

Crown Medical Centre

Inspection report

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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?

Inadequate



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 overall. (Previous rating published 6 February 2018 – Requires improvement)

The key questions are rated as:

Are services safe? – Inadequate

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 Crown Medical Centre on 19 June 2018. At the previous Care Quality Commission (CQC) inspection in September 2017, the practice received an overall requires improvement rating. The practice was deemed to require improvements for providing safe, responsive and well-led services, and good for providing effective and caring services. The practice provided us with an action plan to address the areas which we identified as problematic during this inspection. This inspection on 19 June 2018 was undertaken to check that the practice had made improvements and was compliant with regulations.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. However, not all risks were identified and acted upon appropriately.
- We found a significant backlog of patient records which required their notes summarising, and an additional backlog of letters which required clinical coding.
- Recruitment checks had not been sufficient and systems to ensure safe recruitment were found to be lacking. This included the screening of newly recruited staff through the Disclosure and Barring Service (DBS).
- The practice did not always take effective action when risks were identified. For example, we found that an action plan developed further to a fire risk assessment had not been reviewed almost two years after being issued.
- We found that there had been a significant improvement in the culture of the practice. At our previous inspection, some staff had raised concerns about how they were treated and did not feel that they received adequate support. Consequently, there had been a large turnover of staff which had disrupted the

continuity of the service. However, we found the situation had improved and the appointment of a new practice manager was driving improvements to address many long-standing difficulties.

- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Most patients found the appointment system easy to use and reported that they were able to access care when they needed it. Feedback from the GP national survey was mostly in line with averages, although feedback received in CQC patient comment cards and other sources, such as NHS Choices, did not always support this view.
- There had been improvement in the handling of complaints within the practice.

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

- Ensure care and treatment is provided in a safe way to patients in accordance with the fundamental standards of care. For details, please refer to the requirement notice at the end of this report.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For details, please refer to the requirement notice at the end of this report.

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

- Review the practice's recall systems to improve patients' attendance for review of long term conditions.
- Continue to review and improve access arrangements

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Overall summary

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)	Good	
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 and included a GP specialist advisor, a nurse specialist advisor and a second CQC inspector.

Background to Crown Medical Centre

Sherwood Medical Partnership provides primary medical services to approximately 15,000 registered patients from Crown Medical Centre and Farnsfield Surgery (branch site) via a general medical services (GMS) contract commissioned by NHS England and Newark and Sherwood Clinical Commissioning Group (CCG).

Several members of staff work flexibly across the two sites. On our inspection day we visited both the main and branch sites. The partnership moved into the purpose-built premises in September 2015; and is mainly accessed by patients living in the Forest Town area and adjacent villages in Clipstone. The deprivation score across both sites is higher than the CCG average and lower than the England average. The area covered by the practice is mixed, with some ex-mining communities as well as commuter villages.

The practice is run by a partnership of five GPs (four male and one female). They are supported by two salaried GPs. The nursing team includes five practice nurses including the lead nurse /prescriber, three health care assistants and a phlebotomist (all of whom are female). The management team includes a practice manager, an operations manager for each of the two sites, a prescription lead and an administrative lead. They are supported by a team of 26 staff undertaking administration, prescription and reception duties. The practice is an established training practice for GP registrars (a qualified doctor who is completing training to become a GP). The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

Are services safe?

At our previous inspection in September 2017; the practice was rated as requires improvement for providing safe services. This rating was due to concerns regarding safe staffing levels, premises health and safety, and the arrangements for responding to some clinical emergencies.

At this inspection, we saw evidence to indicate that all of the areas identified on the previous inspection had been addressed. However, we identified further areas of concerns. The practice is now rated as inadequate for providing safe services.

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

- Improvements were required to ensure recruitment processes were managed safely.
- Safeguarding arrangements needed to be strengthened.
- Issues were identified with regards to systems for summarising records and ensuring clinical coding was up to date.

Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse; however, there were some areas where improvements needed to be made.

- The practice had 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. Reports and learning from safeguarding incidents were available to staff but information recorded in the records of patients on the child safeguarding register needed to be reviewed. Following the inspection, the practice provided evidence to indicate that the records relating to all of these patients had been reviewed.
- Staff who acted as chaperones were trained and those staff who undertook the role had received a DBS check. New staff awaiting DBS clearance or those staff who were required to have a new DBS check, were not able to undertake chaperoning duties until this was completed. (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 did not always undertake appropriate staff checks at the time of recruitment and on an ongoing basis. The practice had identified issues in respect of their recruitment checks prior to our inspection and had implemented plans to address areas of concern.
- 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.

Risks to patients

There were systems in place to assess, monitor and manage risks to patient safety however some improvements were required.

- 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 staff tailored to their role including locum GPs.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Arrangements to assess the competency of healthcare assistants needed to be strengthened. Following the inspection, the practice provided us with assurances that action had been taken in respect of this.

Information to deliver safe care and treatment

Staff had access to some of the information they needed to deliver safe care and treatment to patients; however, there were areas where improvements were required.

Are services safe?

- 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.
- There was a significant backlog of over 400 sets of patient care records requiring summarising meaning that there was a risk that all information might not be available and patients may not receive the care they need. Following the inspection, the practice undertook a risk assessment related to this and had plans in place to address the backlog.
- There were a significant backlog of correspondence items requiring clinical coding exceeding 13,000 items. This had caused issues with the practice's computer system.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

- There were some risk assessments in relation to safety issues including fire risk and legionella risk. However, not all identified risks had been acted upon.

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 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. Incoming alerts were received by the prescription clerk and then cascaded onto members of the team as appropriate. The practice was unable to provide us with assurance that they had quality assured the process to ensure that all the appropriate alerts were being identified for cascade.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection we rated the practice as good for providing effective services; the practice remains rated as good for providing effective services and for all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice through access to information on their practice intranet and regular educational meetings. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions were invited to attend a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. However, some exception reporting rates were above the averages, for example, 22% of patients with diabetes had been exception reported for the indicator which measures blood sugar control, and this was significantly higher than local and national figures.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 82%, which was above the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- 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:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

Are services effective?

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

- 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 at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages. However, exception reporting rates for mental health were higher than national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice's QOF results were in line with local and national averages. Exception reporting rates were higher than average in some areas. The practice told us they always contacted patients three times before considering exception reporting; however, these contacts were always by letter. Following our inspection, the provider informed us that the system had been reviewed and patients received initial recalls by text message, when possible, followed by a letter to follow up when the patient had not responded. A list of vulnerable patients was under development who would receive a further recall via telephone, and a letter if necessary, at a later date with an aim to engage with these patients.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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 discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Are services effective?

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers' as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

During our inspection we observed that staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treated people. Comment cards identified some examples of positive care received from clinical staff and reception staff.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The practice had a carers champion and encouraged carers to identify themselves.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs. There was a room located next to the reception which could be used to speak privately with patients and which was accessible from the reception area and the patient area.
- Staff recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection, the practice was rated as requires improvement for providing responsive services due to concerns about the arrangements for handling complaints and access issues.

At this inspection we found that action had been taken to ensure improvements and the practice is now rated as good for providing responsive services and for all population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. The practice was working with another practice locally to provide extended hours services. In addition, the practice provided further extended hours services offering early morning appointments.
- 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:

- 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. The practice accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call and had flags placed on their patient record.

Timely access to care and treatment

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

Are services responsive to people's needs?

- National GP Survey results regarding timely access to treatment and diagnosis for the practice as a whole were in line with local and England averages. However, negative views about access to appointments at the branch site were expressed in 11 out of 15 comment cards.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients generally reported that the appointment system was easy to use. However, some feedback indicated that it could be difficult to access the practice by telephone and that it was sometimes challenging to get appointments. The practice had worked to recruit additional clinical and non-clinical staff and had increased appointment capacity. Additionally, the practice was offering appointments on a more flexible basis with extended hours and additional extended hours services.

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, although the practice had not responded to negative feedback posted on the NHS Choices website. There had been improvements to the systems in place for handling complaints and concerns.

- 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. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection we rated the practice as requires improvement due to concerns about the leadership and the culture within the practice. We found that there had been improvements during this inspection; however, there were areas where improvements were still required. The practice remains rated as requires improvement for providing well-led services.

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

- Processes in place for managing risks, issues and performance needed to be strengthened
- Governance arrangements required further improvement

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. A new practice manager and operations manager had been recruited following the last inspection. The management and leaders within the practice had reviewed systems and processes and had action plans in place to address identified issues.
- Leaders at all levels were visible and approachable. Staff were positive about the improvements regarding the visibility of the management team. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. The practice had a comprehensive improvement plan in place and there was evidence that progress against this was closely monitored.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff reflected positively on the impact of the new practice manager and the improved culture within the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff felt this was an area of improvement since the last inspection.
- Processes to provide staff with the support and development they needed were seeing improvement. The appraisals process had been reviewed and plans were in place for all staff to receive appraisals and reviews. For staff who had not received a formal appraisal there was a plan in place and they had had a documented discussion with their manager.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- 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 the management.

Governance arrangements

Systems of accountability to support governance and management had been reviewed and were being improved.

- Structures, processes and systems to support good governance and management were clearly set out and

Are services well-led?

understood. The new practice manager had reviewed the meetings taking place within the practice and was improving the recording and documentation of meetings and associated actions.

- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The management team had developed policies and processes and these were being reviewed following the change in management.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance however these needed to be strengthened to ensure that action was taken to identify and address all risks.

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety needed to be improved. This included risks associated with safe recruitment, fire safety, summarising and coding of care records and incoming patient related correspondence. Following our inspection, we were provided with evidence that the practice was taking action to address identified issues.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents and complaints. However, it was not clear if there was clinical oversight of the process for managing safety alerts or a system of quality assurance of actions taken.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. There was a business continuity plan in place however we were informed this needed to be updated.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate, however due to clinical coding not being up to date, the practice could not be assured searches of the system were always accurate. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There were active patient participation groups at both practice sites.
- There was evidence of significant engagement with the patient participation group and the local community regarding their concerns about the branch practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes in place to support learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement with regular educational meetings taking place within the practice.

Are services well-led?

- Staff knew about improvement methods and had the skills to use them.
- 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 Adequate recruitment checks had not been undertaken for all staff. Competency assessments for Healthcare assistants were not effective.
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 and processes were not operated effectively to identify, assess and mitigate all risks including risks associated with safeguarding processes, fire risk, coding and summarising of care records.