Cauldwell Medical Centre

Quality Report

Bedford Hospital –South Wing
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Date of inspection visit: 23 February 2018
Date of publication: 31/05/2018

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? –Requires improvement

Are services caring? – Good

Are services responsive? –Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions –Requires improvement

Families, children and young people –Requires improvement

Working age people (including those recently retired and students –Requires improvement

People whose circumstances may make them vulnerable –Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Cauldwell Medical Centre on 23 February 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Cauldwell Medical Centre was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

In addition to providing a general practice service, Cauldwell Medical Centre delivers primary urgent care services, patients can access this service through Bedford Hospitals Accident & Emergency (A&E) department. The provider is commissioned to provide this service to up to 20 patients per day. We did not inspect this primary urgent care service as part of our inspection, this inspection was conducted using our GP primary care methodology where we inspected the GP service only.

At this inspection we found:

- The practice had clear systems to keep people safeguarded from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role.
- There was a system for recording and acting on significant event and there were effective systems for reviewing and investigating when things went wrong. However, we found that there was a lack of regular practice meetings in place and areas such as lessons

Summary of findings

learnt from significant events and complaints were not being shared on a formal basis. Specifically, minutes viewed as part of our inspection did not demonstrate lessons learnt or sharing of learning as a result of incidents or significant events.

- Clinicians knew how to identify and manage patients with severe infections such as sepsis. However, during our inspection we found that the practice had not formally assessed risk in the absence of specific paediatric emergency equipment.
- In addition, we found that processes to support the appropriate and safe use of medicines were not effectively embedded. Specifically, we found that there was a lack of consistency on the reauthorisation of prescriptions for long-term medications and that the historical ineffective use of the patient record system made it difficult to identify those patients needing a review of their medicines.
- At the point of our inspection we found that there was no formal programme of multi-disciplinary team (MDT) meetings in place to help deliver a co-ordinated approach to patients needing end of life care, palliative care and complex care support. Following our inspection the provider explained that there had been local changes to teams and boundaries and a contractual change of their community services. Additional evidence was provided following our inspection which demonstrated that an MDT meeting had since taken place on 3 April 2018.
- There was a lack of focus on continuous learning and improvement within the practice. For instance, although there was a lead GP in place to offer informal supervision and support, we found that clinical supervision was provided only on an informal basis.
- In addition, clinical audits were due to be repeated and therefore did not demonstrate quality improvement or improved patient outcomes at the time of our inspection.
- Although the practice had identified less than 1% of their practice list as carers, we found that the practice was actively working at increasing their carers register. For example, the practice had carer's notices, posters and leaflets in place. They utilised carer's registration forms and also had two carer's champions in the practice.
- During our inspection the practice did not provide evidence to demonstrate that they had a process in place to offer bereavement support or advice if families had experienced bereavement. Following our inspection the practice provided further information and supporting evidence which clarified that correspondence was sent to those who had suffered bereavement. In addition to this, the practice highlighted posters and leaflets in place. Although evidence of this was provided following our inspection, we did not see this in place on the day of our visit.
- There was no patient participation group to engage with patients to improve services, the practice informed us that they were working on this as part of a practice improvement plan which was provided as part of our inspection.
- Furthermore, we noted that the practice had taken some steps to improve appointment access by increasing the number of administrative staff during busy times and were looking at the possibility of extending their service hours in the evenings.
- However, our inspection findings highlighted that the overall leadership and accountability structures were not always clear and fully embedded; furthermore they did not demonstrate how improvement in the practice would be sustained.

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

- Establish effective systems and processes to ensure clinical leadership and good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

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

- Continue to identify carers in order to offer them support where needed.

Summary of findings

- Ensure that annual reviews are completed for patients where needed including patients with a learning disability and patients experiencing poor mental health (including people with dementia.
- Continue to work on the development of a patient participation group in order to gather and act on patient feedback and improve services.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Cauldwell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, included a GP Specialist Adviser and a second CQC inspector.

Background to Cauldwell Medical Centre

Cauldwell Medical Centre is based on the second floor of the Cauldwell building which is located at Bedford Hospital, Kempston Road, Bedford MK42 9DJ. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided). The practice has approximately 8,920 registered patients and cares for a lower than average number of patients aged 65 to 85 years. National data indicates the area is one of mid deprivation. Services are provided under an Alternative Provider Medical Services (APMS) contract, this is a locally agreed contract with NHS England and GP practices.

The practice has a service manager. The clinical team consists of a lead GP (female), a senior advanced nurse practitioner (female), two advanced nurse practitioners (females), two practice nurses (females) and a health care assistant (female). The practice uses six regular locum GPs (three males and three females) to support the clinical team. There is a medical secretary and 12 administrative staff all led by a team leader.

The practice is open from 8am to 6.30pm Monday to Friday. When the practice is closed services are provided via the NHS 111 service.

The practice was formed from three separate practices, previously Shakespeare Road Practice, Lansdowne Road Practice and Victoria Road Practice in 2016/17. The service was taken over by a new provider, Virgin Care Services Limited on 1 August 2017. Virgin Care Services Limited is a registered provider that delivers services across England. It provides the following core services: Community Health Services for Adults Community Health Service for Children Community End of Life Care Community Health Inpatient Services Sexual Health Services Virgin Care Services Limited had a total of 32 registered locations registered with CQC.

Cauldwell Medical Centre also delivers primary urgent care services, patients can access this service through Bedford Hospitals Accident & Emergency (A&E) department where they are streamed and directed to the primary urgent care service. The provider is commissioned to provide this service to up to 20 patients per day. We did not inspect this primary urgent care service as part of our inspection, this inspection was conducted using our GP primary care methodology where we inspected the GP service only.

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

- The practice had clear systems to keep people safeguarded from abuse. The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had a suite of safety policies, that were accessible to all staff and they outlined clearly who to go to for further guidance, conversations with staff also demonstrated that they knew who to go to for help; such as in the event of a safeguarding concern.
- The practice carried out pre and ongoing employment checks, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. Nurses and GPs were trained to the appropriate level of safeguarding training. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice carried out an annual audit and completed highlighted actions. There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. This included completing electrical and calibration testing.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective induction system for temporary staff tailored to their role. Staff we spoke with understood their responsibilities to manage emergencies on the premises and knew how to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections such as sepsis. However, during our inspection we found that the practice had not formally assessed risk in the absence of specific paediatric medical equipment. This included absence of a paediatric pulse oximeter which would be used to manage sepsis in a child.

Information to deliver safe care and treatment

- We found that processes to support the appropriate and safe use of medicines were not effectively embedded. Specifically, we found that there was a lack of consistency on the reauthorisation of prescriptions for long-term medications and that the historical ineffective use of the patient record system made it difficult to identify those patients needing a review of their medicines and high risk medicines.
- Information shared with us showed that the frequencies with which they audited blood testing against did not match with the shared care protocol which they align to and had not taken into consideration the increased frequency of testing required if patients take two disease modifying agent's anti-rheumatics drugs (DMARDs).
- Evidence provided showed that the practice was issuing prescriptions when they had not seen the results of recent tests within the required intervals.We also found that there was lack of clinical oversight, administration staff had the responsibility of checking the bloods were done. For example, evidence showed that six patients had not had or were late with their bloods, there was lack of reassurance that the practice was actively chasing these patients and what they were going to do to prevent ongoing prescriptions when monitoring was not being undertaken.
- Referral letters we viewed showed that clinicians made appropriate and timely referrals and included all of the necessary information.

Appropriate and safe use of medicines

Requires improvement

Are services safe?

- The systems for managing vaccines, medical gases, and emergency medicines minimised risks. The practice kept prescription stationery securely and monitored its use.
- During our inspection we found that there was a lack of consistency on the reauthorisation of prescriptions for long-term medications. Specifically, information shared soon after the inspection shows that out of 1655 patient on repeat medicines, 894 had not been recorded on the system as having a medicines review, in line with their needs.
- In addition, the problems the practice had with the coding of medication reviews made it difficult to identify those patients needing a review of their medicines. This raised the possibility of patients continuing on medication beyond the recommended monitoring or review intervals. Members of the management team outlined that this was a problem due to the large number of locum clinicians previously used by the service. To help manage this, the practice was working with a core group of regular locum clinicians to improve continuity around prescribing and care overall.

Track record on safety

- There were comprehensive risk assessments in place in relation to safety issues. These included risk assessments for risk of fire, health and safety and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. There were adequate systems for reviewing and investigating when things went wrong.
- However, during our inspection we found that there had only been one practice meeting since August 2017. Furthermore, the practice did not formally share learning from significant events and overall there was a lack of regular formal practice meetings in place.

There was a system for recording and acting on safety alerts. The practice learned from external safety events and patient safety alerts.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice requires improvement for providing effective services overall and across all popul ation groups.

Effective needs assessment, care and treatment

- Conversations with members of the clinical team demonstrated that they were able to access to guidance and standards, such as best practice guidance from the National Institute for Health and Care Excellence. However, we identified gaps in record keeping to demonstrate that patients had received adequate medication reviews.
- The practice prescribed hypnotics in line with local and national averages. The practice prescribed antibiotic items, including Cephalosporin's, Co-Amoxiclav and Quinolones, in line with local and national averages. The provider planned to undertake an audit of prescribing antibiotics and review this as part of an ongoing improvement plan for the practice.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed. Staff advised patients what to do if their condition got worse and where to seek further help and support.

Quality Outcome Framework (QOF) data for 2016/17 was not available for the practice due to the merger of three practices and the new provider taking over in August 2017. QOF is the annual reward and incentive programme detailing GP practice achievement results. QOF is a voluntary process for all practices in England and was introduced as part of the GP contract in 2004.

Older people:

- Clinicians visited housebound patients and patients in care homes to carry out flu vaccinations, chronic disease management reviews and health checks.
- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review.
- GPs reviewed older patients discharged from hospital and ensured that their care plans were updated to reflect any additional or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health needs were being met.
- At the point of our inspection we found that there was no formal programme of multi-disciplinary team (MDT) meetings in place to help deliver a co-ordinated approach to patients with the most complex needs. Following our inspection the provider explained that there had been local changes to teams and boundaries and a contractual change of their community services. Additional evidence was provided following our inspection which demonstrated that an MDT meeting had since taken place on 3 April 2018.
- Staff who were responsible for reviews of patients with long term conditions had received specific training in areas such as diabetes and respiratory issues.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- 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 nurses were trained in sexual health and there was a system to offer on the day appointments for emergency contraception.

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

- 76% of females had been screened for cervical cancer in the preceding 36 months, compared to the CCG average of 71% and national average of 72%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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:

- At the point of our inspection we found that there was no formal programme of multi-disciplinary team (MDT) meetings in place to help deliver a co-ordinated approach to vulnerable patients. Following our inspection the provider explained that there had been local changes to teams and boundaries and a contractual change of their community services. Additional evidence was provided following our inspection which demonstrated that an MDT meeting had since taken place on 3 April 2018.
- The practice had 37 patients registered with a learning disability. Eleven of these patients had their learning disability annual review completed since August 2017, the practice recognised that this was an area of priority and had an action plan in place to improve on it.
- At the point of our inspection the practice was working through a quality improvement action plan to improve care and services provided. For example, the practice informed us that administrative staff were going to contact patients with a learning disability due for an annual review for a review with longer appointments offered.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and mental health needs.

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

- Some of the patients diagnosed with depression had their assessments done.
- Some dementia patients had received annual reviews. We were informed that the practice was planning for clinicians to undertake home visits or clinic reviews allowing 30 minutes on average to review all the outstanding dementia patients.
- The practice had a mental health link worker who held a weekly clinic for patients and reviewed the needs of patients with mental health needs with GPs as appropriate.

Monitoring care and treatment

Since August 2017 the practice had commenced three clinical audits, these were due to be repeated and therefore did not demonstrate quality improvement at the time of our inspection.

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles. For example, 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.
- Appraisals had not yet taken place since the provider took over in August 2017, staff we spoke with told us that they were going to have appraisals in April 2018.
- The nursing team had a lead GP for support who had an open door policy however we found that clinical supervision was provided only on an informal basis. Staff we spoke to were positive about the clinical lead GP' support.

Coordinating care and treatment

- Care and treatment for patients in vulnerable circumstances was co-ordinated with other services. This included when they moved between services, when they were referred, or after they were discharged from hospital. For example, a mental health nurse held a weekly clinic, the midwife also held a weekly clinic and the practice informed us that they are in regular contact with the district nurses to co-ordinate care.
- Although staff informed us that they contact the different professionals individually to co-ordinate care for their patients, we found that the practice did not have a formal programme of multi-disciplinary team meetings and palliative care meetings in place.
- 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.
- There were clear and effective arrangements for booking appointments, transfers to other services and dispatching ambulances for people that require them. Staff were able to make direct referrals and appointments for patients with other services.

Helping patients to live healthier lives

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- 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 and the NHS Flu campaign.

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.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

- Staff treated patients with kindness, respect and compassion.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- We received 27 Care Quality Commission patient comment cards about the service experienced, 18 were positive with good comments about staff and care provided.

As the current provider took over this practice in August 2017, at the point of our inspection there was no data from the national GP patient survey to reflect the current provider for the practice.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who do not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff helped patients and their carers find further information and access community and advocacy services. The practice had identified 83 patients as carers which was less than 1% of the practice list. Although the practice had identified less than 1% of their practice list as carers, we found that the practice was actively working at increasing their carers register. For example, the practice had carer's notices, posters and leaflets in place. They utilised carer's registration forms and also had two carer's champions in the practice.
- During our inspection the practice did not provide evidence to demonstrate that they had a process in place to offer bereavement support or advice if families had experienced bereavement. Following our inspection the practice provided further information and supporting evidence which clarified that correspondence was sent to those who had suffered bereavement. In addition to this, there were also posters and leaflets in place. Although evidence of this was provided following our inspection, we did not see this on the day of our visit.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for responsive.

Responding to and meeting people's needs

The practice understood the needs of its population and were seeking to improve services in response to those needs. For example, in response to patient feedback the practice had increased administrative staff to deal with the telephones during peak times.

Appointments could be booked over the telephone, face to face and online. The facilities and premises were appropriate for the services delivered. There were facilities in place for people with disabilities and for people with mobility difficulties.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and advanced nurse practitioner nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- GPs provided home visits to vulnerable older people when needed and the nursing staff provided weekly home visits to 18 registered patients across six care homes in the Bedford area.

People with long-term conditions:

- Patients with multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Administration staff would ensure that appropriate blood tests were carried out prior to these appointments to ensure information was available for the nurse on the day.
- The practice had diabetes, mental health and asthma and COPD clinics weekly to enhance the care of patients with long-term conditions.

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.
- All new mothers were contacted six weeks after giving birth to offer support, appointments and to book a post-natal check and baby immunisations.
- The practice had regular contact with the midwife who held a weekly clinic at the practice and had contact with the health visitors.

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, working age patients could book appointments to be seen as early as 8am or after 5pm until 6.30 pm Monday to Friday.
- The practice had reviewed access and implemented telephone consultations which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice was in the process of completing regular dementia screening and depression screening for patients with long term conditions.

Timely access to the service

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.
- Reception staff advised patients if there were delays when they arrived for or whilst they were waiting for their appointment. The practice informed us that cancellations were minimal and managed appropriately.
- We received 27 Care Quality Commission patient comment cards about the service experienced, seven cards commented on difficulties in getting through to the practice by telephone at certain times.
- We received data from the practices NHS Friends and Family Test, data from September 2017 to February 2018 highlighted that 8% of the respondents were unhappy with the appointment system. The practice informed us that there are looking at extending opening times to 7 pm. They have increased the number of administrative staff to answer telephones during peak times which has helped to improve access through the telephones.

As the current provider took over this practice in August 2017, at the point of our inspection there was no data from the national GP patient survey to reflect the current provider for the practice.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received since the new provider took over on 1 August 2017. We reviewed the two complaints and found that they were satisfactorily handled in a timely way.
- The practice acted as a result to improve the quality of care. For example, all administrative staff members were booked to undertake a customer care course to enhance their skills in relation to a complaint.
- However, we found that there was a lack of regular practice meetings in place and therefore areas such as lessons learnt from complaints were not shared on a formal basis.

Are services well-led?

Requires improvement

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

Our findings

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

Leadership capacity and capability

Since taking over the practice in August 2017, the current provider understood the areas requiring improvement and had an action plan in place to address them. However we found there was a lack of clinical leadership and oversight to ensure appropriate governance was in place to ensure safe and effective patient care, for example:

- Although staff we spoke with felt that they were valued members of the practice team, some staff highlighted that they needed to be given protected time for professional development and evaluation of their clinical work.
- We found that there was a lack of formal supervision in place, there was no evidence supplied or seen to show that formal supervision was taking place.
- Overall leadership and accountability structures were not always clear and did not demonstrate how improvement in the practice would be sustained.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. Staff were aware of and understood the vision, values and strategy and their role in achieving outcomes for patients.

The provider was knowledgeable about the issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. There was a practice improvement plan which identified risks and outlined actions to address these. Members of the management team told us that they would continue to monitor progress against delivery of the strategy.

Culture

There was a willingness for staff to improve the services provided at the practice. Staff we spoke with were positive about the changes that had occurred and those that were planned.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and reported the new management team had been supportive and engaging with the process of change.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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 as the management had an open door policy. Staff we spoke with told us that there were positive relationships between staff and the management.

Governance arrangements

- There was a lack of shared learning and a lack of regular formal meetings within the practice. Clinical audits were due to be repeated and therefore did not demonstrate quality improvement or improved patient outcomes at the time of our inspection.
- At a local level, we found that staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Staff were able to clearly identify the leads in these roles.
- There were practice specific policies in place to ensure safety, however we noted that some of the policies were past their date for review.

Managing risks, issues and performance

The practice had some processes in place to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints and compliments.

However, we found that processes to support the appropriate and safe use of medicines were not effectively embedded. Specifically, we found that there was a lack of consistency on the reauthorisation of prescriptions for long-term medications and that the historical ineffective use of the patient record system made it difficult to identify those patients needing a review of their medicines.

Appropriate and accurate information

- The practice used information technology systems to monitor and improve the quality of care.

Are services well-led?

Requires improvement

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

- The practice submitted data or notifications to external organisations as required.
- There were effective 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 kept a record of patient suggestions and identified repeated suggestions in order to make improvements to the service provided. For example, the practice changed their 'on hold' telephone music to suit patient preferences made from patient feedback.
- There was no patient participation group to engage with patients to improve services, the practice informed us that they were working on this as part of the practices improvement plan.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- There was a lack of focus on continuous learning and improvement within the practice.
- The practice made use of internal and external reviews of incidents and complaints. However, learning was not formally shared with all staff to make improvements on patient outcomes.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: Specifically, we found that there was a lack of consistency on the reauthorisation of prescriptions for long-term medications and that the historical ineffective use of the patient record system made it difficult to identify those patients needing a review of their medicines. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • There was no formal process to ensure shared learning from significant events and complaints. • We found a lack of formal clinical supervision in place for the clinicians.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.