

Orient Practice

Inspection report

75 Oliver Road
London
E10 5LG
Tel: 020 8430 8320
www.theorientpractice.co.uk

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

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Overall summary

This practice is rated as overall Inadequate

The key questions are rated as:-

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? - Inadequate

We carried out an unannounced comprehensive inspection at Orient Practice on 2 July 2018. This inspection was undertaken as there was a new provider of services at this location and we had received concerns regarding the leadership at the practice. The information we received raised concerns that the provider had significantly reduced the number of clinical appointments available to patients since registering the service without assessing the level of clinical sessions required. In addition, there were concerns specific to the supervision of staff, governance processes and access to care and treatment. The current provider of services commenced provision of services from this location in October 2017.

At this inspection we found:

- There was limited evidence that 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.
- There were no comprehensive risk assessments in relation to safety issues. For example, the practice did not have in place a risk assessment for not having certain emergency medicines on site.
- At the time of inspection we only had supporting data relevant to the previous registered provider, however the practice were unable to demonstrate how they are monitoring their current performance or the impact of signi
- We saw staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice did not follow-up on information of concern provided by professional bodies.
- The practice had systems to manage risk so that safety incidents were less likely to happen.

- Infection prevention and control processes were not embedded within the practice.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment.
- The practice could not evidence effective processes to develop leadership capacity and skills. This included planning for the future of the practice or providing a strategy and supporting business plans to achieve priorities identified at the practice.

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:

- To review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Establish a consistent approach in relation to practice contact with recently bereaved patients.
- Review how patients are able to access appointments at the service.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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

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

Population group ratings

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

Our inspection team

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

Background to Orient Practice

The Orient Practice is managed by Living Care Medical Services and is located in a purpose built building with one other practice and other community services within a residential area of Waltham Forest. The practice is a part of Waltham Forest Clinical Commissioning Group (CCG).

There are approximately 8,200 patients registered with the practice, 3% of which are aged over 60. Eighty percent of the practice population is in paid work or full-time education, which is higher than the CCG average of 69% and the national average of 62%. The practice has a large number of patients of eastern European decent and 38% of patients do not have English as a first language and require an interpreter.

The practice is managed by a local management team which oversees the running of a number of practices within London. The local management team includes leads for governance, nursing and practice management. The practice has one clinical GP lead, three male and three female (salaried and long-term locum) GPs. In addition, there are two nurse practitioners, one nurse in training and a healthcare assistant. We were unable to

identify the precise number of sessions undertaken by clinical staff at the practice, as management leads on the day of inspection were unable to provide us with this information. There is a deputy practice manager and eight reception/administration staff members.

The practice operates under an Alternative Provider Medical Services (APMS) contract (a locally negotiated contract open to both NHS practices and voluntary sector or private providers e.g. many walk-in centres).

The practice is open Monday to Friday between 8am and 8pm and Saturday between 8am to 1pm. Phone lines are open from 8am, appointments run concurrently throughout each day. The locally agreed out of hours provider covers calls made to the practice whilst it is closed.

The Orient Practice operates regulated activities from one location and is registered with the Care Quality commission to provide maternity and midwifery services, treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures.

Are services safe?

We rated the practice as inadequate for providing safe services.

Safety systems and processes

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

- There were ineffective systems in place to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. In addition, when we spoke with some members of non-clinical staff they knew how to identify but not how to report concerns.
- 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).
- There was some evidence that management at the practice took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We were concerned about information the practice had received regarding a serious event involving a member of staff and what the practice had done to act upon this information. When we approached members of the management team about what they had done in relation to this information, the management team was unable to clarify what action had been taken. We were told by the management team that they would forward us details of what had been done with this information, but we did not receive any further communication from the practice on this matter.
- The practice carried out appropriate staff checks at the time of recruitment, however there was no evidence that these checks were being conducted on an ongoing basis. The practice was not able to provide us with a copy of the practice medical indemnity insurance for relevant clinical staff.
- There was a system to manage infection prevention and control, however this system was not being adhered to. The practice had not commenced work on a number of actions identified at the last NHS England infection control audit which had been conducted in May 2018.
- The practice had some arrangements to ensure that facilities and equipment were safe and in good working

order. We noted that the practice had electrical equipment tested within the last twelve months. However, there was no evidence of equipment being calibrated.

- Arrangements for managing waste and clinical specimens did not keep people safe. We noted that there were sharps bins within the practice that were over filled and not locked.

Risks to patients

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

- There were some arrangements 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. These arrangements did not extend to all staffing groups within the practice.
- There was an effective induction system for temporary non-clinical staff tailored to their role.
- 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.
- There was little evidence to suggest that the practice assessed and monitored the impact on safety when changes occurred to services or staff.

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 an approach to managing test results, but this was not documented within the practice's policies and procedures.
- 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

Are services safe?

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment did not minimise risks. On the day of inspection, we noted there was no record of checks conducted on the emergency medicines, the oxygen or the defibrillator to ensure that they were fit for purpose.
- Not all clinical staff that prescribed, administered or supplied medicines to patients and gave advice on medicines did so in line with current national guidance. We found evidence that nursing staff prescribing was not regularly monitored. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was not always monitored in relation to the use of regular medication and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

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

- There were no comprehensive risk assessments in relation to safety issues. For example, the practice did not have in place a risk assessment for not having certain emergency medicines on site.

- There was some evidence that the practice monitored and reviewed activity. We viewed minutes of a monthly clinical meeting. This meeting was attended by regional clinical leads for the practices the provider were delivering services from and there was some learning shared at these meetings. However, there was no evidence from viewing the practice meeting minutes, that learning from issues relating to safety were discussed or measures put in place to lead to improvements.

Lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

- Staff we spoke to understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- We saw adequate systems for reviewing and investigating when things went wrong. There was no evidence that 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. However, the practice did not have a local system to manage medicine safety alerts which were cascaded from the centralised corporate leadership team.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as inadequate for providing effective services overall and across all population groups. We came to this decision as on the day of inspection and subsequent to the inspection, the provider was unable to provide (when asked) the inspection team with sufficient verified performance data. The lack of available data on the day of inspection led the inspection team to conclude that the service was not using performance data to inform decisions on how the practice was run.

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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice could not evidence that older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Additionally, there was no evidence that the practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty or that 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.
- Clinical staff we spoke with had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 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)

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- 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):

- We asked the practice for their recent Quality Outcomes Framework (QOF) score. The practice's told us uptake for cervical screening was 81%, which was above the 80% coverage target for the national screening programme. This figure has not been verified by NHS England.
- The practice's uptake for breast and bowel cancer screening was below the national average. The nursing team management lead was unable to discuss whether the practice was aware of their score or what action the practice are taking to improve uptake.
- There was no evidence that 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:

Are services effective?

- 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.
- The practice offered annual health checks to patients with a learning disability.

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

This population group was rated requires improvement for effective because:

- 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. However, there was no system for following up patients who failed to attend for administration of long term medication.
- 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.

Monitoring care and treatment

We had some evidence that the practice had a programme of quality improvement activity. However, the programme was not comprehensive and there was no evidence that it was routinely reviewed for the effectiveness and appropriateness of the care provided. Similarly, we had no evidence that clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was involved in quality improvement activity.

Effective staffing

Staff *had* the skills, knowledge and experience to carry out their roles. However, the practice did not have effective systems to regularly review staff performance and development needs.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were not accurately maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was no induction programme for new staff. There was no evidence that regular appraisals of non-clinical staff were occurring. Staff told us that they received coaching and mentoring, however we noted that an existing member of staff who had recently taken on a new role had not received appropriate training for the role. There was evidence clinical supervision and revalidation.
- There was an approach for supporting and managing staff when their performance was poor or variable, however this was not always adhered to.

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.

Are services effective?

- 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 did not have a process for ensuring consent was sought appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the key question of caring as requires improvement.

Kindness, respect and compassion

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.

Involvement in decisions about care and treatment

Staff 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, staff at the practice told us they would produce information for patients in larger type fonts 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 did not have evidence that they proactively identified carers. There was evidence that the practice provided some support to the carers who had been identified.

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 told us that they would challenge 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 key question of responsive as inadequate.

Responding to and meeting people's needs

The practice deliver services to meet patients' needs. It took account of patient needs and preferences.

- The practice had evidence to show that it understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- 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. GP's at the practice also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Appointments with nursing staff were available before and after school hours.

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. For example, the practice made appointments available on Saturdays.
- The practice offered health checks for those between the ages of 40 -75.

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.
- The practice ran a separate weekly clinical session for patients registered as violent to allow them access to clinical services. These sessions were attended by a GP and practice nurse.

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

- There was no evidence the practice held GP led dedicated mental health and dementia clinics.
- Clinical staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There was no evidence that the practice followed up patients who had not collected prescriptions for medication for conditions relating to mental health.

Timely access to care and treatment

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

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment. On the day of inspection, the inspection team looked at the number of appointments being offered to patients and

Are services responsive to people's needs?

offset this by the number of clinical hours available for the months of May and June 2018. We noted that the practice was offering significantly less than recommended number of appointment for the practice list size.

- Waiting times, delays and cancellations were not always minimal and were not always managed appropriately.
- We were told that patients with the most urgent needs had their care and treatment prioritised.

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. However, we saw no evidence that the practice learned lessons from individual concerns and complaints.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

Leadership capacity and capability

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

- Leaders we spoke to on the day of inspection did not display sufficient knowledge about issues and priorities relating to the quality and future of services. They did not have a comprehensive understanding of challenges and there was little evidence that the practice was addressing them. An example of this was the lack of work undertaken by the practice to remedy immediate actions identified on the practice's most recent infection control audit.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice could not evidence effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- The provider had significantly reduced the clinical capacity within the practice but could not demonstrate how they used performance data to inform the decision.

Vision and strategy

The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.

- Of the day of inspection, we were unable to obtain the vision and values (written or verbal) from the managers we spoke with. They were unable to supply us with a strategy and supporting business plans to achieve priorities identified at the practice.
- We were unable to assess whether the practice was providing services in line with health and social care priorities across the region, due to the lack of written strategy. Managers on the day of inspection told us that the practice planned its services to meet the needs of the practice population.

Culture

The practice did not have a culture of sustainable care.

- Staff stated they felt respected, supported and valued. They were happy to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers did not always act on concerns raised regarding staff behaviours and performance. We noted that the practice was in receipt of sensitive information regarding the investigation of a member of staff by their governing body. When we spoke the regional leads about what action the practice had taken in response to information received about this investigation we were told that no action had been taken.
- 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 and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need, but they were not always adhered to. We noted that there were no appraisals conducted since the registration of the provider for non-clinical staff.
- Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- The regional leads told us that they actively promoted equality and diversity. From the HR records we had access to, we noted that not all staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. There was however, evidence of governance and management of some external 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.

Are services well-led?

- Practice leaders had some policies, procedures and activities to ensure safety but they did not always assure themselves that they were operating as intended.

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- There was no evidence of an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was limited evidence that the practice had detailed processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- We saw little evidence that clinical audits had a positive impact on quality of care and outcomes for patients.
- The practice had no plans in place to manage major incidents. However, staff had received training for major incidents.
- There was no evidence that 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 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.

- There was little evidence that quality and operational information was used to ensure and improve performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. However, management leads could not tell us whether 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 some 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 did involve patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had a patient participation group.
- The service was not always transparent and open with stakeholders about performance. We noted that there was out-of-date information relating to the performance of the practice within the reception area.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	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>We issued the provider with a warning notice under Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment. The registered provider did not do all that was practicable to ensure that systems in place kept patients safe. Infection and prevention control processes were not effective. There was no evidence of discussion and learning from significant events. Not all emergency medicines recommended were held on site, and of those on site, not all were in date and fit for purpose. The practice did not have evidence of calibration of medical equipment used or evidence of a recent fire risk assessment. External concerns regarding staff members had not been acted upon and safeguarding systems were not consistent throughout the practice. Medical indemnity insurance for the practice was not available when requested. 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>We issued the provider with a warning notice under Regulation 17 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance. The registered provider did not do all that was practicable to ensure that systems in place provided good governance. There was no evidence of clinical leadership and adequate management capacity on site. There was no monitoring of Patient Specific Directions (PGD's) used by nursing staff. Policies and procedures</p>

This section is primarily information for the provider

Enforcement actions

were not practice specific. Safety alerts were not effectively investigated and recorded. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.