

The Manor Clinic

Inspection report

The Surgery
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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 inspection 11 February 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 The Manor Clinic on 19 July 2018 as part of our inspection programme.

At this inspection we found:

- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines. However, not all clinical audits were repeated in a timely way.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use. However, they told us they could not always get through on the phone or access a GP appointment when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had a clear vision and credible strategy to deliver high quality, sustainable care and develop the local healthcare economy. However, this had been put under pressure by a significant and ongoing increase in their patient list size.
- The practice provided support for other GP practices in the area when required.

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 the reception protocols to include the management of patients with sepsis symptoms.
- Continue to review and improve antimicrobial prescribing.
- Review and improve areas of high exception reporting.
- Continue to review and improve how patients access services including GP appointments.
- Continue to review and update the practice website to help ensure all areas are kept up to date.

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 a GP specialist adviser, and a practice manager specialist adviser.

Background to The Manor Clinic

- The registered provider is Premier Primarycare Limited (also known as The Manor Clinic)
- The Manor Clinic is located at The Surgery, 31 Manor Road, Folkestone, Kent, CT20 2SE. The practice has a general medical services contract with NHS England for delivering primary care services to the local community.
- As part of our inspection we visited The Manor Clinic at: The Surgery, 31 Manor Road, Folkestone, Kent, CT20 2SE, where the provider delivers registered activities.
- The Manor Clinic has a registered patient population of approximately 7,800 patients. The practice is located in an area with a higher than average deprivation score. Public health England figures suggest there is a higher than average smoking prevalence in the practice patient population: Practice - 27%, clinical commissioning group - 21% and national - 18%.
- There are arrangements with other providers, Integrated Care 24 (ICT 24) to deliver services to patients outside of the practice's working hours.
- The practice staff consists of two GP partners (male) and one salaried GP (female). The practice also employs two locum GPs directly. There is one advanced nurse practitioner (female) and three practice nurses (one male and two female). The GPs and nurses are supported by a practice manager and a team of reception and administration staff.
- The Manor Clinic is registered with The Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; surgical procedures; family planning; maternity and midwifery services and treatment of disease, disorder or 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:

- There were no specific guidelines, training or red flags for reception staff in the management of patients with sepsis symptoms.
- The practice did not have a good track record on safety in all areas of the practice.
- The practice did not have an effective system for making improvements when things went wrong.

Safety systems and processes

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

- The practice did not have appropriate 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. The practice was unable to demonstrate that it always recorded and took action when staff raised safeguarding concerns regarding children and young people. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 a system to manage infection prevention and control. However, this was not effectively monitored across the practice.
- 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

The practice's systems to assess, monitor and manage risks to patient safety were not always implemented effectively.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice 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, there were no specific guidelines, training or red flags for reception staff in the management of patients with sepsis symptoms.
- 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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Clinicians made timely referrals in line with protocols. For example, the two week referral process was discussed at a Significant Event meeting and actions agreed that the GP would tell the patient to contact the surgery if they had not heard from the hospital within this time frame. If the GP felt the patient will be unable to do this, the GP would contact the patient to check if they had heard. The practice was open to looking at better ways of this process of following up referrals; and are now adopting a different process which would be constantly reviewed.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice was aware their antibiotic prescribing was higher than local and national averages and were in the process of reviewing this at the time of our inspection.
- 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 did not have a good track record on safety in all areas of the practice.

- There were risk assessments in relation to safety issues. However, risks were not always well managed. For example, the practice was unable to demonstrate that water temperatures were regularly tested to manage risks associated with legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Lessons learned and improvements made

The practice did not have an effective system for making improvements when things went wrong.

- Not all staff understood their duty to raise concerns and report incidents and near misses in a timely manner.
- There were not adequate systems for reviewing and investigating when things went wrong. The practice could not always demonstrate that they learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from 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:

This population group was rated good for effective because:

- Older patients who were 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.
- There was access to a health care navigator to help ensure social and health care needs were given equal importance alongside physical health needs.
- One of the senior GPs had undertaken training for urinary tract infections (UTI) in older people. This training had been shared with the clinical team and the GP and one of the practice nurses were in the process of developing a UTI training programme to share with nursing and care home staff. The practice hoped this would help prevent UTIs and reduce GP home visits and unnecessary hospital admissions.

People with long-term conditions:

This population group was rated good for effective because:

- 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring 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)
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.
- There was access to a health trainer to help ensure all aspects of patient's health was considered including exercise and diet.

Families, children and young people:

This population group was rated as good for effective because:

Are services effective?

- Childhood immunisation uptake rates were above the target percentage of 90% in all four indicators.
- The practice had arrangements for following up failed attendance of children's appointments for immunisations.

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

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 72%, which was below the 80% coverage target for the national screening programme but comparable to local and national averages. The practice contacted patients who failed to attend these appointments.
- The practice's uptake for breast and bowel cancer screening was comparable with local and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated good for effective because:

- 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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had identified a high number of vulnerable patients in their population and took action to provide support for these patients including joint visits by the practice nurse and senior partner to help ensure all the patient's needs were met in one appointment.
- The practice had taken over 600 hundred new patients when a local practice closed. They undertook a review of these patients and noted many were vulnerable with complex health needs. As a result, the practice had introduced double appointments with the healthcare assistant and a GP to help ensure any complex physical or mental health needs were identified and met.
- The practice worked with local organisations to support people living in vulnerable circumstances including those who were homeless. The practice provided temporary registration, when necessary, to help support these patients.

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

This population group was rated good for effective because:

- 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. There was a system for following up patients who failed to attend for administration of long term medication.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability. One of the senior GPs and the practice nurse provided joint visits at home for these patients who would benefit from having multiple conditions reviewed in one appointment to reduce the need for more than one appointment. Staff told us during the inspection they were working with local care and high dependency homes to develop a consistent approach to care for these patients.

Are services effective?

Monitoring care and treatment

There was evidence of quality improvement activity including medicine reviews with the local clinical commissioning group. However, this was not consistently driving improvement.

- The practice showed us a minor surgery audit. This was initially undertaken in 2011/12 and revisited in 2017. Results showed 100% concordance at the 2012 audit for consent and the same result in 2017.
- There was evidence of clinical audit activity. However, review and re-audit was not always managed effectively. For example, medicine management and diabetes.
- Where appropriate, clinicians took part in local and national improvement initiatives. This included providing support for other practices in the area.

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, including one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. There was an induction programme for new staff and we saw evidence of professional development plans for new members of staff that also identified their individual skills. This meant the practice was able to develop the roles of these new staff members to meet the needs of the patient population groups alongside staff development.

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. One of the senior GPs and practice nurses were working together to provide joined up care for patients with learning disabilities to help ensure all their needs were reviewed during one appointment. 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. We reviewed a range of care plans and found they were personalised and comprehensive.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

Are services effective?

- 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. For example, patients at the practice had access to a care navigator
- 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 had completed audits for consent in minor surgery.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

The practice was rated as good for caring because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Most 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.
- The practice's GP patient survey results 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, good for providing responsive services.

The practice was rated as good for responsive because:

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.
- The practice had identified a high number of vulnerable patients across population groups and operated an open access system for those patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services and were piloting different ways of supporting these patients including joint visits and developing education programmes for nursing/ care home staff.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice. The practice worked with other organisations in the area to support the most vulnerable patients in their local community. For example, those without a fixed address.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good for responsive because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided support for a twenty-bed unit at a local social service center to help reduce hospital admissions and facilitate early discharge from hospital.

People with long-term conditions:

This population group was rated good for responsive because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- Longer appointments were available for annual reviews.
- There were dedicated clinics run for long-term conditions such as diabetes, respiratory conditions and chronic wounds.
- There was access to a health trainer. Patients were spoke with provided positive feedback about health living interventions provided by the practice.

Families, children and young people:

This population group was rated good for responsive because

- We found the practice did not have effective 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.

Are services responsive to people's needs?

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had introduced an open access for children and young people and a number of appointments were reserved every day to help ensure this aim was met.
- After identifying issues around accessing services for young people with mental health needs the practice worked with the local clinical commissioning group to procure Child and Adolescent Mental Health Services so these patients did not have to travel to access support.

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

This population group was rated good for responsive because:

- 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, Saturday appointments.
- There were telephone appointments for patients who could not attend the practice during opening hours.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice placed an alert on the system for patients who were identified as vulnerable. There was open access for these patients which meant they could see a GP or nurse when they needed. This included patients who found it difficult to access services via a computer or telephone as they did not have a fixed address.

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice referred patient to the care navigator to help ensure their health and wellbeing was considered alongside their physical health.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. For example, children and young people and those who had been identified as vulnerable.
- Patients reported that the appointment system was easy to use. However, they also told us that they sometimes had problems getting through on the telephone and getting an appointment with a GP. This aligned with results from the National GP survey.
- Patient satisfaction for three of the four questions from the national GP survey in regard to timely access to care and treatment (as documented in our evidence table) were below local and national averages. The practice was aware of this and demonstrated how they had taken action to make improvements.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

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

- Information about how to make a complaint or raise concerns was available. 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, records did not show how learning was disseminated and changes monitored across the practice.

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 because:

- There were arrangements and structures to support good governance. However, these were not always being effectively implemented.
- Practice leaders had established policies, procedures and activities to ensure safety. However, these were not always effectively implemented or monitored.
- There was evidence of clinical audit. However, not all actions from audits were reviewed within a reasonable time frame.

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. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. This included tailored development programmes for staff.
- The practice had effective processes to develop leadership capacity and skills. The practice shared plans with us which included staff development within the practice and the local healthcare economy.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care and develop the local healthcare economy. However, this had been put under pressure by an increasing patient list of over 600 patients. The practice were also having difficulties in recruiting GPs which was having an impact on the surgery.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.
- The practice had recently registered a high number of new patients, a large amount of which had been identified as having complex health and social care needs.

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. All staff received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were arrangements and structures to support good governance. However, these were not always being effectively implemented.

- The practice had structures, processes and systems to support good governance and management. However, staff told us these arrangements were under pressure with the expanding patient list and we saw that some governance and management processes were not being effectively implemented. For example, practice meetings to help ensure that all information and learning was disseminated across all staff and teams.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Practice leaders had established policies, procedures and activities to ensure safety. However, these were not always effectively implemented or monitored. For example, we saw examples of when the safeguarding and significant events policies had not been adhered to.

Managing risks, issues and performance

Not all risks were well managed or subsequent actions recorded appropriately.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not always effective. For example, there was no evidence to demonstrate that actions from the legionella risk assessment had been completed.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. However, records did not always show how learning from complaints was shared across the practice.
- There was evidence of clinical audit. However, not all actions from audits were reviewed within a reasonable time frame.
- 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. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. However, the practice was not always able to maintain regular team meetings to support information sharing and learning.
- 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.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Are services well-led?

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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The patient participation group (PPG) and the practice provided quarterly newsletters. Newsletter and PPG meeting minutes were emailed to all patients who had given their email address to the practice and indicated they would like to receive information regarding the practice. The practice website did not contain contact numbers for support groups, however, it was being upgraded to enable better interactivity.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Records we reviewed and staff we spoke with supported this.

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 registered person had not done all that was reasonably practicable in assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. In Particular:The registered persons failed demonstrate that all risks were being effectively managed. For example, safeguarding concerns, infection prevention and control, legionella management and significant events.This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
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 registered person had systems or processes in place that were not operating effectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, throughout the governance process. In particular:The registered person had failed to assess, monitor and improve the quality and safety of the services being provided in the carrying on of the regulated activity were being complied with. For example, there was not an effective approach to clinical audit cycles in order to drive improvements for patient care, including where action points had been identified. Nor was there practice able to show how learning from complaints was shared across the practice.The registered person had failed to assess and manage in an effective and timely manner all identified

This section is primarily information for the provider

Requirement notices

risks to patients, staff and visitors. For example, legionella temperature testing, significant event investigations, safeguarding for children and young people and monitoring two week wait referrals. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014