

# Cornerstone Family Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as requires improvement overall.** (Previous inspection July 2015 – Good)

The key questions are rated as:

- Are services safe? – Requires improvement
- Are services effective? – Requires improvement
- Are services caring? – Good
- Are services responsive? – Requires improvement
- Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Cornerstone Family practice on 14th November 2017.

At this inspection we found:

- The practice had a number of policies and procedures to govern activity and support the delivery of good quality care. However, we found these processes were not monitored or reviewed in multiple areas. For example, communication, staff training, HR processes, infection control and Health and Safety.
- We identified the practice reception had no face to face contact with patients on a daily basis between the hours of 12noon and 4pm.
- Staff demonstrated that they understood their responsibilities to safeguarding children and vulnerable adults; however on the day of inspection, non-clinical staff had not received training on safeguarding. The clinicians safeguarding status was unknown, with the exception of the lead GP who had the information to hand during the inspection.
- The practice had no standard internal infection control process or any record of annual audits having taken place at either site. There was no record to show whether staff were screened for or immunised against infectious diseases for example Hepatitis B.
- The branch surgery had no standard fire safety or infection control processes in place.
- Staff had not received regular training. Staff who were chaperones had not received any formal training to carry out this role or had Disclosure and Barring Service checks (DBS) or risk assessment in place.

# Summary of findings

- Clinical staff were aware of current evidence based guidance. Clinical staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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:

- Add the full address of the Parliamentary and Health Service Ombudsman (PHSO) to the complaints policy and leaflet.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<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> 

# Cornerstone Family Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

### Background to Cornerstone Family Practice

Cornerstone Family Practice is located on the outskirts of Manchester city centre. The practice is located in a purpose built building that is shared with other healthcare providers including dental services and community services. All patient treatment rooms are located on the ground floor. The building and consulting rooms are accessible to patients with mobility difficulties.

The practice also has a branch surgery located in the Audenshaw area of Manchester. We also inspected the branch practice on this inspection visit.

The practice is a training practice for GPs.

The practice is situated in an area at number one on the deprivation scale (the lower the number, the higher the deprivation). People living in more deprived areas tend to have greater need for health services. The male life expectancy for the area is 74 years compared with the national average of 79 years. The female life expectancy for the area is 80 years compared with the national average of 83 years.

At the time of our inspection 6,477 patients were on the practice list. The practice is a member of Manchester Health and Care Commissioning. It delivers commissioned services under a General Medical Service (GMS) contract.

# Are services safe?

## Our findings

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

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

- The practice had no safeguarding training in place for staff and was unsure of the clinicians safeguarding status. Staff had no DBS checks or risk assessment in place and were performing chaperoning duties. There was no infection control processes maintained at the branch site or any annual audit taken place at both sites. The branch site had no fire safety processes taking place. Medical alerts process and actions were not monitored effectively.

### Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice had a safeguarding lead, but kept no register for children at risk within the practice. Clinical staff records of training in safeguarding were not complete; only one clinician could provide evidence of the appropriate training. Other clinician's and non-clinical team statuses were unknown.
- Non clinical staff who acted as chaperones had not received training for this role and had no Disclosure and Barring Service (DBS) checks or risk assessment in place. We reviewed two clinician's records where only one had an up to date DBS check in place, one was dated 2014. (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).
- Infection control procedures were not effective with no clear infection control lead. There had been no annual infection control audits performed across both sites. Individual clinicians had developed their own procedures, which differed between the two sites. Staff had not received training on infection control. The premises including the branch were clean but risks of infection was not managed consistently across both

sites. For example, fabric curtains were in place at the branch site, we were told disposable curtains had been ordered. The practice only had one documented record to show whether staff were immunised against infectious diseases e.g. Hepatitis B.

### Risks to patients

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

- Health and safety in the main practice including fire safety, was not practice specific and was overseen by a facilities company for the entire building. The branch site did not have any procedures in place for fire safety. For example, the branch practice did not have an up to date fire risk assessment and did not carry out regular fire drills. None of the staff at the branch practice had received formal training and there was no designated fire marshal within the branch practice.
- All electrical and clinical equipment at both sites had been checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

- The practice initiated insulin in the community for patients with diabetes, something which is normally

## Are services safe?

commenced in hospital. The practice had a proactive clinical lead that actively managed and monitored patients with diabetes. (Diabetes is a lifelong condition that causes a person's blood sugar level to become too high). They used clinical audits and analysed outcomes to demonstrate improvement to patients' quality of life. One of the clinicians had undertaken specific qualifications in diabetes to enhance and develop the skills.

- The practice employed a pharmacist who attended the practice. The role of the pharmacist was to provide medication reviews for all patients; this included patients on multiple medicines (four or more), repeat prescriptions reviews and those taking high risk medicines.
- The systems for managing medicines, including vaccines, emergency medicines and equipment, minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had an adequate safety record.

- The main building was managed by external company who were responsible for Control of Substances Hazardous to Health (COSHH -regulations require

employers to control exposure to hazardous substances to prevent ill health) procedures and maintenance of the building. They also covered some of the basic standard infection control items such as the replacement of the disposable curtains and the clinical waste disposable. However, the main site had no internal process to monitor these processes. The practice had not carried out Legionella risk assessments or regular monitoring at the branch site.

### Lessons learned and improvements made

#### The practice learned and made improvements when things went wrong.

- There were recordings of significant events. There were no written processes for staff to identify or manage the incident reporting process. For example, staff told us that they just knew how to record an event in the external incident reporting system.
- We saw evidence of three events being recorded but no learning outcomes were demonstrated or follow up actions recorded.
- We found that significant events were not consistently raised or recorded. We were told of one event that had not been documented.
- Staff understood their duty to raise concerns and report incidents and near misses.
- Staff told us outcomes were discussed verbally.
- Patient safety alerts would be emailed to the relevant staff. Staff told us they would receive an email and action where required. This was not a formal process and no formal outcomes of actions were documented.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as requires improvement for providing effective services overall. The population groups are rated requires improvement because of the concerns identified in relation to how safe, effective, responsive and well led the practice was.**

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

- Staff had no training and there had been no appraisals for non-clinical staff for two years.

### Effective needs assessment, care and treatment

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

- Patients received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- The number of antibacterial prescription items prescribed per Specific Therapeutic prescribing data was 1% which was the same as the CCG and the national average of 1 %.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was 5%, compared to the CCG average of 4% and the national average of 5%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

### Older people:

- Patients aged over 75 were invited for a health check and if necessary, referred to other services such as voluntary services and supported by an appropriate care plan.
- Longer appointments and home visits were available for older people when needed.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions. (01/04/2015 to 31/03/2016) was 68 %, compared to the CCG average of 88% and the national average of 90%.

### 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 in line with the target percentage of 90% or above.
- The practice would always see children under five years for same day appointments.

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

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme.
- The practice offered NHS Health checks to this population group.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which is comparable to the CCG average of 87% and the national average of 84%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, which was above the CCG average of 86% and the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and



# Are services effective?

## (for example, treatment is effective)

dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 68% which was below the CCG average of 87% and the national average of 89%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 90% which was comparable to the CCG average of 94% and the national average of 95%.

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 83% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception reporting rate was 4% compared with a national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

There were low areas within the QOF results, for example some of the long term conditions and cervical smear results. The practice was unaware of these low results until highlighted by the inspection team.

### Effective staffing

Evidence reviewed showed that staff did not always have the skills and knowledge to deliver care and treatment.

- Staff did not have access to appropriate training to meet these learning needs and to cover the scope of their work. For example, no staff had received training in safeguarding, infection control, mental capacity awareness, fire procedures, and information governance awareness. We were told a new E learning system had recently been purchased by the practice.
- The practice did not keep an up to date record of skills, qualifications and revalidation for staff.
- Staff had not received appraisals for two years and there was no documented record of clinical appraisals kept.
- The practice clinical staff provided one-to-one coaching, mentoring and clinical supervision to the newly appointed practice pharmacist.

- Staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver care and treatment, however, we identified shortfalls in staff training, and the systems and process to keep patients safe were not always in place.

- All appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

### Consent to care and treatment

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

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

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- Thirteen out of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 301 surveys were sent out and 113 were returned. This represented 2% of the practice population. The practice were similar to average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of patients who responded said the GP gave them enough time; compared with CCG average of 84% and the national average of 87%.
- 88% of patients who responded said they had confidence and trust in the last GP they saw; compared with CCG average of 90% and the national average of 92%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared with CCG average of 84% and the national average of 85%.
- 92% of patients who responded said the nurse was good at listening to them; compared with CCG average of 89% and the national average of 91%.

- 89% of patients who responded said the nurse gave them enough time; compared with CCG average of 91% and the national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; compared with CCG and national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared with CCG average of 89% and the national average of 91%.
- 87% of patients who responded said they found the receptionists at the practice helpful; compared with CCG average of 85% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified no patients as carers.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments below the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care; below the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared with the clinical commissioning group (CCG) average of 89% and the national average of 90%.

## Are services caring?

- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared with the clinical commissioning group (CCG) and national average of 85%..

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups. The population group were rated as requires improvement due to the concerns identified in relation to how safe, effective, responsive and well led.**

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

- The practice reception was effectively closed daily between the hours of 12 -4pm with telephone access only to staff.

### 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 GP and practice manager were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.
- The practice was part of the Manchester Integrated Neighbourhood Care Team (MINC) which was about working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The facilities and premises were appropriate at the main site. However we found areas lacking in infection control, risk assessments and fire safety at the branch site.
- The practice made reasonable adjustments when people found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people: This population group was rated requires improvement because of the concerns identified in relation to how safe, effective, responsive and well led the practice was, which impacted on all population groups. However, there were some areas of good practice:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or at an adult social care service.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice .

People with long-term conditions: This population group was rated requires improvement because of the concerns identified in relation to how safe, effective, responsive and well led the practice was, which impacted on all population groups:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people: This population group was rated requires improvement because of the concerns identified in relation to how safe, effective, responsive and well led the practice was, which impacted on all population groups:

- 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 five were offered a same day appointment when necessary.

Working age people (including those recently retired and students): This population group was rated requires improvement because of the concerns identified in relation to how safe, effective, responsive and well led the practice was, which impacted on all population groups:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal hours.

# Are services responsive to people's needs?

## (for example, to feedback?)

People whose circumstances make them vulnerable: This population group was rated requires improvement because of the concerns identified in relation to how safe, effective, responsive and well led the practice was, which impacted on all population groups:

- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However they had received no formal training.

People experiencing poor mental health (including people with dementia): This population group was rated requires improvement because of the concerns identified in relation to how safe, effective, responsive and well led the practice was, which impacted on all population groups:

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

### Timely access to the service

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

On the day of the inspection we observed the front reception desk closing at 12 noon till 4pm. We were told this happens daily and has done for many years. Patients were advised to contact the practice between those hours by phone only. We observed one elderly patient who attended the shared reception desk wanting to speak to a member of staff. The area belonging to the practice was unmanned. They were advised to phone the practice number. The staff did not come downstairs to speak to the patient but had the conversation on the phone, while the patient sat in the practices waiting area. At feedback we discussed this situation and the lead GP gave assurances to the inspection team the reception area would be staffed daily in the future.

We identified patients had timely access to initial assessment, test results, diagnosis and treatment. And patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 301 surveys were sent out and 113 were returned. This represented 2% of the practice population.

- 68% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 50% and the national average of 58%.
- 64% of patients who responded said they could get through easily to the practice by phone; with the clinical commissioning group (CCG) average of 70% and the national average of 73%.
- 69% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 92% of patients who responded said their last appointment was convenient; with the clinical commissioning group (CCG) average of 89% and the national average of 92%.
- 64% of patients who responded described their experience of making an appointment as good; with the clinical commissioning group (CCG) average of 70% and the national average of 73%.
- 68% of patients who responded said they don't normally have to wait too long to be seen; with the clinical commissioning group (CCG) average of 50% and the national average of 58%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The full address of the Parliamentary and Health Service Ombudsman( PHSO) was not included in the policy or patient leaflet.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and

dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.



# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

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

The practice was rated as requires improvement for well-led because arrangements for identifying, monitoring, recording and managing risks were not effectively managed. The practice had no mission statement. Staff did not have training or appraisals systems in place to support their roles.

### Leadership capacity and capability

Clinical leaders had the experience, capacity and skills to run the practice and ensure quality care.

### Vision and strategy

There was no documented practice vision or mission statement documented. When we spoke to the staff they were not aware of the practice having a vision or mission statement.

### Culture

- Staff stated they felt supported and valued. They were proud to work in the practice.
- 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.

### Governance arrangements

The arrangements for governance and performance management did not always demonstrate that they operated effectively.

- There was no clear process to monitor or support which staff had undertaken training. For example, we were unsure which of the clinical staff had the appropriate level of safeguarding in place.

- Arrangements for identifying, monitoring, recording and managing risks, issues and implementing mitigating actions were not effectively managed. For example, there was no in-house monitoring of the branch practice around health and safety processes.
- Clinical process were managed by the individual staff and not effectively monitored, documented or shared with peers.
- Staff did not have an appraisals system in place to support their roles.
- Some staff files contained limited information such as recruitment checks, DBS checks and professional registration status.

### Managing risks, issues and performance

- Clinical leads were not aware of low figures in the Quality Outcome Framework(QOF).
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality, for example in diabetes care.
- The practice had a business continuity plan in place.

### Appropriate and accurate information

The practice acted on appropriate and accurate 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.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

- There was no patient participation group (PPG) at the practice despite efforts to form one. We did observe a poster in the waiting area encouraging patients to join the PPG

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The practice had no safeguarding training in place for staff and we were unsure of all the clinician's safeguarding status.</li><li>• There was no learning outcomes demonstrated or follow up actions recorded for significant event process.</li><li>• Non clinical staff had not been trained for chaperoning duties.</li><li>• The branch site had no fire safety processes in place.</li></ul> <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none"><li>• The branch site had no infection control process and no Legionella risk assessment in place. Staff were following individual processes and no annual audit had been carried out at either sites.</li></ul> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures 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></p>



## Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- Patients had no face to face contact with practice staff between the hours of 12noon and 4pm daily.
- There was no process or record of DBS checks or risk assessments in staff HR folder.
- There was no training taking place for staff.
- There were no staff appraisals taking place.
- NICE alerts and MHRA alerts were not being monitored.
- There had been no carers identified.

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