

# Holly Tree Surgery

## Inspection report

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

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

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.** (Previous rating June 2016 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

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 Holly Tree Surgery on 6 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had an active Patient Participation Group who had undertaken a patient survey between September and December 2017 regarding the walk-in appointment system. Results were positive.
- Patient feedback received during patient interviews and via comments cards were unanimously positive regarding the care and treatment received at the practice.
- The practice had successfully recruited two GPs within the last 12 months.
- There were shortfalls regarding staff training, recruitment processes, support via appraisals and communication via team meetings.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Access to the practice was particularly rated highly.

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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review the system to monitor actions taken, following safety alerts.
- Review arrangements to undertake and record regular staff meetings and review arrangements for staff to access meeting minutes.
- Review arrangements to embed policies and procedures so that they are understood by all staff.
- Review information for patients contained in the patient information folder.

You can see full details of the regulations not being met at the end of this report.

**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.

## Background to Holly Tree Surgery

Holly Tree Surgery provides personal medical services to 6,036 patients and has a dispensary. The Registered Provider is Holly Tree Surgery.

The practice is registered to provide regulated activities which include treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and diagnostic and screening procedures. The practice operates from its one location;

Holly Tree Surgery,  
42 Boundstone Road,  
Wrecclesham,  
Farnham,  
Surrey,  
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There are two GP partners and three salaried GPs. The practice also employs three nurses, two health care assistants, a practice manager, six dispensers and seven administration/reception staff.

The practice population is in the tenth least deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The average life expectancy is higher than national averages. The average life expectancy for male patients is 83 compared to the national average of 79. The average life expectancy for female patients is 86 years compared to the national average of 83 years.

The practice is open between 8.20am and 6.30pm Monday to Friday. GP appointments are available between 8.30am and 10am and from 3.30pm until 5.15pm. Nurse and Health Care Assistant appointments are available between 8.30am until 12pm and from 14.50pm until 6pm. The dispensary is open from 8.30am until 12.30pm and 2pm until 6.30pm.

When the practice is closed patients are directed to Out of Hours services by telephoning NHS 111.

# Are services safe?

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

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

- Not all staff had undertaken safeguarding children or adults training.
- The GP who had recently taken over the safeguarding lead role had not been prepared or supported.
- There were shortfalls in the implementation of procedure to mitigate potential risks associated with fire safety.
- The practice had not undertaken recruitment checks to include confirmation of conduct in previous employment and was not able to demonstrate a Disclosure and Barring Service (DBS) checks or risk assessment had been completed.
- An infection prevention and control audit had not identified or mitigated risks relating to gaps in training and cleaning schedules.

## Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. However, 16 out of 25 staff had no record of safeguarding children training. This included two GPs and two practice nurses. 13 out of 25 staff members had no record of undertaking safeguarding adults training, including three GPs, two practice nurses and two health care assistants. Staff we spoke to demonstrated that they knew how to identify and report concerns. The GP who, at the time of inspection, had only just taken over as the safeguarding lead had not received a handover and was not clear how to search for identified vulnerable patients on the practice's records or where to find vulnerable patients lists. 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.)
- GPs and nurses had received a DBS check. However, the practice was not able to demonstrate that a risk

assessment had been undertaken for administrators or dispensary staff employed at the practice who did not have a DBS check, in accordance to the practice's safeguarding children policy and procedure.

- 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 staff checks at the time of recruitment, for example, employment history, checks of qualification, current registration (if appropriate) and identity. However, four personnel files did not contain references, in accordance with the practice's own policy and procedure.
- There was a system to manage infection prevention and control. However, 20 out of 25 staff had not undertaken infection prevention and control training, including all clinicians with the exception of the infection control lead nurse. There were gaps in cleaning schedules for clinical rooms. The practice had undertaken an internal audit in October 2018 which had not identified the shortfalls in staff training or cleaning schedules.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, there were shortfalls in the management of fire safety. For example, the majority of staff had not received fire safety training and the practice had not undertaken fire drills since 2014.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- 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.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

# Are services safe?

- 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 had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- The practice acted upon safety alerts. However, there was no overview of the process to monitor that all relevant action had been undertaken and by whom.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Some staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, not all staff we spoke to could demonstrate knowledge of the significant event procedure.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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

# Are services effective?

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

The practice was rated as requires improvement for providing effective services because there were shortfalls in the completion of necessary training for staff who were employed at the 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 offered an online system for patients to submit daily blood pressure reading taken at home, to improve treatment and to support patients' independence.
- 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 for effective because the shortfalls leading to the requires improvement rating for effective affected all population groups.

There were however areas of good practice:

- 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.
- 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.

### People with long-term conditions:

This population group was rated requires improvement for effective because the shortfalls leading to the requires improvement rating for effective affected all population groups.

There were however areas of good practice:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for patients with atrial fibrillation was higher than local and national averages.
- The practice's performance on quality indicators for other long-term conditions was in line with local and national averages.

### Families, children and young people:

This population group was rated requires improvement for effective because the shortfalls leading to the requires improvement rating for effective affected all population groups.

There were however areas of good practice:

- The practice's performance on quality indicators showed that two indicators for Childhood immunisation uptake rates were in line with the target percentage of 90% or above, however, two were below the national target. The practice told us that this was due to an error

## Are services effective?

in data collection. The practice showed us data collated by the Clinical Commissioning Group for 2017/18 which indicated that the practice had scored above the national target.

- 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 shortfalls leading to the requires improvement rating for effective affected all population groups.

There were however areas of good practice:

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

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because the shortfalls leading to the requires improvement rating for effective affected all population groups.

There were however areas of good practice:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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 the shortfalls leading to the requires improvement rating for effective affected all population groups.

There were however areas of good practice:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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.
- The practice's performance on quality indicators for patients with schizophrenia, bipolar affective disorder and other psychoses was above local and national averages. The practice's performance on quality for other mental health indicators was in line with local and national averages.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles, however, there were shortfalls in the



# Are services effective?

completion of necessary training needed by staff who were employed at the practice. Nurses, administration and dispensary staff had not received an appraisal within the last 12 months.

- 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.
- Not all staff had completed necessary training. For example, the majority of staff employed at the practice had not completed fire or infection control training. Not all staff had undertaken safeguarding adults or children training.
- The practice had implemented an online training system but had not identified necessary training for new and current staff.
- Up to date records of skills and qualifications were maintained. However, on the day of inspection we found that training records had not been update. The practice had provided updated training records, following inspection.
- The practice had not provided staff with ongoing support. There was an induction programme for new staff, however this had not identified specific training for staff. The practice did not offer one to one meetings or probation reviews to staff during induction, with the exception of one nurse who had regular meetings with another practice nurse. Five out of 25 staff members had received an appraisal within the last 12 months, all of which were GPs.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for

people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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 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.

- 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.



## Are services effective?

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated 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.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.
- The practice had undertaken a survey between September 2018 and December 2018. Results showed that 100% of respondents who were registered as carers rated the care and treatment received at the practice as good, very good or excellent. This was also reflected in the comments cards we received and during interviews with patients.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services .**

## 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 practice was a member of Farnham Integrated Care Services (FICS), which provided extended access to GP appointments between 6.30pm until 8pm Monday to Friday and between 9am until 12pm every Saturday. GPs at the practice worked regular shifts for the service to support patients from all practices that were members of FICS.
- 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:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

### People with long-term conditions:

- 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:

- 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. Records we looked at confirmed this.
- 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):

- 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.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

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

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice offered patients a walk-in and wait appointment system for all appointments. Patients were able to book routine appointments with nurses and health care assistants. All of the patients we spoke to were satisfied with the walk in and wait appointment system. All 31 comment cards we received were also positive about the appointment system. The practice

## Are services responsive to people's needs?

undertook a survey between September and December 2017. Out of the 194 respondents, 95% of patients stated that the walk-in appointment system was excellent or very good.

- 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.
- The practice's GP patient survey results were in line with or above local and national averages for questions relating to access to care and treatment.

### **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.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. 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. This was because of shortfalls**

The practice was rated as requires improvement for well-led because:

- There were shortfalls in the implementation of policies and procedures that promote good governance.
- Staff satisfaction was mixed. Some staff did not feel supported or confident that leaders would address concerns.

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, leaders had not demonstrated awareness of potential risks in relation to shortfalls identified within safety systems and effective staffing.
- Leaders at all levels were visible and approachable.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- The practice had successfully recruited two GPs in the last 12 months.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected. They were proud to work in the practice.

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns. However, some staff told us that concerns were not always addressed. Staff told us that the practice communicated change via email or notifications but felt that regular meetings would improve communication and address issues identified by staff.
- There were processes for providing clinical staff with the development they need. The majority of staff had not received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Eight out of 25 staff members had not received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were roles and systems of accountability to support good governance and management, however, they were not always effective.

- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Not all staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. For example, the GP who had recently taken over the safeguarding lead role had not received a handover and was not able to demonstrate their ability to search for identified vulnerable patients or access vulnerable patient lists.
- Policies and procedures had been created and there was evidence that these had been updated. However, not all policies were not fully embedded. Practice policies were not being consistently implemented in line with the information and protocols they detailed. In particular;

## Are services well-led?

- Not all staff had received necessary training, including safeguarding adults, safeguarding children, fire safety, and infection prevention and control.
- There were shortfalls in recruitment checks and risk assessment for the requirement of Disclosure and Barring Service (DBS) checks for staff employed at the practice.
- Fire drills had not been undertaken since 2014. The practice did not have fire marshals.
- An infection prevention and control internal audit had not identified shortfalls with staff training or gaps in cleaning schedules.
- Not all policies and procedures had been embedded. For example, not all staff were able to demonstrate the significant event reporting processes.

### Managing risks, issues and performance

There were processes for 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. Practice leaders had oversight of safety alerts, incidents, and complaints. However, there were shortfalls in the overview of actions taken following the receipt of safety alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice involved patients, the public and external partners to support high-quality sustainable services. However, there were shortfalls in engagement with staff via regular team meetings.

- A full and diverse range of patients' and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<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 not acted on all recommended action from a fire risk assessment.</li><li>• The practice had not undertaken a fire drill since 2014 and did not have a planned date scheduled to complete one.</li></ul> <p>This was in breach of regulation 12 (2) 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 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> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• An internal Infection Prevention and Control internal audit was not accurate and had not identified or addressed a lack of training or shortfalls in the monitoring of cleaning.</li><li>• The practice did not have a record that a Disclosure and Barring Service (DBS) check had been received for a member of staff.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The practice had not undertaken a risk assessment to establish DBS checks were required for administrators and dispensary staff employed at the practice.
- The practice did not have oversight of when necessary staff training had been completed or when refresher training was due to be undertaken.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met:**

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- The safeguarding lead had not been prepared or supported to undertake their role and responsibilities.
- There were shortfalls in necessary training required for staff to undertake their roles and responsibilities including safeguarding adults and children, basic life support, equality and diversity, fire safety and infection prevention and control.
- The practice did not have an induction policy and did not offer staff formal support or review during induction.
- The majority of staff had not received an appraisal within the last 12 months.

This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

### Regulation

This section is primarily information for the provider

## Requirement notices

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

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

### **How the regulation was not being met:**

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Satisfactory evidence of conduct in previous employed had not been obtained by the practice.

This was in breach of regulation 19 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.