Woodlands Medical Practice

Inspection report

Woodlands Medical Practice
9 Maple Road Brooklands
Manchester Lancashire
M23 9RL
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as requires improvement. This practice is registered with a new provider.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

We carried out an announced comprehensive inspection at Woodlands Medical Practice on 10 May 2018. The GP provider for this service took over running this practice on 1 April 2017 and was registered with the CQC in September 2017.

This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had a long standing experienced staff team committed to providing a quality service to patients. However the staff team acknowledged the recent changes at the practice had been challenging and they did not always feel involved in the changes that had been made.
- The practice had not reviewed the impact of changes made to the quality of service provided.
- Patients we spoke with were positive about the practice and the service they received. 19 out of 26 comment cards also referred positively to the service. However six comment cards and other comments made on NHS Choices referred to concerns including lack of access to appointment.
- The practice did not have systems in place to respond to patient safety alerts potentially putting patients at risk.
- The practice did review and respond to other safety incidents such as complaints and significant incidents. The practice learned from them and improved their processes.
- Governance arrangements to monitor and review the service provided were not fully established.
- Staff involved and treated patients with compassion, kindness, dignity and respect. The practice provided examples where patients with disabilities were supported to attend GP appointments and contribute to the patient participation group.
- Patient access to routine appointments in the early evening was limited and this potentially impacted on working patients.
- The GP provider was committed to developing and improving the service, however current systems of communication to share these improvements with staff and patients were not effective.

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:

- Continue to identify and support patients who are also carers.
- Consider the re-introduction of the patient newsletter to improve communication.
- Consider a business development plan and strategy, with action plans to support the practice in meeting future challenges and priorities.
- Consider updating of the practice website

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

Population group ratings

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

Our inspection team

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

Background to Woodlands Medical Practice

Woodlands Medical Practice is situated at 9 Maple Road, Brooklands, Manchester, M23 9RL. The practice is part of the NHS Manchester Clinical Commissioning Group (CCG). The practice provides services under a General Medical Services contract with NHS England and has 3320 patients on its register. The practice website address is

The surgery is provided from a two-storey former residential house. The majority of patient services are provided on the ground floor. However one consultation room on the first floor is currently used for those patients who confirm they can safely use stairs. The ground floor offers a ramped access entry and disabled toilet facilities. A hearing loop is also available.

Information published by Public Health England, rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Data for the male and female life expectancy in the practice geographical area is not currently available.

The practice has a slightly higher number of patients over the age of 65, 16% compared with the CCG average of 10% and reflects the England average of 17%. The practice has 56% of its population with a long-standing health condition, which is slightly higher than the CCG average of 53% and the England average of 54%.

The practice manager confirmed the practice opening hours are from 8am to 6.30pm Monday to Friday and extended hours appointments are offered on Monday between 6.30pm and 7.30pm. When the practice is closed, patients are able to access out of hours services by telephoning NHS 111.

There are three part time GPs, one male and two female, two part time practice nurses, one health care assistant, one practice manager, one secretary and a team of reception staff.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Requires improvement

Are services safe?

We rated the practice requires improvement for providing safe services.

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. One GP provided a recent example of the interagency working when a concern had been identified. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and all but two staff had received a DBS check. A risk assessment to mitigate any potential risks to patients by using unchecked staff was not in place. (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.) .
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However comprehensive recruitment checks for locum GPs were not consistently undertaken.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe. The practice had a Control of Substance Hazardous to Health (COSHH) policy in place; however safety data sheets were not available.

Risks to patients

Systems to assess, monitor and manage risks to patient safety required improvement.

- The GP provider had slightly altered reception staffing arrangements which meant the practice manager and or the secretary had to provide holiday cover when staff were on holiday. The impact of this on the role, responsibilities and accountabilities of the practice manager and secretary had not been assessed. During the week of our inspection there were three days when reception staff were required to work alone, to answer incoming calls, deal with face to face patient enquiries and prescription requests.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. A penicillin medicine to respond to suspected meningitis was available however an alternative or risk assessment to mitigate risks to those who maybe allergic to penicillin was not available.
- 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.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Systems for authorising patient group directions (PGDs) required implementing. PGDs are authorised instructions to allow nursing staff to administer medicines to patients these include for example vaccines.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had an antimicrobial guidelines policy document and copies of the Greater Manchester antimicrobial guidelines from January 2018 were available. The practice confirmed

Requires improvement

Are services safe?

that they had not received any recent data from the clinical commissioning group (CCG) to enable them to review their antibiotic prescribing. The practice manager confirmed they would request this.
- 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 safety record required improvement.

- The practice did not have systems in place to respond to patient safety alerts which potentially compromised the health and wellbeing of patients. Three recent patient safety alerts had not been responded to. Systems to respond and action these were not in place.
- There were some risk assessments in relation to safety issues available including fire safety, legionella and infection control. Other areas to mitigate risk required improvement.
- The practice monitored and reviewed some activity. This helped it to understand some risks.

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.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

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

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 the 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:

This population group was rated good for effective because:

- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs. The practice was in the process of undertaking frailty assessments of patients aged 65 years and over. At the time of our visit 32 patients had been assessed as moderately at risk and three patients assessed as being at severe risk. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital and ensured that patient care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice used the Quality Outcomes Framework (QOF) to monitor performance and effectiveness. (QOF is a system intended to improve the quality of general practice and reward good practice.) The QOF data recorded in the evidence table refers to a period when the previous GP provider delivered the service.

People with long-term conditions:

This population group was rated good for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through Out of Hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention.
- Patients with suspected hypertension were offered home blood pressure monitoring using a template devised by the practice. The GP contacted the patients by telephone following submission of the completed blood pressure record to discuss the results and treatment plan as required.
- Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The QOF data recorded in the evidence table refers to a period when the previous GP provider delivered the service.

Families, children and young people:

This population group was rated good for effective because:

- Data available for childhood immunisations was for a period when the former GP provider managed the service. However the practice manager and practice nurses confirmed that childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given between April 2016 and March 2017 were in line or higher than the target percentage of 90%.

Good

Are services effective?

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The QOF data recorded in the evidence table refers to a period when the previous GP provider delivered the service.

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

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 83% (public health data 2016/17), which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice had recently recruited a health care assistant and part of their responsibilities included offering NHS health checks for patients aged 40-74 years. The practice anticipated the recommencement of this service within the next few weeks.
- The QOF data recorded in the evidence table refers to a period when the previous GP provider delivered the service.

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 may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including asylum seekers 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 QOF data recorded in the evidence table refers to a period when the previous GP provider delivered the service.

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, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their medical records and reviewed each year.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- 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. For those diagnosed with dementia the practice offered an annual review at a face to face meeting every year.
- The practice offered annual health checks to patients with a learning disability.
- The QOF data recorded in the evidence table refers to a period when the previous GP provider delivered the service.

Monitoring care and treatment

The practice had not yet established a comprehensive programme of quality improvement activity. Systems to routinely review the effectiveness and appropriateness of the care provided were not yet in place. Areas requiring development and or improvement included establishing a programme of clinical audit and re-audit and implementing a system to respond to patient safety alerts. However:

- The practice continued to use the Quality Outcomes Framework (QOF) to monitor performance and effectiveness. The practice provided unverified data to indicate their QOF achievement and performance had been maintained.

Good

Are services effective?

- The practice implemented a protocol of sending out repeated reminders to patients who did not attend for regular reviews of their health conditions and this included letters and telephone contact.

Effective staffing

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

- 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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings and appraisals. Systems of support to ensure the competence of staff employed in clinical roles including non-medical prescribing were not implemented.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 deciding 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 had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice provided recent examples of where patients had been referred to a local charitable organisation which supported patients with lifestyle issues.
- 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.

Good

Are services caring?

We rated the practice as good for providing a caring service .

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The results from the GP Patient Survey published in 2017 refer to a period when the previous GP provider delivered the service. The results (recorded in the evidence table) showed the practice scoring higher than their local and national counterparts. The practice manager had analysed the results and identified the one area where the practice scored 1% lower than local and national averages. The practice response was to ensure the practice nursing team took more time and did not rush patients.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. In addition the practice proactively supported patients with hearing impairments. Two patients confirmed to us that a sign language interpreter was arranged to be available at the practice to support the patients with health care consultations.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. However the practice manager confirmed they were aware they had low numbers of carer's registered and that this needed to improve.
- The GP Patient Survey published in 2017 referred to a period when the previous GP provider delivered the service. The results (recorded in the evidence table) showed the practice scoring similar to or higher than their local and national counterparts.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer 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.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services except for Working age people (including those recently retired and students) population group which was rated as requires improvement.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored most services in response to those needs.
- The GP provider had introduced telephone consultations but these were unpopular with patients and staff. The GP told us he was considering re-introducing these as he believed this would make the service more accessible.
- The facilities and premises were appropriate for the services delivered. The GP was in the process of extending the ground floor building and was planning on undertaking further refurbishment work.
- The practice made reasonable adjustments when patients found it hard to access services. Patients provided clear examples of how the practice manager had ensured a sign language interpreter was available for appointments and attendance at the patient participation group meetings.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice. We heard examples where patients had been referred to a new local charity for support with lifestyle that included weight management.
- 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 good for responsive because:

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

People with long-term conditions:

This population group was rated good for responsive because:

- 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 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 good for responsive because:

- 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 for responsive because:

- There was recognition at the practice that the availability of appointments later in the day was not always sufficient to meet the needs of this population group. The practice offered extended evening appointments on Mondays between 6.30pm and 7.30pm. However Tuesday to Friday there was only three urgent GP appointments available between 5.00pm and 5.30pm. Feedback from patients recorded on the CQC comments cards referred to the lack of appointment access in the early evening.
- The GP provider was reviewing the working patterns of the part time GPs with a view to changing these from June 2018.

Good

Are services responsive to people's needs?

- Patients were able to book appointments and order repeat prescriptions online.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- The practice had a comprehensive over view of those patients considered vulnerable and regular monitoring of these patients was undertaken.
- Patients with complex needs were offered longer appointments.
- There were regular meetings with other health and social care professionals to discuss the care and treatment of vulnerable patients.

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice proactively signposted patients to support organisations for those with mental health needs and those who had recently suffered bereavement.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The three patients we spoke with stated they had not had problems obtaining a GP appointment. However six out of the 25 comment cards we received referred to long waiting times for appointments. Feedback posted on the NHS Patients Choices website also referred to concerns regarding appointment availability.
- The GP Patient Survey published in 2017 referred to a period when the previous GP provider delivered the service. The practice results showed similar or higher levels of patient satisfaction when compared with other practices in the clinical commissioning group (CCG) and national averages for questions related to access to the practice.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. Action was taken to improve the quality of care.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services well-led?

We rated the practice requires improvement for providing well-led services because:

Leadership capacity and capability

The GP provider had been leading the service at the surgery since April 2017. He was supported by the practice manager.

- They were knowledgeable about issues and priorities relating to the quality and future of services.
- The practice had a small staffing team and they confirmed that the practice manager was visible and approachable. However staff told us that the GP provider did not always attend practice meetings and his preferred method of communication was via email and task allocation.

Vision and strategy

The GP provider had a clear vision of what they wanted to achieve however a credible strategy to deliver high quality, sustainable care was not recorded and not communicated effectively to stakeholders.

- The GP provider told us about their plans to develop and improve serviced delivery at the practice. A recorded business plan setting out the practice development priorities was not available.
- Communication from the GP provider with staff and patients to share the vision, values and strategy for the practice needed improving.
- Staff were not fully aware of the vision, values and strategy and their role in achieving them.

Culture

The practice had a culture of providing quality sustainable care.

- Staff stated they felt respected, supported and valued by the practice manager. Staff were reticent regarding their relationship with the GP provider.
- The practice focused on the needs of patients.
- 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 with the practice manager and were encouraged to do so. They had confidence that these would be addressed.
- Staff told us they were not always consulted about the recent changes at the practice and felt the GP provider did not always listen when they shared their opinion.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development, however systems to support and evaluate their clinical work required implementation.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Systems of governance required improvement.

- Structures, processes and systems required further development to support good governance and management of the service. For example, gaps were evident in the systems for recruitment checks for locum staff and the authorisation of patient group directions so nurses could administer medicines safely.
- The practice had not assessed the impact of reception staffing changes upon the quality of the service provided. This was despite concerns raised by staff and patients.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control.
- The GP provider had taken the lead on all areas of the service provided.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance.

- There was no effective process established to respond to patient safety alerts.

Requires improvement

Are services well-led?

- Systems to support and monitor the performance of employed clinical staff, including locum staff were not implemented.
- A system of clinical audit and re-audit had not yet been established.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and efficiency changes were made. However staff told us the GP provider did not really involve them in the changes made in the service and they believed their views regarding the impact on the quality of care were not valued.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Some quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. However the GP provider did not always join the monthly practice meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice did not fully involve patients, the public, staff and external partners to support high-quality sustainable services.

- Systems to encourage views and concerns to shape services did not reflect a full and diverse range of patients', staff and external partners.
- There was an active patient participation group that met at least twice yearly.
- The practice did produce a patient newsletter twice yearly. However this had been stopped by the GP provider in June 2017. This reduced the opportunity for the practice to share its vision and communicate its plans to patients.

Continuous improvement and innovation

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

- There was a focus on learning and improvement. The GP provider had plans to introduce year 4 undergraduate doctors and foundation year 2 doctors later in 2018, which he anticipated would assist the practice with patient access to appointments.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met:The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:Action as required by patient safety alerts had not been undertaken therefore some patients were at potential risk of receiving unsafe care. Some risk assessments were required including one for the use of chaperones without a DBS and chemical data sheets in accordance with the practice COSHH policy and risk assessment.

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 How the regulation was not being met:There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:Governance arrangements to monitor and review the service provided were not fully established.The registered provider had failed to implement systems and processes to assess monitor and improve the quality and safety of services provided at the practice. For example, complete employment records were not maintained for locum staff including GPs; patient group directives were not authorised and there was lack of clarity regarding who was responsible for this; a rolling programme of clinical audit was not established and clinical monitoring and support of the clinical team not implemented. The registered person had not effectively consulted or responded to feedback from relevant persons such as staff and other persons,

This section is primarily information for the provider

Requirement notices

on the services provided in the delivery of the regulated activity, for the purposes of continually evaluating and improving such services.The practice did not implement a system to monitor and evaluate the impact of changes that had been implemented. For example changes to the reception staffing.