Mexborough Health Centre

Quality Report

Health Centre
Mexborough
Doncaster
S64 0BY
Tel: 01709 590590
Website:

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 6

Detailed findings from this inspection

Our inspection team 8

Background to Mexborough Health Centre 8

Why we carried out this inspection 8

How we carried out this inspection 8

Detailed findings 10

Action we have told the provider to take 17

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mexborough Health Centre on 16 August 2016. The overall rating for the practice was good with requires improvement for being well-led. A further inspection took place on 16 March 2017 and the practice was good with requires improvement for being well-led. The full comprehensive report from the previous inspections can be found by selecting the 'all reports' link for Mexborough Health Centre on our website at www.cqc.org.uk.

This announced focused inspection was to review that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 March 2017. In addition, following feedback to the Care Quality Commission which raised specific concerns about care and treatment, this inspection reviewed the safe and effective domains.

Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Some risks to patients were assessed and managed others required review. For example, the provider did not have access to a defibrillator and we were told they shared the defibrillator with the dental service co-located in the same building. The dental service were unaware of this. We found a set of resuscitation guidelines dated 2008 in a treatment room. These have since been updated by the Resuscitation Council (UK) guidelines in 2015.
- Data showed patient outcomes were above the national average. Some audits had been carried out and we saw evidence procedures had changed, although this was not consistently cascaded to all staff.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review. For example,the adult and child safeguarding policies were not practice specific, overdue a review from July 2016 and also contained out of date contact details.

The areas where the provider must make improvements are:

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Encourage staff to the record the details of incidents on the recording forms.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were thorough enough and lessons learned were communicated to support improvement.
- Although some risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, the adult and child safeguarding policies were not practice specific and overdue a review from July 2016 and also contained out of date contact details.
- The provider did not have access to a defibrillator and we were told they shared the defibrillator with the dental service co-located in the same building. The dental service were unaware of this. We found a set of resuscitation guidelines dated 2008 in a treatment room. These have since been updated by the Resuscitation Council (UK) guidelines in 2015.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance. However, the process to cascade alerts to staff and action taken in response required review.
- Clinical audits demonstrated some quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The providers' governance and risk management procedures required further review. For example, the providers own fire risk

assessment for the areas of the premises they occupied had not been completed since our last visit. The provider had not considered other risks that may affect the running of the practice such as staffing levels and the absence of a defibrillator.

- Practice specific policies were available to staff on the shared drive. However, we noted some were incomplete and previous paper versions were available to staff. For example, a paper copy of the clinical commissioning group child safeguarding policy dated July 2016 for review in July 2016 was kept for staff to refer to. This contained out of date contact names and telephone numbers. Clinical staff told us they would use the online system for future referrals.
- The practice fire policy and vulnerable adults policy both consisted of three to four sentences and did not contain specific principles to follow. The practice locum introduction pack did not contain details of the staff leads and who to contact with safeguarding concerns.

Summary of findings

The six population groups and what we found

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

Older people
The practice is rated as requires improvement for the care of older people.

Concerns relating to the safety and well-led domains identified during this inspection on 18 September 2017 apply to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement

People with long term conditions
The practice is rated as requires improvement for the care of people with long term conditions.

Concerns relating to the safety and well-led domains identified during this inspection on 18 September 2017 apply to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement

Families, children and young people
The practice is rated as requires improvement for the care of families, children and young people.

Concerns relating to the safety and well-led domains identified during this inspection on 18 September 2017 apply to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement

Working age people (including those recently retired and students)
The practice is rated as requires improvement for the care of working age people (including those recently retired and students).

Concerns relating to the safety and well-led domains identified during this inspection on 18 September 2017 apply to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement

People whose circumstances may make them vulnerable
The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

Concerns relating to the safety and well-led domains identified during this inspection on 18 September 2017 apply to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people living with dementia).

Concerns relating to the safety and well-led domains identified during this inspection on 18 September 2017 apply to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement

Mexborough Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector and a GP specialist adviser.

Background to Mexborough Health Centre

Mexborough Health Centre is located in Mexborough on the outskirts of Doncaster. The practice provides services for 5,887 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the second most deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area.

The practice has two female GP partners. They are supported by locum advanced nurse practitioners, a practice nurse, two healthcare assistants, a practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6.30pm Monday to Friday and from 8am to 1pm on Thursdays. Early morning and late evening appointments are available on weekdays by request and appointments with GPs are available during the lunchtime period. Appointments with all staff are available during the practice opening hours. A phlebotomy service with the healthcare assistant is available daily. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that need them.

The practice is located in a purpose built health centre with parking to the front of the building and accessible facilities.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 we noted GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners currently at the practice. We were told this would be addressed following the inspection and the appropriate applications and notifications submitted to remove a partner and add a new registered manager.

Why we carried out this inspection

We undertook a comprehensive inspection of Mexborough Health Centre on 16 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement for being well-led. We undertook a follow up focused inspection of Mexborough Health Centre on 16 March 2017 and the practice was rated as good with requires improvement for being well-led.

The previous reports can be found by selecting the 'all reports' link for Mexborough Centre on our website at www.cqc.org.uk. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and following feedback to the Care Quality Commission which raised specific concerns about care and treatment, this inspection reviewed the safe and effective domains.

How we carried out this inspection

We carried out an announced focus inspection of Mexborough Health Centre on 18 September 2017.

During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice manager, practice nurse, healthcare assistant and reception staff).
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 16 August 2016 the practice was rated as good for providing safe services. We carried out a focused announced inspection of the Mexborough Health Centre on 18 September 2017 following feedback to the Care Quality Commission which raised specific concerns about patient care and treatment. This inspection report covers the specific areas we reviewed as a result of the feedback received and observations made during this inspection.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system which the practice manager would complete on behalf of staff. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

Some of the systems, processes and practices in place to minimise risks to patient safety required review.

- There was a lead member of staff for adult safeguarding and another for child safeguarding. Staff were aware of the safeguarding leads and local contact numbers to report concerns too. However the adult and child safeguarding policies were not practice specific, overdue a review from July 2016 and also contained out of date contact details. The correct contact numbers for the Doncaster and Rotherham safeguarding teams were displayed in the treatment rooms. Staff told us they made referrals via the web based systems for the relevant area. From the sample of three documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.

Requires improvement

Are services safe?

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed a personnel file for a temporary member of staff recruited since our last inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references and qualifications. The member of staff did not have a DBS completed prior to employment as they did not interact with patients. The provider did not have a risk assessment for a DBS not being completed.

There were systems in place to check with the agency that locum GPs and advanced nurse practitioners provided met requirements such as having current professional indemnity, registration with the appropriate professional body, DBS checks and were on the National Performers' list. (The National Performers' list provides a degree of reassurance that GPs are suitably qualified, have up to date training and have passed other relevant checks such as with the Disclosure and Barring Service).

Monitoring risks to patients

There were some procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- A recent fire risk assessment had been completed by the landlord of the premises. The providers own fire risk assessment for the areas of the premises they occupied had not been completed since our last visit.
- Regular fire drills had recently been undertaken and there were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice arrangements to respond to emergencies and major incidents required review.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the store cupboard and treatment rooms and staff knew of their location. All the medicines we checked were in date and stored securely.
- Oxygen with adult and children's masks were available. Staff documented daily checks of the oxygen but did not record any checks of emergency medicines. The medicines we checked were in date. We found a set of resuscitation guidelines dated 2008 in a treatment room. These have since been updated by the Resuscitation Council (UK) guidelines in 2015.
- The provider did not have access to a defibrillator and we were told they shared the defibrillator with the dental service co-located in the same building. The dental service were unaware of this.

The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for utility companies.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 August 2016 the practice was rated as good for providing effective services. We carried out a focused announced inspection of the Mexborough Health Centre on 18 September 2017 following feedback to the Care Quality Commission which raised specific concerns about patient care and treatment. This inspection report covers the specific areas we reviewed as a result of the feedback received and observations made during this inspection.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE online and used this information to deliver care and treatment that met patients' needs. However, the practice system to record updates required review. Staff told us they received emails with updates and copies were kept in a file which documented the action taken. The most recent update in the file was dated 14 September 2016, however staff discussed more recent updates with us, of which actions taken were not recorded centrally.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.9% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.3% and national average of 98%. The exception reporting was 11.7% which was 2.5% above the CCG average and 1.9% above the national average. (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). Data from 2015/16 showed:

- Performance for diabetes related indicators was 3% above the CCG average and 10% above the national average.
- Performance for mental health related indicators was 3% above the CCG average and 7% above the national average.

There was some evidence of quality improvement including clinical audit. There had been three clinical audits commenced in the last two years, one of which was a completed audit where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring review of all patients who were at risk of a fragility fracture were offered appropriate medication as recommended by NICE.

Another audit referred to a review of patients who were prescribed medicines by hospital and community staff. The audit recommended review codes be used on the patient record system to identify these patients. We asked staff for a copy of the updated process and were provided with two different procedures. Not all staff in the practice were clear what process was being followed.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions. Patient's with newly diagnosed long term conditions would be reviewed by the practice nurse. Healthcare assistants would contribute to long term condition reviews by performing tasks such blood pressure recording, spirometry reading and taking blood samples, which they were trained for. They followed protocols and if any of the investigations were outside of the required range they would seek advice from the on-call GP. Healthcare assistants were trained in and had appropriate indemnity cover to perform these tasks.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. 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.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- A counsellor held a weekly clinic offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.
- Staff also referred patients to the social prescribing project in Doncaster. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt.
- A podiatrist held a clinic in the practice three times a week for patients registered at the practice and from the local area. This enabled diabetic patients to have regular foot checks at the practice.
- The community nurses also held a clinic at the practice three times a week for complex dressings and ear care. The patient participation group were instrumental in campaigning to keep this service at the practice for patients and people from the local area.
- Patients with multiple long term conditions attended one appointment to review all of their conditions rather than attending for several appointments.

The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 82% and the national average of 81%.Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the CCG and national averages. For example, all under two year olds received the vaccine and 98% for five year olds.

Good

Are services effective?

(for example, treatment is effective)

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 16 March 2017 we rated the practice as requires improvement for providing well-led services as the governance and risk management procedures were not adequately implemented and required further review.

Vision and strategy

Staff spoke enthusiastically about working at the practice and they told us their role was to provide the best care to patients. The vision was currently under review by the partners and practice manager.

Governance arrangements

There had been some improvement in the providers' governance and risk management procedures, however, others required further review. For example, the provider had chased up the outstanding actions identified in the landlords fire risk assessment of the building and the infection control and prevention audit had been completed. There was now hot water in the treatment rooms. However the provider, as part of their obligations as a tenant, did not have a fire risk assessment for the areas of the building they occupied.

Staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, however this was not documented within the practice and shared with GP and advanced nurse practitioner locums.

The provider had started a review of existing policies and procedures, allocating a number to completed each month. Practice specific policies were available to staff on the shared drive, however, we noted some were incomplete or older versions kept on paper. For example, a paper copy of the clinical commissioning group child safeguarding policy for review in July 2016 was kept for staff to refer to. This contained out of date contact names and telephone numbers. Clinical staff told us they would use the online system for future referrals. The practice fire policy and vulnerable adults policy both consisted of three to four sentences and did not contain specific principles to follow. The practice locum introduction pack did not contain details of the staff lead roles and who to contact with safeguarding concerns.

The provider had completed some clinical and internal audit's which were used to monitor quality and to make improvements. However,updates to policies and procedures within the shared drive were not consistently managed and two versions of the same procedure existed.

Staff were invited to attend quarterly practice meetings which provided an opportunity for staff to learn about the performance of the practice. Learning from complaints and incidents was also shared at these meetings.

The provider had reviewed the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions relating to the environment and premises. For example, the risk registered contained details of a recent needlestick injury and issues with a toilet that had been resolved. However, the provider had not considered other risks that would affect the running of the practice such as staffing levels and the absence of a defibrillator.

Leadership and culture

Since our last inspection a partner, also the registered manager, had left the practice creating a GP vacancy the provider was trying to recruit to. The provider was currently employing advanced nurse practitioners through an agency to review patients requesting a same day appointment presenting with certain conditions. The provider was currently reviewing this provision in the longer term.

The provider was aware of and had systems to comply with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).The partners encouraged a culture of openness and honesty and from the five documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

The practice held multidisciplinary meetings to which district nurses and community health staff and matrons

Are services well-led?

Requires improvement

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

were invited. Communication from the meetings was captured within the patient notes. The practice nurse held quarterly meetings with health visitors to monitor vulnerable families and safeguarding concerns.

Staff told us the practice held quarterly team meetings and there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group campaigned to keep the community nursing clinics at the practice.

The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **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.** **How the regulation was not being met** • In particular the provider, as part of their obligations as a tenant, did not have a fire risk assessment for the areas of the building they occupied. • The provider did not consider other risks that would affect the running of the practice such as the absence of a defibrillator. There was additional evidence of poor governance. In particular: • Practice specific policies were available to staff on the shared drive, however we noted some were incomplete or older versions kept on paper. In particular the adult and child safeguarding policies were not practice specific, overdue a review from July 2016 and also contained out of date contact details. The practice fire policy and vulnerable adults policy both consisted of three to four sentences and did not contain specific principles to follow. The practice locum introduction pack did not contain details of the staff lead roles and who to contact with safeguarding concerns. **Regulation 17(1)**