-date safeguarding and safety training appropriate to their role. One of the GPs had not received level three training on safeguarding children. This is a requirement for clinical staff who have any contact with children, young people and/or parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person.
- The practice did not have its own specific policies on safeguarding children and vulnerable adults. However, staff did know how to identify and report concerns and flow charts were on display in staff areas identifying the steps that staff needed to take and the people they needed to contact if they suspected abuse of children or a vulnerable adult was taking place.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment. However ongoing checks to ensure staff maintained their registration with the appropriate professional body were not undertaken.
- The practice did not have an effective system to manage infection prevention and control. We observed that appropriate standards of cleanliness and hygiene were not maintained. Whilst the practice had undertaken an audit of infection control in April 2018, it had failed to identify several risks that needed to be addressed.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not always adequate.

- 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. Due to recruitment and retention difficulties the practice had not had enough practice nurses in post to meet patient needs. They told us that because of this they had not met the target for childhood vaccinations. The practice also told us that they had recently recruited an additional practice nurse and had a plan to improve the number of vaccinations undertaken.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped 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. However, it was noted that whilst receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient they had not had any awareness training specifically in relation to the 'red flag' sepsis symptoms that might be reported by patients.

Information to deliver safe care and treatment

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

Inadequate

Are services safe?

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice's systems for appropriate and safe handling of medicines were not always reliable.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not always minimise risk. Whilst the practice kept records to show that oxygen cylinders were checked regularly, on the day of the inspection we found that one was empty despite being recorded as full.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a mixed track record on safety.

- There were risk assessments in relation to safety issues. However, some were overdue and required updating. Systems for monitoring and reviewing safety using information from a range of sources were not embedded.

Lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses.
- Systems for reviewing and investigating when things went wrong were not always effective. For example, we saw that significant events were not always discussed at clinical meetings and for those that were the notes of the meeting were not always circulated to all staff. This meant that lessons learned and actions to be taken were not always shared with relevant staff. Discussions with staff confirmed that the outcomes of significant events were not always fed back to them. For some significant events we could not find any evidence that the actions identified had been taken or followed up to improve safety in the practice.
- External safety events as well as patient and medicine safety alerts were circulated to relevant staff. However, the practice did not keep a record of actions taken because of the alerts. Clinical staff we spoke with were not aware of the three most recent patient and medicine safety alerts that had been issued by the Medicines and Healthcare Products Regulatory Agency.

Please refer to the evidence tables for further information.

Requires improvement

Are services effective?

We rated the practice and the population groups as requires improvement for providing effective services except for the population group older people which was rated as good and the population group people experiencing poor mental health (including people with dementia) which was rated as inadequate.

The practice was rated as requires improvement for providing effective services because:

- Quality Outcomes Framework (QOF) data showed the practice was performing significantly below the local and national average in several areas including heart disease and mental health.
- The practice performed below the national target for two out of the four childhood vaccines.
- Cervical screening uptake was below the national target.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of their medicines.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- A diabetes nurse specialist held a monthly clinic at the practice.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages except for the management of patients with high blood pressure which was significantly below average. Due to staffing difficulties and organisational change the practice had struggled to maintain its performance against some Quality and Outcomes Framework (QOF) indicators when compared to the previous year. The practice's QOF targets had recently been suspended in agreement with the local clinical commissioning group (CCG) and the local medical committee (LMC), to give the practice time to adjust, reorganise and focus on priorities. However, the practice had a plan in place to address performance in this area and make it a priority.

Families, children and young people:

- Childhood immunisation uptake rates were below the national target percentage of 90% for two out of the four childhood vaccines. The practice was aware of this and explained that due to unfilled posts in the nursing team the practice had not had sufficient capacity to meet the need. They had also had administrative difficulties with the submission of data. The practice had recently recruited an additional practice nurse and told us they had a plan to improve the number of vaccinations undertaken. The practice's latest figures for childhood vaccinations showed that they were on target, however this data had not been validated.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice worked closely with the health visitor and had regularly reviewed children and families at risk.

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

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was in line with the national average. However, the uptake for bowel screening was below the CCG average.

Requires improvement

Are services effective?

- 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 considered the needs of those whose circumstances may make them vulnerable.
- The practice offered annual health checks to patients with a learning disability. There were 52 patients with a learning disability on the practice's register. Over the last year 35 of these patients had received a review of their health needs.

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

- The practice offered annual reviews for people with mental health problems and/or dementia to ensure that they had a care plan in place.
- It worked closely with the local community mental health teams and a named mental health practitioner regularly attended practice meetings.
- The practice's performance on quality indicators for mental health was significantly below average for the number of patients with mental health problems who had a documented care plan in their records. The practice was aware that it performed below the local and national average for the percentage of patients with mental health problems who had a documented care plan in place. Amongst the practice population there was a high number of patients with mental health problems often living in vulnerable circumstances. Many patients were non-responders to invitations for review. Many were also under the care of the local community mental health team which the practice liaised closely with. There was a named mental health practitioner who regularly attended practice meetings.
- Also, due to staffing difficulties and organisational change the practice had struggled to maintain its performance against some QOF indicators. The practice's QOF targets had recently been suspended in agreement with the local clinical commissioning group (CCG) and the local medical committee (LMC), to give the practice time to adjust and reorganise and focus on priorities.

Monitoring care and treatment

The practice undertook quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. The practice used information about care and treatment to make improvements.

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. However, one GP had not received the appropriate level of training in relation to safeguarding children and vulnerable adults. 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 one to one meetings, appraisals, 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 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.
- 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 recorded the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Requires improvement

Are services caring?

We rated the practice as requires improvement for caring.

We rated the practice as requires improvement for caring because: -

- The GP patient survey results were lower than the local and national averages for questions relating to being treated with acre and concern, involvement in decisions about care and treatment and overall experience of the practice.

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.
- Data available to the CQC in relation to the national GP patient survey results for the practice in 2017 show they were in line with local and national averages for questions relating to kindness, respect and compassion. However, the results of the 2018 national GP survey show that the results relating to kindness, compassion and respect were lower than average. For example, 77% of respondents said the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment compared with the clinical commissioning group (CCG average) of 88% and national average of 87%.
- The percentage of respondents to the 2017 national GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was significantly below local and national averages. Results from the 2018 National GP survey results show that 72% of respondents said their overall experience of the practice was good compared to the CCG average of 86% and the national average of 84%.
- 24 out of the 25 comments cards we received from patients indicated that the care and treatment they received from the practice was very good and several described it as excellent.

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.
- Data available to the CQC in relation to the national GP patient survey results for the practice in 2017 show they were lower than the local and national averages for questions relating to involvement in decisions about care and treatment. Results from the 2018 national GP survey results were also lower than average in this area. For example, 84% of respondents said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment compared with the clinical commissioning group (CCG average) of 95% and national average of 93%.

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.

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

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

The practice was rated as requires improvement for providing responsive services because:

- The GP patient survey results indicated that patient satisfaction with timely access to the service was below the local and national average.

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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were adequate for the services provided however the building was old and the decor and furnishings needed updating.
- 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:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients could have annual flu vaccinations in their own home or residential care if required.
- Older patients were offered appointments to suit their mobility, their personal care needs and means of transport.
- The practice sent confirmation of appointments in the post to older patients if they booked over the phone, or called them the day before to remind them.

People with long-term conditions:

- Patients had access to a monthly clinic in the practice run by a diabetes nurse specialist
- The practice had a lead named nurse for respiratory conditions.
- There were Saturday appointments for diabetic reviews for patients who had difficulty attending during the week

Families, children and young people:

- The practice provided dedicated appointments for postnatal and six-week baby checks in-house.
- There was a children's area in the waiting room.
- Longer appointments were made to accommodate more than one family member.
- Patients had access to an extended hours minor injury assessment and minor illness service that operated from the practice.
- There were Saturday appointments for cervical screening for patients who had difficulty attending during the week.

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

- Patients could book appointments and order repeat prescriptions on line.
- The practice held early morning and evening appointments during the week.
- Patients had access to an extended hours minor injury assessment and minor illness service that operated from the practice. This included Saturday morning appointments.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice worked closely with local organisations and establishments to support vulnerable patients. These included a home for patients with physical disabilities, a homelessness project, a mental health day hospital, sheltered accommodation and a hostel for people who had recently returned from prison.

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. They had undertaken 'dementia friends' training.
- Longer appointments were made for reviews of people with dementia.

Requires improvement

Are services responsive to people's needs?

- The practice had a trained dementia GP lead.
- Signage around the practice was 'dementia friendly'.
- Patients had access to NHS counselling services and cognitive behavioural therapy.

Timely access to care and treatment

Patients had not always been able to access care and treatment from the practice within an acceptable timescale for their needs. This was mainly due to the staffing difficulties the practice had been experiencing as well as the organisation of the appointment system.

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's national GP patient survey results for 2017 and 2018 were below local and national averages for questions relating to access to care and treatment. For example, the 2018 GP survey results show that 24% of respondents said the usually get to see or speak to their preferred GP when they would like to, compared with the clinical commissioning group (CCG average) of 47% and national average of 50%.
- The practice was aware of this and had implemented several measures to improve access. This included increased phone answering capacity at peak times and encouraging patients to book appointments on line. The practice had also recently recruited additional GPs which had increased the number of appointments available. Feedback from the patient participation group on the day of the inspection and the comments cards indicated that getting through on the phone and getting an appointment had improved.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

The practice was rated as requires improvement for providing well-led services because:

- Structures, processes and systems to support good governance and management were not always effective.
- Lead roles were not always clear, for example in relation to infection control and prevention.
- Policies and procedures were not always operating as intended and some required updating, for example infection control and safeguarding.
- Processes for managing risks, issues and performance were not always effective.
- The provider did not consistently act on appropriate and accurate information.

Leadership capacity and capability

Due to several changes in staffing including partners and practice nurses leaving as well as the practice manager leaving, the lead GP had not had the capacity, skills and support to deliver high-quality, sustainable care.

- The lead GP and interim practice manager were aware of issues and priorities relating to the quality and future of services. They understood the challenges and were trying to address them.
- The leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There was evidence that the practice was developing leadership capacity and skills, with the recent recruitment of a lead practice nurse and two additional salaried GPs. The practice was also in the process of recruiting a new practice manager

Vision and strategy

The leaders had a clear vision and strategy to deliver traditional, personalised patient centred care in a safe and effective manner. The strategy was in line with health and social care priorities across the area. The practice worked closely with other practices in its local community network and the clinical commissioning group. Staff were aware of the vision, values and strategy and their role in achieving them.

Culture

Due to the difficulties the practice had experienced with staffing levels the practice had been unable to embed a culture of high-quality sustainable care. However,

- Staff stated they felt respected and supported. They were proud to work in the practice and were loyal to the lead GP who they described as caring and kind.
- 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. The provider was aware of the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so.
- 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 need to place greater emphasis on the safety and well-being of all staff particularly in relation to coping with staff shortages and reduced management support.
- 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

- Structures, processes and systems to support good governance and management were not always effective. They were not consistently implemented or monitored and there was a lack of oversight in relation to the management of safety, risk, training and quality improvement.
- Staff were clear on their own roles and accountabilities and some lead roles for example, safeguarding. However, lead roles were not always clear, for example in relation to infection control and prevention.
- Practice leaders had previously established policies, procedures and activities to ensure safety. However, these were not always operating as intended and some required updating, for example infection control.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always effective.

Requires improvement

Are services well-led?

- Practice leaders did not have oversight of safety alerts. Learning from incidents was limited and the practice did not always use learning opportunities to improve quality.
- There were risk assessments in relation to safety issues. However, some were overdue and required updating. Systems for monitoring and reviewing safety using information from a range of sources were not embedded.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff in responding to major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice did not consistently act on appropriate and accurate information.

- Some quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients and there were plans to address any identified weaknesses. For example, in relation to the need to improve patient access to appointments and increase the number of childhood immunisations undertaken.
- Some aspects of information that could be used to improve safety were not always actively discussed, for example in relation to patient safety alerts.
- Quality and sustainability were discussed in relevant meetings, however information was not consistently shared with relevant staff, for example in relation to significant events.
- 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. There was an active patient participation group and the practice reviewed and acted on the results of the national GP survey. The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was limited evidence of systems and processes for learning, continuous improvement and innovation.

- Due to staffing vacancies and changes in legal entity the practice had been unable to focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. However, learning was not always shared consistently and used to make improvements.

Please refer to the evidence tables for further information

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The service provider 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:- Action taken and the learning from significant events was not always shared with relevant staff. It was not clear whether the action taken was consistently followed up and embedded. The practice could not demonstrate that appropriate action had been taken in response to patient safety and medicines alerts. The service provider had not ensured that there were sufficient quantities of medicines or equipment of to ensure the safety of service users and to meet their needs. In particular:- Arrangements to monitor the stock levels of emergency oxygen. The service provider had not ensured that the risk of, and preventing, detecting and controlling the spread of, infections was effectively managed. In particular:- Appropriate standards of cleanliness and hygiene were not maintained. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	**How the regulation was not being met:** The registered persons had failed to ensure there were effective systems and processes established and operating effectively to prevent abuse of service users. In particular:- Not all staff had received the appropriate level of training in safeguarding for vulnerable adults or children. The practice did not have its own policy on safeguarding children and vulnerable adults. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not have comprehensive enough systems and processes that enabled them to identify and assess risks to the health, safety and/or welfare of people who used the service and where risks were identified, introduce measures to reduce or remove the risks. In particular:- Health and safety risk assessments were not always kept up to date. Information for managing and monitoring the service was not always up to date, accurate andproperly analysed and reviewed. In particular:- Maintaining up to date policies and procedures and ensuring they were put in to practice. The provider did not consistently use information to assess, monitor and improve the quality and safety of the service. In particular:- The use of data about performance against the quality and outcomes framework, cervical screening data and the national GP survey results to improve services to patients.

This section is primarily information for the provider

Requirement notices

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.