

# Wenlock Terrace Surgery

## Inspection report

18 Wenlock Terrace  
Fulford  
York  
North Yorkshire  
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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



# Overall summary

This practice is rated as inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Wenlock Terrace Surgery on 23 May 2018. The inspection was focussed on the branch site at Kimberlow Hill Surgery due to concerns that had been raised with us but both sites were visited by the inspection team. This inspection was carried out as part of our inspection programme. Wenlock Terrace Surgery was last inspected on 7 January 2016 and was found to be good in all of the key questions.

At this inspection we found:

- The practice did not have clear systems in place to manage risk so that safety incidents were less likely to happen.
- There were limited arrangements in place to review the effectiveness and appropriateness of the care being provided.
- Arrangements for monitoring and reviewing prescribing did not ensure that patients were kept safe.
- Arrangements were not in place to ensure that staff were working within the scope of their competency.
- During our inspection we saw that staff treated patients with compassion, kindness and respect.
- Patients found it difficult to get through to the practice by phone.
- Some patients found the online consultation form difficult to complete.
- Governance arrangements were not being operated effectively to ensure the delivery of high quality, sustainable care.

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.
- Establish and operate effectively a system for identifying, receiving, recording, handling and responding to complaints by patients.
- Ensure that staff receive appropriate support, training professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform.

The areas where the provider should make improvements are:

- Improve arrangements for the identification of carers to offer them support where needed.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. The registered provider must not register any new patients at Wenlock Terrace Surgery or any location without the written permission of the Care Quality Commission.

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

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a CQC inspection manager and a second CQC inspector.

## Background to Wenlock Terrace Surgery

Wenlock Terrace Surgery, 18 Wenlock Terrace, York, North Yorkshire, YO10 4DU, also known as Unity Health provides general medical services to approximately 23,000 patients in the Fulford, Heslington and Osbaldwick areas of York.

Services are also provided from a branch practice that opened in March 2018 at Kimberlow Hill Surgery, Kimberlow Rise, York, North Yorkshire, YO10 5LA. This branch practice is sited on the University of York campus and as such has a high population of patients who are students (65%).

All patients can be seen at any of these locations. We visited both locations on 23 May 2018 as part of our inspection.

The majority of patients are aged between 18 and 44 years of age. The index of multiple deprivation score for this practice population is 10 which means that it is in one of the least deprived areas and lower than average for England.

There are four Clinical GP Partners (two male WTE 1 and 1.1 and two female WTE 0.7 and 0.7) and one Managing

Partner (WTE 1), plus six salaried GPs (WTE's 1.1, 0.7, 0.8, 0.9, 0.9, 0.9). There are six Practice Nurses and three Health Care Assistants (HCAs). There is a pharmacist and a mental health therapist/ counsellor. They are supported by a reception manager, data manager, office manager, secretary, three administration staff and ten reception staff.

The provider is registered for the provision of the following regulated activities from both locations:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice at Wenlock Terrace Surgery is open from 8am to 6pm Monday to Friday. The Kimberlow Hill Surgery is open from 8am to 6pm with extended hours on Monday to Thursday from 6pm to 8pm and on Saturday from 9am to 1pm.

# Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services due to issues in the following areas:

- Safety systems and processes were not always operated effectively.
- Not all risks to patients were identified and addressed.
- Information to deliver safe care and treatment was not always available to staff.
- Medicines were not always managed safely.
- There was not a good track record on safety.
- There was limited evidence of lessons learned or improvements made.

## Safety systems and processes

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

- Reports from safeguarding incidents were available to staff.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment and discrimination.
- The practice had not assured themselves of appropriate recruitment checks for all staff. There was no evidence of recruitment checks for staff who were employed by the federation Nimbuscare Ltd who provided administrative support to the practice.
- There was not an effective system to manage infection prevention and control.
- The practice had limited arrangements in place 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 not adequate systems to assess, monitor and manage all risks to patient safety.

- The practice did not have enough staff to meet the needs of patients and there was a high turnover of clinical staff.
- There was an induction system for temporary staff including locum GPs in the form of a locum information pack.

• The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures although most staff were overdue an update in training.

• 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, however we found the system in place to triage patients, including those with sepsis, had gaps. Staff who performed triage had not been formally trained to do so and there was no evidence of algorithms used to assist identification of severe problems. The provider did not assure themselves that all staff were competent to assess patients with urgent needs.

• There was limited evidence that where there were changes to services or staff that the practice assessed and monitored the impact on safety.

• A review of patient records identified significant concerns with regards to triage by some clinicians, for example we saw a record of a patient who expressed mental health problems at triage and when we examined the consultation record the patient was treated for something else.

## Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

- Patients had to fill in an online consultation form that was triaged before an appointment was offered. The exception to this rule was for patients that the practice had deemed vulnerable who had a dedicated phone line. There were huge problems with the telephony system. There was a backlog of online consultation forms awaiting triaging.
- One of the care records we saw demonstrated that there were concerns with regards to inadequate history and examination recording.
- The approach to the management of test results was being operated effectively.
- The practice had limited systems for sharing information with staff and other agencies to enable them to deliver care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

## Are services safe?

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not always minimise risks. Issues were identified with regards to the recording of temperatures in refrigerators used for vaccination storage. We found that refrigerators only had one thermometer which meant there was no safeguard in place to assure the practice that the temperature was correct for the safe storing of certain medicines and vaccines.
- The provider could not assure themselves that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. This was because there was no evidence of clinical meetings where current national guidance was discussed and no monitoring of staff prescribing. Staff reported that they did not have clinical supervision meetings.
- There was some evidence that patients' health was monitored in relation to the use of medicines and followed up on appropriately by the clinical pharmacist. However, arrangements to monitor patients being prescribed high risk medicines were not being operated effectively.

Track record on safety

The practice did not have a good track record on safety.

- There were no risk assessments in relation to the safety of the premises.
- There was limited evidence that the practice monitored and reviewed safety issues.

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; however, there was evidence that not all significant events were reported and recorded.
- Systems for reviewing and investigating when things went wrong were not operating effectively.
- The practice did not identify or share learning. Themes from complaints and significant events were not reviewed. The practice did not disseminate or action patient and medicine safety alerts and there was no evidence that these were acted on.

Please refer to the Evidence Tables for further information.

# Are services effective?

## **We rated the practice as inadequate for providing effective services overall and across all population groups.**

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

- The provider could not be assured that all patients were receiving effective needs assessment, care and treatment
- The provider could not be assured that all clinical staff were treating patients within the scope of their competency
- Arrangements for support and supervision of staff needed to be strengthened
- The provider could not be assured that they monitored care and treatment adequately

All population groups were rated inadequate for effective due to the above concerns which impacted on all patients.

*(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)*

### **Effective needs assessment, care and treatment**

The practice had limited systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians did not always assess needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- A review of patient records indicated that patients' immediate and ongoing needs were not always 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 did not use appropriate tools to assess the level of pain in patients.
- There was no system in place to monitor or review consultations of patients. The provider could not assure themselves that staff were fit to carry out the duties they were employed to perform.

All populations groups have been rated as inadequate due to concerns with regards to staff competencies and training and the effective assessment and treatment of patients.

Older people:

- Older people represented approximately 5% of the practice population.
- Patients aged over 75 were not invited in for a health check. If necessary they were referred to other services such as voluntary services.
- The practice ensured that older patients discharged from hospital were followed up. This was done via the York Integrated Care Hub which was part of the Nimbuscare Federation, alongside three other practices in York. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- There was no register or recall system in place for patients with long-term conditions. The clinical pharmacist carried out annual medication reviews for these patients. For patients with the most complex needs, there was little evidence to show that the GPs 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 however there was a significant gap in provision for patients due to a shortage of staff.
- Patients who had received treatment in hospital or through out of hours services were followed up by the York Integrated Care Hub.
- The practices performance on quality indicators for long term conditions was below average in some cases.
- Newly registered patients who were students with type 1 diabetes were referred to the Under 25's clinic at York Hospital. The diabetic specialist nurse from the hospital also reviewed these patients in the practice.

# Are services effective?

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90%.
- The practice did not have 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):

- Approximately 65% of the practice population were students at the University of York.
- The practice hosted the British Pregnancy Advisory Service three times a week.
- The practice's uptake for cervical screening was 50% which was below local and national averages and below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was similar to local and national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 which were done in community venues across the area by wellbeing officers from North Yorkshire County Council. 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 not delivered in a coordinated way. The practice did not have palliative care meetings.
- 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 a register of patients who had been a victim of Female Genital Mutilation, and those who were at risk of it.

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

- The practice assessed the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was not a system for following up patients who failed to attend for administration of long term medicines.
- The practices performance on quality indicators for mental health were in line with local and national averages.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 91% of patients with dementia had their care plan reviewed in a face to face review. This was higher than the national average.
- The practice worked closely with York University Student Services, and specifically the 'Open Door' clinic in response to increased demand for mental health services from the student population. The practice employed a Link Mental Health Worker, who divided their time between running specialist clinics at the practice and at the 'Open Door' clinic at the university.

## Monitoring care and treatment

The practice had no arrangements in place to monitor performance. For example, there was no evidence of consultation or prescribing reviews for locum GPs or practice nurses.



# Are services effective?

There was evidence of monitoring and improvement in some areas through clinical audit but findings of audits and actions required were not always shared amongst clinicians. There was no evidence of the monitoring of QOF achievement.

## Effective staffing

The provider could not be assured that all staff had the skills, knowledge and experience to carry out their roles.

- Evidence indicated that not all clinical staff had appropriate knowledge and skills required for the role they were expected to undertake. For example, in respect of the triaging by practice nurses.
- Staff undertaking reviews for people with long term conditions had receiving training to support this. However due to nurse shortages reviews were not being done.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training however could not demonstrate how they stayed up to date.
- The practice did not support all staff to undertake learning and development. Not all staff felt they were encouraged and given opportunities to develop.
- Up to date records of competencies, skills, qualifications and training were not maintained for all clinical staff.
- The practice did not always provide staff with a high level of ongoing support. Some staff reported that they had not received a regular appraisal.
- There was no evidence of clinical supervision or mentoring for the non-medical prescribers including the practice nurses.
- The practice did not ensure the competence of staff employed in advanced roles through audit of their clinical decision making, including non-medical prescribing.
- There was no clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff did not always work with other health and social care professionals to deliver care and treatment.

- We saw limited evidence 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 information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- The practice did not ensure 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 aimed to be proactive in helping patients to live healthier lives.

- The practice did not proactively identify all patients who may be in need of extra support or direct 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 discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

## Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.



## Are services effective?

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision, however there were gaps in GP training for the mental capacity act.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

## We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- Feedback from the national GP patient survey and comment cards demonstrated there were areas for improvement
- A low number of carers had been identified by the practice. This was to be expected in a practice with a high student population, however only 55 carers had been identified from a total patient population of 23,000

## Kindness, respect and compassion

During our inspection we observed that staff treated patients with kindness, respect and compassion.

- Feedback from patients was mixed about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice was lower in the GP national survey than local and national averages for questions relating to being listened to. The practice was aware of areas where the patient survey feedback was below local and national averages.

## Involvement in decisions about care and treatment

Staff aimed to help 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.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice had identified a low number of carers. They signposted those identified to York Carers Centre.
- The practice was comparable in the GP national survey to local and national averages for GP questions relating to involvement in decisions about care and treatment.

## Privacy and dignity

The practice aimed to respect patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- During our inspection we identified that one of the consulting rooms at the Wenlock Terrace Surgery did not have privacy curtains.

**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 inadequate for providing responsive services.**

The practice was rated as inadequate for responsive because:

- Patient feedback from comments cards and the national GP patient survey was very poor regarding access to appointments
- Patients were only able to book an appointment via an online consultation form which was then triaged. The only exception to this was if a patient was deemed vulnerable by the practice and they were given a dedicated telephone number.
- Patients were unable to get through to the practice due to telephony issues
- There were clinical and reception staff shortages

All population groups were rated inadequate for responsive due to issues in respect of access to appointments.

## Responding to and meeting people's needs

The practice did not always organise and deliver services to meet patients' needs.

- The practice demonstrated some understanding of the needs of their population and tried to tailor services in response to those needs. For example, the practice offered triage to try to ensure that patients were seen by the correct clinician or signposted elsewhere. This service was being delivered by staff who were triaging patients beyond their level of competency.
- The facilities and premises were appropriate for the services delivered.
- The practice did not make reasonable adjustments when patients found it hard to access 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 offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their medicines needs were being appropriately met by the clinical pharmacist but not offered a review of their health needs.

- The practice did not hold meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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.
- Not all parents or guardians contacting the practice with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- Early morning and late afternoon appointments were offered and there was extended hours provision.
- Patients could request to speak to clinicians via the telephone.

People whose circumstances make them vulnerable:

- 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 not easily able to register with the practice as they required online access or had to go into the practice to book an appointment.

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 at risk of dementia were identified and offered a referral for an assessment to the dementia clinic in secondary care to detect possible signs of dementia. The Alzheimer's Society held clinics in practices within the locality.

## Timely access to care and treatment

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

## Are services responsive to people's needs?

- Patients did not have timely access to initial assessment, test results, diagnosis and treatment. We identified a backlog of online consultations where patients had not been contacted regarding an appointment.
- Waiting times, delays and cancellations were not managed appropriately. Patient feedback indicated long waiting times within the practice and a long wait to access routine appointments.
- We were not assured that patients with the most urgent needs had their care and treatment prioritised although urgent home visit requests were highlighted to clinicians.
- Patients reported that the appointment system was not operating effectively. Patients found it hard to get through to the practice by telephone.
- The practice was lower in the GP national survey compared with local and national averages for questions relating to access to the service, in particular how easy it was to get through to someone on the phone which was significantly below average.

The practice was aware of areas for improvement and told us they needed to change the telephony system.

### **Listening and learning from concerns and complaints**

The practice told us they took complaints and concerns seriously; however, we did not see evidence that they responded in a timely and appropriate way to improve the quality of care.

- Information about how to make a complaint or raise concerns was not always available.
- Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were not in line with recognised guidance.
- Evidence indicated that not all complaints were recorded.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

**We rated the practice and all of the population groups as inadequate for providing a well-led service.**

The practice was rated as inadequate for well-led because:

- There was inadequate leadership capacity
- Governance systems were not being operated effectively

## Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Some leaders demonstrated knowledge about issues and priorities relating to the quality and future of services. However, there was limited evidence to indicate that challenges were being addressed.
- Not all leaders were visible and approachable. There was limited evidence of inclusive leadership.
- The practice did not have effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice had identified one of the GP partners as clinical lead but there were no clear plans in place as to how they would afford to the time to undertake this leadership role.

## Vision and strategy

The practice had a vision and a supporting business plan to deliver high quality care.

- There was a clear vision and set of values. The practice had a business plan in place for the coming year.
- Most staff were not aware of the values and had limited knowledge of the future strategy of the practice and their role in this.

## Culture

The practice did not have a culture of high-quality sustainable care.

- Not all staff felt respected, supported or valued.
- The practice staff told us they were focused on the needs of patients.
- Openness, honesty and transparency were not always demonstrated when responding to incidents and complaints.
- Some staff we spoke with told us they were able to raise concerns and were encouraged to do so. However, evidence indicated that not all issues raised were addressed. Some staff reported that managers did not listen and did not take action.

- Processes for providing all staff with the development they required needed to be improved to ensure staff had the skills and competency appropriate to their role.
- Some staff had not received a regular appraisal.
- Not all clinical staff felt they were considered valued members of the practice team. There was no protected time for professional development.
- There was no documented evidence of the evaluation of work of clinical staff.
- Not all staff felt there were positive relationships between managers and staff.

## Governance arrangements

Governance arrangements were not operated effectively.

- Staff were not always clear on their roles and accountabilities.
- Process were not operated effectively to enable leaders to ensure safety and assure themselves that they were operating as intended. There was a lack of oversight of clinical activity and risk.
- Processes to identify learning from significant events and complaints were not operated effectively.

## Managing risks, issues and performance

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice did not have clear processes to manage current and future performance. Performance of employed clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders did not have oversight of national and local safety alerts, incidents, and complaints and appropriate action was not always taken in response to these. In addition, not all significant events were reported or recorded.
- Clinical audit had some positive impact on quality of care and outcomes for patients. However, there were no systems in place to share and disseminate learning from audits to improve quality across the practice.
- The practice had not trained staff and did not have plans in place for dealing with major incidents.

## Appropriate and accurate information

The practice did not always have appropriate and accurate information.

## Are services well-led?

- Quality and operational information was not reviewed to try to improve performance.
- There was some evidence of discussions regarding sustainability of staff but little evidence of action to address staffing shortages. There was little evidence the practice had tried to understand the reasons for the high turnover of clinical staff.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice told us they had made attempts to involve patients, the public, staff and external partners to support the delivery of services.

- A range of patient views and concerns were encouraged but feedback was not shared within the practice.
- There was a patient participation group but meetings had not been held recently.

### **Continuous improvement and innovation**

There was limited evidence of continuous improvement and innovation.

**Please refer to the Evidence Tables for further information.**

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.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints  
**The provider has failed to ensure that there was an accessible system for identifying, handling. Investigating and responding to complaints made about the service**

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**The provider has failed to ensure that persons employed in the provision of the regulated activity received the appropriate support, training and professional development necessary to enable them to carry out their duties.**