

# Dr Santamaria Medical Practice

## Inspection report

The Manor Health Centre  
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SW4 6EB  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

## **This practice is rated as requires improvement overall.**

The key questions are rated as:

Are services safe? – *Inadequate*

Are services effective? – *Requires improvement*

Are services caring? – *Good*

Are services responsive? – *Good*

Are services well-led? – *Requires Improvement*

We carried out an announced comprehensive inspection at Dr Santamaria Medical Practice on 20 April 2018 as part of our inspection programme.

At this inspection we found:

- The practice had did not have clear systems to manage risks to patient safety; particularly in relation to medicines management and dealing with medical emergencies.
- We found there were poor governance practices which meant safety systems and processes did not minimise risks relating to infection prevention and control, suitable staffing, arrangements for dealing with medical emergencies, medicines management, and acting on and learning from external safety events as well as patient and medicine safety alerts.

- The practice did not routinely review the effectiveness and appropriateness of the care it provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use. However, some patients reported that they were not able to access care when they needed it.
- There were arrangements in place to support continuous learning and improvement for staff at all levels, but these were not consistently effective.

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.
- Ensure systems and processes are established and operated effectively to ensure compliance with the requirements of good governance.

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

- Review their arrangements for the identification of patients with caring responsibilities so they can provide and signpost them to appropriate support

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

## Population group ratings

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

## Our inspection team

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

## Background to Dr Santamaria Medical Practice

The registered provider, Dr Shelia Amelia Santamaria, provides NHS general practice services at its location, Dr Santamaria Medical Practice, located in The Manor Health Centre 86 Clapham Manor Street London SW4 6EB. The practice website is .

Dr Shelia Amelia Santamaria is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury, Diagnostic and screening procedures, Maternity and midwifery services and Family planning.

At the time of our inspection, the practice patient population was 3359. Its deprivation decile was 4 according to the Index of multiple deprivation score, with 1 being most deprived and 10 being least deprived.

The clinical staff team included three GPs providing a combined total of one whole time equivalent; two practice nurses, one of whom was a nurse prescriber; and a healthcare assistant.

The non-clinical staff were a practice manager and three receptionists. One of the receptionists was also the healthcare assistant.

Patients could book appointments on the same day or up to two weeks in advance. When the practice was closed patients were directed to contact their out of hours. Information was also provided on the practice website about local health services accessible when they were closed which included a walk-in service, two health centres and SELDOC (South East London Doctors).

# Are services safe?

## We rated the practice as inadequate for providing safe services.

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

- *Safety systems and processes were not in place so that infection prevention and control risks were appropriately managed, and staff checks were properly carried out.*
- *The practice did not have suitable arrangements in place for dealing with medical emergencies, as some recommended medicines for treating medical emergencies were not stocked, and the practice had not implemented of published guidelines on the recognition, diagnosis and early management of sepsis.*
- *Medicines management arrangements needed improvement as medication reviews were not being carried out regularly for many patients prescribed multiple medicines, and uncollected medicines prescriptions were not being regularly reviewed and followed up.*
- *The practice did not have a system for acting on and learning from external safety events as well as patient and medicine safety alerts.*

### Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse. However, infection prevention and control risk and risks associated with staffing were not suitably managed.

- The practice had 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. 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. DBS checks were carried out for staff at the time of recruitment.
- Staff told us that clinical staff registration was checked annually. However, there was no records that these checks had been completed.
- The records available in the practice at the time of our inspection showed the practice nurse's medical indemnity insurance had expired in February 2018. There were insurances in place for the doctors. The practice later sent us evidence that the practice nurse now had indemnity insurance.
- An infection prevention and control (IPC) policy was in place and the premises and equipment was clean and free from clutter. However, regular IPC audits were not being completed and the staff member recently given the additional responsibility of being the IPC lead had not received any additional training to support them in that role.
- 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 systems in place to assess, monitor and manage risks to patient safety, except for those for dealing with medical emergencies.

- 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 which was tailored to their role.
- Staff were suitably trained in dealing with medical emergencies.
- The practice was not properly equipped to deal with medical emergencies. They did not have stocks of some medicines recommended for treating certain medical emergencies, or carry out regular checks of medicines for treating medical emergencies.
- Some clinicians knew how to identify and manage patients with severe infections including sepsis. However, the lead GP had not read the sepsis guidelines and the reception staff were not aware of the role they

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could play in supporting the early recognition of the illness. The practice did not have all the recommended equipment available to enable assessment of patients with presumed 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. 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.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice did not have suitable 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 had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance. The practice had a low level of prescribing of antibacterial prescriptions items, at 0.56 antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU), whilst the CCG average was 0.65 and the national average was 0.98.
- Regular medication reviews are recommended for patients prescribed multiple and / or high-risk medicines. On review of the patients' records system, we

found that only 58% of patients currently prescribed four or more medicines had up to date medication reviews. However, patients prescribed high risk medicines were appropriately and well followed up. All patients on prescribed medicines are recommended a review of their medicines at specific intervals depending on the medicines prescribed. Records showed that 21% of patients in the practice population were overdue a medication review.

- Uncollected prescriptions were not being regularly and routinely monitored and followed up. We found dozens of prescriptions had been left uncollected for several months with no review of these prescriptions.

## Track record on safety

- The practice had identified one safety incident in the 12 months prior to our inspection. They had acted in response to the incident.

## Lessons learned and improvements made

The practice needed to make improvements in its arrangements for learning and making improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. However, it was not clear they captured such events, as they had only been able to give us one example of an incident recorded in the preceding 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. But there were insufficient events recorded to allow for themes to be identified in incidents and safety improvements made because of these.
- The practice did not have a system for acting on and learning 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 requires improvement for providing effective services overall and across all population groups.**

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

- They were not adequately controlling some long-term conditions, diabetes and hypertension
- They had not met the minimum childhood immunisation targets for children aged two.
- Medicines management arrangements needed improvement as medication reviews were not being carried out regularly for many patients prescribed multiple medicines
- The practice had not prepared and implemented a quality improvement programme for the services provided.

*(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 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.
- The practice used technology to support patients' independence. For example, where appropriate, telephone consultations were available to patients who found those more convenient than face to face appointments.
- Staff used appropriate tools to assess the level of pain in patients.
- 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 requires improvement because we found the practice required improvement in providing effective services which affects all population groups:*

- The practice had not prepared and implemented a quality improvement programme for the services provided.
- 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.
- Older patients are offered vaccinations against flu, shingles and pneumonia

People with long-term conditions:

*This population group was rated requires improvement for effective because:*

- The practice had not prepared and implemented a quality improvement programme for the services provided.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 46%, whereas the local area and national averages were 75% and 78% respectively.
- The percentage of hypertensive patients, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 64%, whereas the local area and national averages were 81% and 83% respectively.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people



## Are services effective?

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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

*This population group was rated requires improvement for effective because:*

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, uptake rates for the vaccines given were below the target percentage of 90% or above, for vaccinations recommended for two-year olds.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- 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):

*This population group was rated requires improvement for effective because:*

- The practice's uptake for cervical screening was 67%, which was in line with the local area and national averages of 67% and 72% respectively. However, the practice uptake was significantly below the 80% target set by the national cervical screening programme.
- The practice's uptake for breast and bowel cancer screening was in line the national averages.
- 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 requires improvement for effective because we found the practice required improvement in providing effective services which affects all population groups. However:*

- End of life care was delivered in a coordinated way which considered 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.

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

*This population group was rated requires improvement for effective because we found the practice required improvement in providing effective services which affects all population groups. However:*

- 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.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national and local area averages.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.
- 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.

# Are services effective?

## Monitoring care and treatment

The practice had not prepared and implemented a quality improvement programme for the services provided. For example, they were unable to provide us with completed clinical audits. However, we saw evidence that where appropriate, clinicians took part in local and national improvement initiatives. For example, clinicians took part in continuous professional development and revalidation.

The practice had performance outliers, but had not reviewed these and arranged improvements actions where appropriate. For example:

- QOF results showed the practice performed significantly worse than CCG and national averages in the control of blood pressure in diabetic patients and in patients with high blood pressure (hypertension)

## 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. This included an induction process, appraisals, clinical supervision and support for revalidation.
- 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 deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. The practice had only identified 16 patients (or 0.48% of the patient population) as carers at the time of our inspection, which was a relatively low proportion of their patient population, as it was below the expected  $\geq 1\%$ .
- 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, tackling obesity.

## Consent to care and treatment

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



## Are services effective?

- 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 monitored the process for seeking consent appropriately.

**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:*

- *We saw staff treated patients with kindness, respect and compassion; involved them in decisions about their care and treatment, and ensured their privacy and dignity was respected.*

### Kindness, respect and compassion

Staff treated treat 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 showed respondents rated the practice similarly to other practices in 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 identified carers and supported them. The practice had identified 16 patients as carers at the time of our inspection.
- Results from the GP patient survey showed respondents rated the practice similarly to other practices in questions relating to their involvement in care and treatment decisions, with one exception. The proportion of respondents who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them was 76%, which was lower than the CCG and national averages, which were 89% and 91% respectively.

### Privacy and dignity

The practice respected 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.
- 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 the population groups, as good for providing responsive services .**

*The practice was rated as good for responsive because:*

- The practice had arrangements in place to respond to and meet people's needs, including those in the population groups we report on.

## 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:

*This population group was rated good for responsive because:*

- All patients had a named GP
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The carers of older patients were identified, supported and signposted to the local carers' hub.

People with long-term conditions:

*This population group was rated good for responsive because:*

- The practice proactively invited people with long term conditions for their regular health checks, to assist them with management of their conditions

- All these patients have been allocated a named and accountable GP for their care.

Families, children and young people:

*This population group was rated as good for responsive because:*

- 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.

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

*This population group was rated as 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, they provided extended opening hours on Monday 6.30pm to 8pm.

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 those with a learning disability.
- People in vulnerable circumstances could register with the practice, including those with no fixed abode

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 utilises the clinical system to identify patients suffering with mental health issues and provides physical and mental health checks.
- Where it was appropriate, patients were signposted to other community agencies to help them engage with

# Are services responsive to people's needs?

alternative Mental Health Services. Patients were encouraged to utilise the Let's Talk Improving Access to Psychological Therapies (IAPT) self-referral service for counselling or any support that could be provided. IAPT is a free NHS evidence-based talking therapy service for people 16 years old and over, who are worried or have low mood. IAPT provides a range of treatment programmes including one to one therapy, counselling and group work.

## Timely access to care and treatment

Patients could 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.
- Patients reported that the appointment system was easy to use.
- Results from the GP patient survey showed respondents rated the practice similarly to other practices in questions relating to the accessibility of the service: getting through on the phone, and being able to get an appointment when they needed one.

## Listening and learning from concerns and complaints

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.
- A complaint policy and procedure was in place but needed update to be in line with recognised guidance. The policy states that complaints can be made directly to the practice or NHS England, and does not refer to the Parliamentary and Health Service Ombudsman (PHSO) for escalating concerns. In addition, the complaints leaflet asks for complainants to provide their date of birth (in addition to other personal identifiable information such as address and telephone numbers). The provider should consider whether all the information requested is essential to register a complaint, or if data protection principles are being breached. Their records showed they had received two complaints since 1 April 2018. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result 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:*

- The governance and management arrangements did not ensure effective policies and procedures were not in place; there were ineffective processes for managing risks, issues and performance.

### Leadership capacity and capability

- The practice lead GP was approaching retirement at the time of our inspection, and there was a lack of leadership oversight as a result.
- Future leadership arrangements for the practice were being explored, but there were no confirmed plans, despite the imminent retirement of the lead GP.
- We had had concerns raised with us about the leadership and governance arrangements in the practice prior to inspection, which NHS England asked us to explore prior to the practice merging with another organisation in the future.

### Vision and strategy

- At the time of our inspection, the practice was in negotiations for a potential merger with a neighbouring practice. The practice's lead GP had plans to retire in the coming months.

### Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. However there had been no recorded staff concerns raised.
- 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. However, we noted there were minimal numbers of such events recorded, and the practice had not been responding to patient safety alerts in a systematic manner.
- The practice aspired to meet the needs of patients. However, weaknesses in their leadership and governance arrangements had impacted patient care.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. We were told all staff received regular annual appraisals, however evidence of this was not always available. Staff were supported to meet the requirements of professional revalidation where necessary.

### Governance arrangements

- Staff were not always supported in fulfilling their roles and accountabilities; for example, the infection prevention and control lead had not had training for the role, and the designated fire marshal had not had expected additional training.
- Practice leaders had not established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, we were told they held monthly practice meetings, but there was no evidence of this being the case or that they kept minutes of meetings; some policies needed update or to be implemented such as the infection prevention and control policy, the DBS checks aspect of the recruitment policy, and staff appraisals to be completed consistently on an annual basis as planned.
- We found concerns relating to the provision of safe services at the practice, that were clearly linked to failings in the governance arrangements: safety systems and processes did not minimise risks relating to infection prevention and control and suitable staffing, arrangements for dealing with medical emergencies, medicines management, and acting on and learning from external safety events as well as patient and medicine safety alerts.
- The practice did not have a quality improvement programme in place. For example, they could not give us examples of completed clinical audits, or programmes of improvement they had made in response to patient and staff feedback.

### Managing risks, issues and performance

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical

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staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

- Clinical audits were not being completed in the practice. They provided us with only one example of an audit that had been carried out, by a locum doctor to the practice. Only the first cycle of the audit had been completed, so it could not be established if improvements had been made.
- The practice had plans in place and had provided some staff training for major incidents. However, improvements were still needed, particularly in relation to sepsis management and fire safety.

## 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.

- 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.

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

The practice had some arrangements in place to seek patient and staff views in the development of the service.

- Patient and staff views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- Information about how to complain was available in the practice, although the complaints policy and procedure needed review and update.

## Continuous improvement and innovation

There was a focus on continuous learning and improvement. The practice had supported one of its administrators to gain appropriate training to become a healthcare assistant.

**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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b>Care and treatment was not provided in a safe way for service users, as the registered provider did not assess and mitigate the risks to the health and safety of service users of receiving the care or treatment; specifically, in respect of risks associated with infection prevention and control, staffing, the management of medicines and dealing with medical emergencies. This is in breach of regulation 12(1) 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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b>Systems or processes were not established and operated effectively to ensure compliance with the requirements of good governance, as the registered provider did not assess, monitor and improve the quality and safety of the services provided. This is in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>