

Norvic Family Practice

Inspection report

5 Suffrage Street
Smethwick
West Midlands
B66 3PZ
Tel: 01215653760
www.norvicfamilypractice.co.uk

Date of inspection visit: 5 September 2018
Date of publication: 08/11/2018

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires improvement overall. (Previous inspection January 2018 -Inadequate overall)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at Norvic Family Practice on 16 January 2018. The overall rating for the service was Inadequate. Breaches of legal requirements were found and after the inspection we issued warning notices for Regulation 12: Safe care and treatment and Regulation 17: Good governance, HSCA (RA) Regulations 2014. The service was also placed into special measures.

We undertook a further inspection on 6 June 2018 to confirm that the service had carried out their plan to meet the legal requirements in relation to the warning notices issued. During the inspection we found the service had met the requirements of the warning notice. However, ongoing improvements were still required. We issued a requirement notice for Regulation 17: Good governance HSCA (RA) Regulations 2014.

The previous inspection reports for the service can be found by selecting the 'all reports' link for Norvic Family Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 5 September 2018. The purpose of the inspection was to confirm if the service had made sufficient improvements and be removed from special measures. We did not visit the branch practice site as part of this inspection, which is known as Norman Road Surgery and located at 110 Norman Road, Smethwick, West Midlands B67 5PU. However, we followed up actions and reviewed evidence in relation to it.

At this inspection we found:

- There were some systems and processes in place to keep people safe such as the appropriate and safe use of medicines and safeguarding procedures. However, not all risks had been assessed and managed effectively.
- The practice reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence based guidelines. However, improvements were required in areas such as the uptake of cervical and bowel cancer screening, asthma reviews and the high exception reporting rates for diabetes.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients did not find the appointment system easy to use and reported that they were not always able to access care when they needed it.
- The complaints system was not robust to ensure complaints were responded to effectively and in a timely manner.
- There was a lack of leadership oversight to ensure good governance. Systems and processes were not always embedded to ensure risks were assessed and managed and improvements sustained.

The areas where the provider **must** make improvements as they are in breach of regulations.

- 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

- Review the exception reporting rates for diabetes to see if improvements can be made to ensure patients are exception reported only when appropriate.
- Consider how to further increase uptake for cervical screening to ensure the minimum coverage target for the national screening programme is met.
- Improve the review rates of patients with asthma.
- Promote the uptake for bowel cancer screening to ensure results are in line with the national average.
- Explore ways to improve staff engagement with patients to ensure patients experience are positive.
- Review the findings of the national GP survey and consider ways to improve patient satisfaction in relation to access to appointments and getting through to the practice by phone.

Overall summary

This service was placed in special measures in March 2018. During this inspection we identified that insufficient improvements had been made such that there remains a rating of inadequate for safe and requires improvement for effective, responsive and well led. We have met with the providers to discuss the on-going non-compliance with the regulations.

I am extending the period of special measure for a further six months. 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.

Population group ratings

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

Our inspection team

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

Background to Norvic Family Practice

Norvic Family Practice is located in Smethwick, a town in Sandwell in the West Midlands. It is four miles west of Birmingham city centre and borders West Bromwich to the north and Oldbury to the west. There is access to the practice by public transport from surrounding areas. There are parking facilities on site.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract allows the practice to deliver primary care services to the local communities. The practice currently has an approximate list size of 9150 patients. The practice provides GP services commissioned by NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with high levels of deprivation with a score of level one. Level one represents the most deprived areas and level 10, the least deprived. The age distribution of the practice population broadly follows that of the national average.

Norvic Family Practice (based in Victoria Health Centre) is the main site of the practice and is based at 5 Suffrage Street, Smethwick, West Midlands, B66 3PZ and operates from a purpose built premises. Patient services are available on the ground level of the building. The

premises is also shared with another GP practice and other healthcare professionals including district nurses, health visiting teams, physiotherapy and chiropody specialists. The practice has a branch site located at 110 Norman Road, Smethwick, West Midlands B67 5PU.

The practice is currently managed by three GP partners (one male, two female). The partners also employ a salaried GP. They are supported by one practice nurse, one healthcare assistant, a practice manager and a team of administrative and clerical staff.

The main site (Victoria Health Centre) is open from 8am to 8pm Mondays, Tuesdays, Wednesday and Fridays. On Thursdays it is open from 8am to 2pm after which patients can access the service at the branch site at Norman Road.

The branch site at Norman Road is open from 8am to 6.30pm Mondays, Tuesdays, Thursdays and Fridays. The practice is open on until 2pm on Wednesdays, after which patients can access the service at the main site (Victoria Health Centre).

There is extended opening hours from 6.30pm to 8pm at Norvic Family practice and Saturdays from 9am to 11.30am and Sundays from 9am to 11.30am at Norman Road Family Surgery.

When the practice is closed services are provided by an out of hours provider (Primecare) who are reached through the NHS 111 telephone service.

Are services safe?

We inspected the practice in January 2018, we rated the practice as Inadequate for providing safe services and issued a warning notice. Patients were at risk of harm because systems and processes were not in place to keep them safe. This included the management of medicines, safeguarding procedures and a lack of robust risk assessments. We undertook a further inspection in June 2018 and found improvements in the management of medicines and safeguarding. However, not all areas for improvement had been addressed. This included recruitment, health and safety risk assessments and significant events. During this inspection ongoing improvements were still required.

We rated the practice as inadequate for providing safe services.

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

- Not all risks had been assessed and managed, such as health and safety, infection prevention and control and the timely review of information relating to patients care and treatment. Risk assessments often lacked detail to ensure the effective management of the risk.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Staff who acted as chaperones were trained for their role and had received a standard DBS check. The practice had completed a risk assessment as an enhanced check had not been completed. (Enhanced DBS with a barred list check will 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 plans for an enhanced check to be completed for all staff who undertook chaperoning duties.
- 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 had made improvements to the system for obtaining and recording appropriate staff checks undertaken at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control. However, improvements were required to ensure the standard of cleaning was monitored.
- The practice had arrangements to ensure that equipment was in good working order. Individual risks associated with the facilities and premises had been assessed however, the risk assessment lacked detail and there was no overall health and safety assessment. Fire risk assessment for the main practice was not accessible.
- 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.
- There was an effective induction system for temporary staff tailored to their role such as locum GPs. However, there was no formal induction programme for a newly appointed member of staff, a checklist was present which include the key areas to cover. However, following the inspection the practice provided evidence of an induction programme they would be implementing.
- 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 and had received appropriate training.
- 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 did not always have the information they needed to deliver safe care and treatment to patients.

Are services safe?

- The care records we saw showed that information needed to deliver safe care and treatment was not always available to staff. Information relating to patients care and treatment had not been reviewed and actioned
- There was a documented approach to managing test results however, this was not consistently followed as not all correspondences had been actioned.
- 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 systems in place 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. However, we saw that a letter sent to the practice electronically relating to a change in a patient's medication had not been actioned due to a backlog in the system.
- 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.

Track record on safety

The practice had improved the systems in place to identify and monitor risks to patient safety however, there were gaps and inconsistencies.

- There were risk assessments in relation to safety issues although some were not comprehensive.
- The practice monitored and reviewed activity. However, these were not fully effective to help understand risks and provide a clear, accurate picture of safety to ensure safety improvements were implemented and sustained.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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 inspected the practice in January 2018, we rated the practice as requires improvement for providing effective services. There was no evidence of a formal approach to the management of patients with long term conditions. Staff did not feel empowered to raise concerns or issues to improve the service with management. There was a lack of effective systems to monitor the of care and treatment, only one full cycle audit had been completed.

We rated the practice as requires improvement for providing effective services overall. This is because we rated the practice as requires improvement for population groups, people with long-term conditions and working age people (including those recently retired and students).

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

- Systems and processes were in place to ensure patients care and treatment needs were effectively managed in line with evidence based practice. However, improvements were required in the uptake of screening for cervical and bowel cancer and the reviews of patients with asthma and diabetes.

Effective needs assessment, care and treatment

The practice did have systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed 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:

This population group was rated good for effective services because:

- 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.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- The practice exception reporting rate was higher than the local and national averages for diabetes. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. We were not provided a clear explanation as to why there was a high exception reporting in this area.
- The practice's performance on quality indicators for long term conditions was mostly comparable with local and national averages. However, the practice was lower than local and national averages for asthma reviews.
- 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.

Families, children and young people:

This population group was rated good for effective because:

- Childhood immunisation uptake rates was slightly below the target percentage of 90%. The practice was aware and taking action to improve uptake.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was rated requires improvement for effective because

- The practice's uptake for cervical screening was 64%, which was comparable with local and national averaged

Are services effective?

however, below the 80% coverage target for the national screening programme. The practice followed up women who did not attend and had recently appointed an additional nurse to help improve uptake.

- The practice's uptake for breast screening was in line with the local and national averages. The practice's uptake for bowel cancer screening was in line with the local average and below the national average. The practice had recently appointed an additional nurse which they anticipated would help improve uptake by promoting screening.
- 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 good for effective because:

- End of life care was delivered in a coordinated way which took into account the needs of those 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.
- 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 good 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.
- 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 had a higher than local and national average exception reporting rate for patients with

dementia who had their care plan reviewed in a face to face review in the preceding 12 months. We looked at the reason for the exception reporting and saw that patients had been exception reported appropriately.

Monitoring care and treatment

The practice had a programme of quality improvement activity.

- Quality and Outcomes Framework (QOF) data showed that patient outcomes were mostly comparable with local and national averages.
- The practice used information about care and treatment to make improvements.
- The practice was involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills and knowledge to carry out their roles.

- 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.
- There was evidence of staff training, appraisals and revalidation. However, up to date records of skills, qualifications and training was not maintained. We saw evidence that the practice manager was in the process of formulating a system to record this information.

Coordinating care and treatment

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

Please refer to the evidence tables for further information.

Are services caring?

We inspected the practice in January 2018, we rated the practice as good for providing caring services.

We rated the practice as good for caring.

- The practice was rated as good for caring because the overall feedback from patients showed that staff were kind, caring and helpful and patients were treated with dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was overall positive about the way staff treat people. However, there were a small number of comments relating to patients experiencing negative attitude and behaviour from staff.
- Staff understood patients' personal, cultural, social and religious needs.
- The results of the national GP survey 2018 showed that patients responded positively to the question relating to care and concern. However, the practice score for how good the healthcare professional was at listening was 74%. The local average was 83% and the national average was 89%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example, communication aids.
- Staff helped patients and their carers find further information and access community services.
- The practice identified carers and supported them.
- The results of the national GP survey 2018 showed that patients responded positively to questions relating to being involved in decisions about their 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 inspected the practice in January 2018, we rated the practice as requires improvement for providing responsive services. Areas for improvement included not operating a formal recall system for medicine reviews which affected all the population groups and a lack of systematic process for reviewing patients with long term conditions. During this inspection ongoing improvements were still required.

We rated the practice, and all of the population groups, as requires improvement

The practice was rated as requires improvement for responsive because:

- Patients were not always able to access the service in a timely manner. The complaints system was not robust.

Responding to and meeting people's needs

The practice delivered services to meet patients' needs.

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

Older people:

This population group was rated requires improvement because the overall rating for responsive is requires improvement and the concerns identified effect all of the population groups.

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

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

This population group was rated requires improvement because the overall rating for responsive is requires improvement and the concerns identified effect all of the population groups.

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

Families, children and young people:

This population group was rated requires improvement because the overall rating for responsive is requires improvement and the concerns identified effect all of the population groups.

- 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):

This population group was rated requires improvement because the overall rating for responsive is requires improvement and the concerns identified effect all of the population groups.

- 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, extended opening hours and weekend appointments.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

This population group was rated requires improvement because the overall rating for responsive is requires improvement and the concerns identified effect all of the population groups.

- 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 able to register with the practice, including those with no fixed abode.

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

This population group was rated requires improvement because the overall rating for responsive is requires improvement and the concerns identified effect all of the population groups.

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with mental health needs were offered health reviews to assess their overall health.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

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 with the most urgent needs had their care and treatment prioritised.

- Home visits were available for elderly or housebound patients.
- Some patients reported that the appointment system was not easy to use, they told us that they had experienced difficulties getting through to the practice by phone and accessing routine appointments.
- The results of the national GP survey 2018, showed that getting through to the practice by phone, satisfaction with appointments times and patients experience of making an appointment was not in line with the national average.

Listening and learning from concerns and complaints

The practice did not have an effective system to record and respond to complaints to help improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. However, the policy was not reflected in practice. We saw that complaints were not always responded to in a timely manner and not all complaints had been recorded.
- There was a designated responsible person who handled all complaints in the practice. However, there was no arrangement in place to manage complaints in their absence and we saw that there had been delays in response times.

Please refer to the evidence tables for further information.

Are services well-led?

We inspected the practice in January 2018, we rated the practice as inadequate for providing well led services and issued a warning notice. The practice did not have establish effective systems and processes to support the delivery of good quality care and enable the practice to identify and monitor risks. This was reflected by a lack of robust system and processes in areas such as recruitment, infection prevention and control, medicine management, fire safety, significant events and patients safety alerts. We undertook a further inspection in June 2018, and found improvements in the management of medicines. However, not all areas for improvement had been addressed. This included recruitment checks, health and safety risk assessments and significant events.

During this inspection we found a number of positive changes had been implemented and this was reflected in significant improvements for example, the management of medicines and the system for reporting and acting on significant events. However, not all areas for improvement had been fully addressed although there was a commitment and willingness from the partners and manager to improve.

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

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

- There was a lack of effective leadership oversight to ensure good governance. Systems and processes were not always embedded to ensure risks were assessed and managed and improvements sustained.

Leadership capacity and capability

Leaders had insufficient capacity to ensure systems and processes were in place to deliver a high quality service consistently.

- Leaders were aware of the issues and priorities relating to the quality and future of services. They understood the challenges and were committed to addressing them.
- Leaders at all levels were visible and approachable, the practice manager shared their time between the two practices.
- The practice was developing processes to ensure leadership capacity and skills, including planning for the future leadership of the practice.

- There was evidence of improvements made since the previous inspections. However, not all areas had been fully addressed. There was a lack of effective quality monitoring to ensure changes were fully embedded.

Vision and strategy

The practice had a vision and was committed to delivering high quality, sustainable care.

- The practice 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
- There was a vision and set of values, staff were aware of and understood the vision, values and their role in achieving them. However, there was a lack of effective leadership to ensure the vision was being delivered and there was no system in place to assess and monitor progress.

Culture

A culture of open and honesty was encouraged with the aim to deliver high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, the complaints system was not robust and not aligned with the culture in the practice.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and support to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. There was evidence that some of the staff had received equality and diversity training. However, it was not clear if all staff had training as there was no overall recording system in place.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

The systems of accountability to support good governance and management lacked effective oversight

- Structures, processes and systems to support good governance and management were in place however, they were not always clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, there was lack of effective quality monitoring systems to ensure effectiveness.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, policies were not always embedded resulting in inconsistencies for example, the complaints process did not always reflect the policy.
- Practice leaders were looking to recruit additional staff to increase management capacity.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, however, some were not clear or effective.

- There were systems and processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. For example, patient safety alerts and significant events. However, there were gaps and inconsistencies such as infection prevention and control, health and safety and complaints.
- Practice leaders did not always have oversight of potential risks such as complaints and the management of workflow.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents. However, not all staff had access to the plan.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- 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. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

There was insufficient engagement with patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had completed an internal survey however, it was difficult to see how this had improved outcomes for patients and impacted positively on patients experience of the service.
- Patients views and concerns were encouraged and heard, the lack of a robust complaints system meant that these may not always be acted on to shape services and culture.
- There was a patient participation group however, there was a lack of evidence to demonstrate engagement and collaborative working

Continuous improvement and innovation

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

- Learning and improvement was encouraged through staff appraisals and meetings. However, the lack of a formal monitoring system for staff training did not ensure training needs could be easily identified and acted on.
- The practice made use of internal and external reviews of incidents and patient safety alerts. Learning was shared and used to make improvements.
- Clinical audits provided opportunity to learn and improve.
- There was a lack of evidence to demonstrate innovative practice.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met. There were a lack of effective systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Risk assessments for staff member that acted as chaperones in the absence of a DBS check at the appropriate level for their role were not robust.• Fire risk assessment for the branch practice lacked important detail. There were no records of the fire risk assessment for the main practice.• The practice had not completed a general health and safety risk assessment that covered all areas of both practices.• The risk assessment for the control of substance hazardous to health (COSHH) for the branch practice lacked important detail.• Infection prevention and control procedures were not robust.• Correspondences relating to patients care and treatment had not been acted on. <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">• The complaints system was not robust to ensure a timely response to complaints in order to learn and improve the service.

This section is primarily information for the provider

Requirement notices

- There was a lack of leadership oversight and insufficient capacity to implement and sustain improvements. Structures, processes and systems to support good governance were not fully effective.