

Oaklands

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7

Detailed findings from this inspection

Our inspection team	8
Background to Oaklands	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10
Action we have told the provider to take	17

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oaklands on 4 August 2015.

Overall the practice is rated requires improvement. Specifically we found that safe and well led required improvement.

Our key findings across all the areas we inspected were as follows:

- Urgent appointments were available the same day but not necessarily with a GP of their choice.
- The practice had hearing loops, easy read format information and translation facilities.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- There had not been any deep cleaning of the premises and consequently there were areas of the practice which fell below acceptable standards of cleanliness.

There were areas where the provider must make improvements.

Importantly the provider must:

- Carry out a deep clean of the practice premises as soon as practical and maintain the level of cleanliness by having appropriate monitoring systems in place.
- Update their infection control procedures and training for all staff.
- Ensure that clinical waste facilities are in line with recommended guidance.
- Dispose of any opened packets of dressings immediately and ensure equipment is adequately decontaminated and stored.
- Review its governance arrangements to improve incident reporting and audits, risk management, staffing including training and appraisals.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated requires improvement for providing safe services. The practice policy for incident reporting needed to be updated to reflect the procedures in place.

The practice had not had a deep clean and consequently there were areas of the practice which fell below acceptable standards of cleanliness.

Whilst, there were systems, processes and practices in place that were essential to keep people safe including in the event of emergencies, some improvements in systems could be made. Staff were trained in safeguarding but some non-clinical staff did not understand what constituted a safeguarding issue.

Requires improvement



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were at or above national averages. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles however it was clear certain aspects of training had not been understood.

Good



Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect. Staff helped people and those close to them to cope emotionally with their care and treatment. However, data from the National GP Patient Survey July 2015 showed that patients rated the practice slightly lower than others for several aspects of care compared to local and national averages.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. Information about how to complain was available. Learning from complaints was shared with staff.

Good



Summary of findings

Are services well-led?

The practice is rated requires improvement for being well-led. It did not have a clear vision and strategy but did recognise its strengths and weaknesses. There were systems in place to monitor and improve quality and identify risk but these needed to be improved. The practice proactively sought feedback from staff and patients and had an active patient participation group (PPG). Staff had received inductions and attended staff meetings and events where possible. Non-clinical staff had not received a recent appraisal; however plans were in place to renew the existing system. The practice was aware of future challenges and had begun to review resources to address them.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits. GPs carried out weekly ward rounds of a local nursing home. The practice had daily contact with district nurses and participated in meetings with other healthcare professionals to discuss any concerns.

Requires improvement



People with long term conditions

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

These patients had a six monthly review with either the GP and/or the nurse to check that their health and medication. The practice had a visiting phlebotomist for blood tests on Tuesday and Wednesday mornings. The practice had 24 hour blood pressure monitoring facilities.

Requires improvement



Families, children and young people

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place 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 A&E attendances. Immunisation rates were in line with local averages for all standard childhood immunisations.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings and extended hours access. The practice advertised the use of minor ailments clinics with pharmacists.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. The practice treated other vulnerable groups for example travellers and would see patients even if they had no fixed abode. Information for travellers was available. Easy read format information was also available in particular for child vaccination information.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.

Requires improvement



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 125 responses which is equivalent to 1.2% of the patient list) demonstrated that the practice was performing in line with local and national averages. However; results indicated the practice could perform better in certain aspects of care, including the helpfulness of receptionists. For example:

- 46% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and national average of 60%.
- 76% of respondents find the receptionists at this surgery helpful compared with a CCG average of 84% and national average of 87%.
- 80% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 86% and national average of 85%.

The practice scored higher than average in terms of patients being able to get through by phone and make an appointment. For example:

- 94% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and national average of 85%.
- 73% of respondents find it easy to get through to this surgery by phone compared to a local average of 62% and national average of 73%.
- 81% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 76% and national average of 78%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards (which is 0.1% of the practice patient list size) which were all positive about the standard of care received. GPs and nurses all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with dignity and respect.

Oaklands

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor and another CQC inspector.

Background to Oaklands

Oaklands is located in a semi-rural area in Middlewich, Cheshire. There were 10,405 patients on the practice list at the time of our inspection and the majority of patients were of white British background.

The practice is a training practice managed by five GP partners (3 male and two female), a salaried female GP and trainee GPs. There is one advanced nurse practitioner, three practice nurses and a healthcare assistant. Members of clinical staff are supported by a practice manager and assistant practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday with extended hours every Monday evening and alternate Thursday and Friday evenings with the last appointment at 7.15pm. The practice had recently introduced appointments from 7am up to 8pm as part of Prime Ministers Challenge Fund pilot in conjunction with other practices in the area. Morning surgeries run from 8am to 11.30am by appointment. Afternoon surgery starts at 2pm and evening surgery is between 3.30pm until 6.20pm. The practice is closed every other Wednesday lunch time (1-2pm) for staff training. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Central Eastern Cheshire nights and evening and weekends service.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; extended hours.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 4 August 2015.
- Spoke to staff and representatives of the PPG.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

The practice GPs and management team were aware of the need to improve their incident reporting, monitoring and learning system. There was a 'Critical Event Reporting' policy available. Staff told us they would inform the practice manager of any incidents and details of an event could be put directly onto a log which was accessible on the computer system. The policy outlined that the events were then given a risk status (green-low risk, amber-medium risk or red-high risk) and discussed as soon as appropriate depending on the status.

There were five events recorded for the year, all rated with a low green risk category. We noted one event that had a serious impact should have been rated red. The practice manager told us they had inadvertently rated this event wrongly but discussions with GPs indicated the risk rating would be given after a discussion and not before. No harm had come to the patient but the policy needed to be updated to reflect the actual procedure. Critical events were a fixed item on the agenda for staff meetings for discussions and actions were taken to prevent reoccurrences.

Overview of safety systems and processes

The practice had risk management systems in place for safeguarding, medication management and some aspects of health and safety.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Clinical staff demonstrated they understood their responsibilities and all had received training relevant to their role. However, non-clinical staff interviewed told us they had not been trained or were not aware of what constituted a safeguarding concern.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if

required. However, notices in some consultation rooms were not displayed in a prominent position where patients could see the signage. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. These 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.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and had recently carried out a fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out; however one file we sampled did not have sufficient documented references from previous employers on.

Systems for infection control needed improving. We found that:-

- The cleanliness of the premises needed to be improved. We were shown cleaning schedules of cleaning that was undertaken by a company for two hours every day. However, there did not appear to be any formal monitoring by the management for the standard of cleaning other than visual checks which were not recorded. There had been no deep clean of the premises and this was confirmed by the assistant manager. We found that ceilings in waiting room areas and entrances to consultation rooms were covered in cobwebs around the lighting. Light coverings were also dirty. The patient toilets were not clean and malodorous in particular sinks. This was of particular

Are services safe?

concern as children also used these facilities. In the ladies toilet we found a basket for collecting samples with blank forms for collection. However, the basket also contained rubbish and one of the specimen request forms had patient's details on dated July 22nd. We pointed this out to one of the GP partners who told us the patient must have left this there but it was clear this area had not been cleaned or attention paid to the contents.

- One of the practice nurses had been the clinical lead for infection prevention but was leaving the practice and another nurse was due to take over this role in September 2015. There was an infection control protocol in place and staff had received up to date training. The arrangements for clinical waste disposal were not clearly marked or following correct procedures. There were no designated spillage kits available. In one nurses room we found a tray of various items which included opened surgical tape which was dirty, an open packet of dressing material and

unwrapped suture holders. There was an infection control audit that had been carried out in 2014. The section regarding training in the audit identified gaps but no action plans were logged as a result.

- The practice had carried out Legionella risk assessments and regular monitoring was not required.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff but not all staff were aware of the plan.

Overall safety systems in place and cleanliness of the premises require improvement.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 87.9%, which was higher than the national average of 81.8%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 90% to 98% (compared with a CCG range of 93-96%) and five year olds from 87% to 99% (compared with a CCG range of 89-98%).

The practice had a self-help section on their website containing information for treatment of more common muscular-skeletal ailments for example, frozen shoulder. Information was in video format and leaflets with the ability to self-refer to the local physiotherapy department.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services.

All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Incoming mail such as hospital letters and test results were scanned onto the computer system by the administration team and then read and actioned by clinicians. Arrangements were in place to share information for patients who needed support from out of hours.

The practice worked with a variety of other health care professionals including health visitors, midwives, district nurses and Macmillan nurses. The practice had a visiting phlebotomist who attended the practice twice a week. The practice also had a visiting consultant who held outpatient clinics for patients undergoing surgery. The practice advertised the use of minor ailments clinics with pharmacists.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed the practice had achieved 98.7% of the total number of points available. A breakdown of the data showed that:-

- Performance for diabetes assessment and care was higher than the national averages.
- Performance for mental health assessment and care was higher than the national averages.

The practice could evidence quality improvement with clinical audits and all relevant staff were involved. However the scope and quantity of quality improvement monitoring could be expanded and staff were aware that this was an area for improvement.

Are services effective?

(for example, treatment is effective)

Effective staffing

Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. There were induction packs available for trainee and locum GPs.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However we found some staff interviewed did not have an awareness of particular subjects.

- All GPs were up to date with their continuing professional development.
- The practice was a training practice with a GP lead trainer. All staff felt supported by the practice.

When we arrived at our inspection, there was a queue of patients at the desk with only three members of staff on duty one of which was solely dealing with prescriptions and staff appeared under pressure. The practice manager was in the process of carrying out work force audits to ensure adequate clinical cover and this should be extended to include adequate numbers of administration staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 15 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and clinicians were helpful, caring and treated them with dignity and respect. We also spoke with a member of the PPG after our inspection visit. They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The reception area was very busy with a queue of patients at the front desk. Patients were asked to step back away from the desk but there was very little room to do so. One receptionist was taking calls at the front desk and confidentiality could be breached. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Opposite the reception area there was information available regarding sexual health which would be more appropriately displayed in a more private area away from the reception desk.

The practice reception manager was the designated carer's lead. The practice's website contained information for carers and there was a file in the waiting room and noticeboard with further information. Carers were asked to sign up to a register so that their needs could be met. For example, an assessment of needs including the need for the influenza vaccination and access to further support information. This included access to a free self-help course. Written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room told patients how to access a number of other support groups and organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Data from the National GP Patient Survey July 2015 showed from 125 responses that performance was in line with local and national averages for example,

- 92% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

Care planning and involvement in decisions about care and treatment

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.

However, 80% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 86% and national average of 85%.

All patient feedback on the comment cards we received was also positive.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. The practice was part of the Prime Minister's Challenge Fund in conjunction with other practices in the area to offer extended hours opening times.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had responded to suggestions for example, for influenza vaccinations they held open clinics so that there was no need to make an appointment.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice had identified that approximately 3% of its population group were travellers and allowed patients to be seen without the need of a fixed abode to register.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients and visits to the local care home were carried out weekly.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop, easy read information and translation services available.

Access to the service

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 76% compared to the CCG average of 71% and national average of 75%.

The practice is open 8am to 6.30pm every weekday with extended hours every Monday evening and alternate

Thursday and Friday evenings with the last appointment at 7.15pm. The practice had recently introduced appointments from 7am up to 8pm as part of Prime Ministers Challenge Fund pilot in conjunction with other practices in the area .

Morning surgeries run from 8am to 11.30am by appointment. Afternoon surgery starts at 2pm and evening surgery is between 3.30pm until 6.20pm. The practice had reduced the length of time pre-bookable appointments with the GP could be made from four to two weeks in advance and this had dramatically reduced the number of missed appointments. Urgent appointments were available the same day but not necessarily with a GP of their choice.

Appointments with the nurses were available for up to four weeks in advance.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints including details of responses to patients where apologies had been issued. The practice had taken note of concerns expressed on websites. In particular, the poor response to patients finding receptionists helpful and had delivered extra training to staff in customer 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

Vision and strategy

The practice aimed to provide the best quality care for its patients. The practice management were aware of their strengths and weaknesses but had no overall strategy. They were aware of the need to improve their governance structures including audits, significant events monitoring, staffing and appraisals.

The practice was aware of future challenges for example, they were aware that there was a substantial local housing development underway in the area. Hence there was the possibility of a large increase in the number of new patients joining the practice in the future. An audit had been carried out for work force planning but no further decisions regarding staffing levels or future plans had been made at the time of our inspection.

Governance arrangements

The practice did not have an overarching governance policy or system to outline procedures in place to cover seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. It had proactively gained patients' feedback and engaged patients in the delivery of the service. There were practice specific policies that all staff could access. However other aspects of governance needed to be improved. Examples included:-

- Members of staff were aware of their own roles and responsibilities but not necessarily of others. For example, there was a lead for infection control but not all staff knew who this was.
- Risk management systems in relation to cleanliness and infection control needed to be improved.
- There was a system of reporting and monitoring incidents but policies needed updating to reflect the practice carried out. The range of events and near misses to be reported and investigated needed to be expanded to be of benefit to the practice and patients.
- Limited continuous audit cycles or other methods of quality improvement which demonstrated an improvement on patients' welfare.
- There was a training matrix in place for staff however appraisals had lapsed for up to two years which meant that training needs of staff would not necessarily be identified.

Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. These included reducing hospital admissions for patients over the winter period and opening the practice over the Easter weekend to reduce the pressure on the practice. The practice also carried out weekly visits to a local nursing home.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider had failed to monitor the level of cleanliness and take action when shortfalls were identified. Regulation 15 (1) (a)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to meet current legislation set out in the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (Appendix D) by not following appropriate clinical waste guidance and reusing materials which are for single use only. In addition, there was a lack of training and awareness of infection control procedures. Regulation 12 (2) (h)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to ensure their audit and governance systems remained effective. Regulation 17 (2) (f)