

Dr Shapiro & Partners

Inspection report

The 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous rating 10/2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at Dr Shapiro & Partners on 19 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had some systems for appropriate and safe handling of medicines. However, improvements in monitoring fridge temperatures, patients on lithium, safety alerts and uncollected repeat prescriptions were required.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Although, clinical audit was not used to assess the quality of care and outcomes for patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Most patients found the appointment system easy to use and could access care when they needed it, although some patients reported difficulties accessing the practice via telephone and getting an appointment with the GP of their choice. The practice was acting to improve telephone access.

- The practice reviewed data from the Friends and Family test. However, they did not proactively engage and involve patients and the patient participation group to support good quality sustainable services.
- There was a focus on continuous learning and improvement at all levels of the organisation. However, there was a lack of management oversight in managing risks relating to medicines management.

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

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

- Review and improve clinical staff access to information on patients who may be at risk.
- Improve the security of blank prescriptions stored in consulting rooms.
- Review and improve reception staff training for their role in the management of patients with severe infections, and clinical staff training in consent to care and treatment.
- Implement continuous clinical audit to assess and monitor the quality of care and outcomes for patients.
- Develop supporting business plans to achieve practice priorities and share the vision with staff.

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

Population group ratings

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

Our inspection team

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

Background to Dr Shapiro & Partners

Dr Shapiro & Partners, also known as Wood Lane Medical Centre, is an NHS GP practice located in Ruislip, Middlesex. The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG) and provides GP led primary care services through a General Medical Services (GMS) contract to approximately 11,700 patients. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

Services are provided from:

- Wood Lane Medical Centre, 2a Wood Lane, Ruislip, Middlesex, HA4 6ER

Online services can be accessed from the practice website:

- www.woodlanesurgery.nhs.uk

The practice is led by three GP partners (two male and one female) who are supported by: four salaried GPs

(female); a nurse practitioner (female); four practice nurses (female); a clinical pharmacist; a practice manager; a deputy practice manager; a HR manager; three administrators; and nine receptionists.

The age range of patients is predominantly 15 to 64 years. The practice has a higher percentage of patients aged over 65, 75 and 85 years when compared to local and national averages. The ethnicity of the practice population comprises of 81% white; 12% Asian; 3% mixed race; 2% black; and 2% from other ethnic groups. The practice area is rated in the tenth deprivation decile (one is most deprived, ten is least deprived) of the Index of Multiple Deprivation (IMD).

The practice is registered with the Care Quality Commission to provide the regulated activities of: diagnostic and screening procedures; maternity and midwifery services; family planning; surgical procedures; and treatment of disease disorder and Injury.

Are services safe?

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

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

- Not all clinicians could access a list of children who may be at risk.
- There were shortfalls in the systems for monitoring patients taking lithium, managing uncollected repeat prescriptions, and the security of prescription paper.
- The systems for monitoring fridge temperatures and medicines kept in doctors' bags needed to be improved.
- The provider could not evidence actions taken in response to safety alerts.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. All clinicians had access to the child protection register. However, an additional list of children who may be at risk was only accessible to the safeguarding lead and practice manager. This meant that if another clinician were to review the patient they would not be aware of the heightened risks already raised by the safeguarding lead.
- Staff who acted as chaperones were trained for their role. Receptionists who acted as chaperones had not received a DBS check as it was practice policy that they should not be left alone with patients whilst carrying out chaperone duties. (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, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.

- 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

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for 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. Although, no formal training had been given to receptionists to assist them in identifying a deteriorating or acutely unwell patient. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice had some systems for appropriate and safe handling of medicines. However, the systems for managing patients taking lithium, uncollected repeat prescriptions, the security of prescription paper, and monitoring fridge temperatures and medicines kept in doctors' bags needed to be improved.

Are services safe?

- The systems for managing and storing most medicines, medical gases, emergency medicines and equipment, minimised risks. However, there were gaps in monitoring the temperature of fridges which stored medicines, including vaccines. The system for monitoring expiry dates of medicines kept in doctors' bags required review as we found an out of date medicine in a doctor's bag.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, the practice did not have a safe system for monitoring patients taking lithium. For example, blood tests were not always carried out in line with current national guidelines. We also noted that although blood tests for patients taking warfarin were accessible via the hospital's clinical system, there were no details of the results in the patient record or evidence that these had been reviewed prior to prescribing.
- The practice took action to support good antimicrobial stewardship in line with local and national guidance.
- Patients were involved in regular reviews of their medicines.
- There was a prescription security protocol, however this did not refer to how often uncollected prescriptions should be reviewed or the security of prescription paper left in consulting rooms overnight. Staff told us prescription paper was left unsecure overnight in consulting rooms and the practice were in the process of changing this system to ensure the security of these papers overnight.

Track record on safety

The practice had a track record on most safety risk assessments.

- There were risk assessments and safety records in relation to some safety issues, such as infection prevention and control, portable appliance testing, and equipment calibration. This helped understand risks and gave a clear, accurate and current picture of safety that led to safety improvements. However, during the inspection the practice did not have evidence of recent risk assessments for fire safety and health and safety. Following our inspection, the practice sent us evidence that risk assessments had been completed for fire safety and health and safety.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. Previously the practice learned and shared lessons informally and took action to improve safety in the practice. Recently the practice implemented a formal process to disseminate learning from significant events to all staff.
- There was no system to ensure appropriate action had been taken in response to external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good 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.

- 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 medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice looked after patients in two local care homes and a nursing home. Since December 2017 the practice were part of a care home weekday service pilot which aimed to reduce A&E admissions by accommodating urgent requests for visits; advanced care planning; medication reviews and appropriate de-prescribing; early intervention with regard to infection, delirium, sepsis and acute kidney injury; and education of staff within care homes.
- The practice met weekly with the Care Connection Team, consisting of a community care coordinator and a guided care matron, to manage patients aged 65 and over with complex needs. These patients were identified

from various sources including PARR 30 data (the risk of a patient being readmitted to hospital within 30 days of discharge); frequent A&E attenders; and information from carers and nurses.

- The practice was part of a local GP network who provided a weekend doctor service for patients over the age of 65 who may be at risk of being admitted into hospital over the weekend or at bank holidays without regular reviews or continual advice whilst the practice was closed.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring (through a local GP network) and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Clinical staff had been trained to use handheld ECG monitors to aid the diagnosis of atrial fibrillation.
- The practice's performance on quality indicators for long term conditions was in line with national averages.
- Patients could be referred to local workshops that helped patients manage their condition. For example, diabetes, COPD, and childhood asthma.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for some vaccines given were slightly below the target percentage of 90% (2016/17 data). Unverified practice data showed this had improved to over 90% for 2017/18.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 69%, which was below the 80% coverage target for the national screening programme and comparable to the England average of 72%. The practice offered women appointments at different times; ensured a female sample taker was available; and raised awareness of cervical cancer prevention to improve screening rates.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- 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 those with a learning disability. Annual health checks were offered to patients with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice routinely reviewed the effectiveness and appropriateness of the care provided.

- The most recent published QOF results (2016/17) were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national averages of 96%.
- Overall exception reporting was 4% (CCG average 6%; national 6%) and clinical exception reporting was 9% (CCG average 9%; national 10%). (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.
- There was evidence of quality improvement activity and where appropriate, clinicians took part in local and national improvement initiatives. However, the practice could not provide any examples of clinical audit.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. Monthly health promotions were also used to raise awareness of national health campaigns.

Consent to care and treatment

The practice did not always obtain consent to care and treatment in line with guidance.

- Clinicians did not always understand the guidance when considering consent and decision making. For example, written consent was not obtained for some minor surgery procedures and some clinicians we spoke with did not have a clear understanding of Fraser guidelines, which are used specifically for young people under the age of 16 requesting contraceptive or sexual health advice and treatment.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice did not monitor the process for seeking consent.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients 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.
- Results from the GP patient survey (2017) were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a medicines delivery service for housebound patients organised by the pharmacy.

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 care connection 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- GP and nurse appointments were available outside of school hours.

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 hours on Monday, Tuesday and Wednesday.
- Saturday morning flu immunisation clinics were offered during flu season to offer flexibility to working age people who could not attend on a weekday.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Translation services were available including access to a sign language interpreter for deaf patients.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend were followed up by a phone call from the practice.
- Patients had access to a counsellor who undertook weekly clinics at the practice.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients reported difficulties accessing the practice via telephone. The practice was aware of these concerns and told us they planned to install a new telephone system to improve patient satisfaction with telephone access.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 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. However, complaint responses we reviewed did not contain details of how to progress the complaint if the complainant was not satisfied with the practice's response.

Listening and learning from concerns and complaints

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

Please refer to the evidence tables for further information .

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

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

- There was a lack of governance in managing risks relating to medicines management and safety alerts.
- There was a lack of engagement with patients.
- There were no supporting business plans to achieve priorities and not all staff were aware of the practice's vision.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- The management team understood the challenges, for example language barriers with a small percentage of the practice population. Some staff were multilingual and information leaflets in other languages were available to support patients.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and mission statement. The practice had a realistic strategy although there were no supporting business plans to achieve priorities.
- Most staff were not aware of the practice's vision, but they were able to describe the practice's mission and values.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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 and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year, although we noted the nurse practitioner's appraisal did not review their prescribing. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability. However, there was a lack of oversight in managing some risks.

- Structures, processes and systems to support good governance and management were set out, understood and effective except for those relating to medicines management and safety alerts.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the content of some policies required review. For example, the prescription security protocol and the consent protocol.

Are services well-led?

Managing risks, issues and performance

There were some processes for managing risks and issues but these were not always effective.

- There were ineffective processes to identify, understand, monitor and address current and future risks relating to medicines management.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents and complaints, however there was no system to manage safety alerts.
- Clinical audit was not used to assess the quality of care and outcomes for patients. There was evidence of other quality improvement activity.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Although, performance information was not combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were 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 did not proactively engage with patients and the public to support high-quality sustainable services.

- Staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice was not proactive in seeking the views of patients. The virtual patient participation group had been inactive since 2015/16. The practice had recently contacted the group to update them on practice news.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not done all that was reasonably practicable to ensure the proper and safe management of medicines. In particular: There were shortfalls in the systems for monitoring patients taking lithium, monitoring fridge temperatures, and medicines kept in doctors' bags. There was no evidence of action taken in response to safety alerts. There was no system to manage uncollected repeat prescriptions. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular: The practice was not proactive in seeking the views of patients or the patient participation group. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>