# Handsworth Medical Practice

## Inspection report

432 Handsworth Road
Sheffield
South Yorkshire
S13 9BZ
Tel: 01142697505
www.handsworthmedicalpractice.co.uk

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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** | Good |
| Are services safe? | **Requires improvement** |
| Are services effective? | **Good** |
| Are services caring? | **Good** |
| Are services responsive? | **Good** |
| Are services well-led? | **Good** |

# Overall summary

**This practice is rated as Good overall.** (Previous inspection March 2016 – Good)

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? - Good

We carried out an announced comprehensive at Handsworth Medical Practice on 1 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice did not have clear systems to manage risk as risk assessments had not been completed for health and safety matters other than fire safety. The practice had recognised this shortfall and was in the process of completing these.
- When incidents related to safety did happen, the practice learned from them and improved their processes.
- There was little evidence that the practice had reviewed the effectiveness and appropriateness of the care it provided and activity in this area was not planned.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The majority of patients found the appointment system easy to use and most patients reported that they were able to access care when they needed it.
- Learning and improvement was encouraged at all levels of the organisation.

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

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

- Display the CQC rating on the practice website in a prominent positon.
- Review and increase the frequency of checks of the emergency equipment to meet the Resuscitation Council guidance.
- Review and improve the protocol to support the management of incoming post and criteria for sharing information with clinicians.
- Review and improve appraisal arrangements for clinical staff so all staff receive an annual appraisal.
- Review and improve the monitoring of the quality of the care provided.
- **Professor Steve Field** CBE FRCP FFPH FRCGPChief 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. The team included a GP specialist adviser and a practice manager adviser.

## Background to Handsworth Medical Practice

Handsworth Medical Practice is located in a converted house and has a branch site named Fitzalan. The practice accepts patients from Handsworth, Woodhouse, Richmond, Stradbroke and Darnall areas in Sheffield. We visited both sites as part of this inspection. The practice catchment area has been identified as one of the fifth most deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 9,901 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It offers a range of enhanced services including minor surgery.

Handsworth Medical Practice has four GP partners (Two female, two male), two female salaried GPs, one advanced nurse practitioner, three female practice nurses, two female healthcare assistants, a practice manager and an experienced team of reception and administration staff. The practice is a teaching and training practice for medical students and GP registrars.

Both the practice and the branch site are open 8am to 6.30pm Monday to Friday with the exception of Thursdays when the branch site closes at 1pm. Extended access is available on Tuesday evenings 6.30pm to 8.30pm.

The telephone calls are transferred to the GP Collaborative at lunchtime (between 12 noon and 1.30pm). Patients are informed of this when they telephone the practice number. When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service.

Satellite hubs provided by the GP Collaborative are also available for the practice to book patient appointments between 6pm and 10pm Monday to Friday and Saturday and Sunday between 10am and10pm.

The practice did not have a registered manager at the time of the inspection but CQC have received an application and this is being processed.

The practice rating was clearly displayed at both sites. The rating was also on the website with a link to the latest CQC report but this was in the accessed by the policies tab and not clearly visible.

Requires improvement

# Are services safe?

**We rated the practice requires improvement for providing safe services.**

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

- The practice had not assessed health and safety risks and action had not been taken to ensure blind cord safety.
- The infection prevention and control (IPC) policy and procedure required further development and IPC risk had not been documented. Systems to monitor IPC standards were not in place.
- The frequency of checks of the emergency equipment did not meet the Resuscitation Council guidance.
- The protocol developed to support recent changes in the management of incoming post did not provide a clear criteria for sharing information with clinicians.
- The practice could not provide any evidence of monitoring controlled drug prescribing.
- Some systems to ensure the safe storage and transportation of vaccines required review and improvement.
- Blank prescription forms were not always stored securely.

**Safety systems and processes**

The practice had systems to keep people safe and safeguarded from abuse although some areas required improvement.

- 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. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- 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.
- There was a system to manage infection prevention and control (IPC). However, the policy and procedure required further development the IPC risk had not been documented and systems to monitor IPC standards such as regular audits were not in place. We observed some areas of risk, due to lack of maintenance, at the branch site.
- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order. However, they had not completed any health and safety risk assessments other than for fire safety. The practice had recognised this and was in the process of completing these. We observed action had not been taken in respect of an alert relating to blind cord safety measures.
- Arrangements for managing waste and clinical specimens kept people safe.

**Risks to patients**

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The frequency of checks of the emergency equipment did not meet the Resuscitation Council guidance.
- 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.

Requires improvement

# Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice had not assessed health and safety risks and action had not been taken in to ensure to blind cord safety.

**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. However, the protocol developed to support recent changes in the management of incoming post did not provide clear criteria for sharing information, such as discharge letters, with clinicians.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

**Appropriate and safe use of medicines**

The practice had systems for appropriate and safe handling of medicines although some areas required improvement.

- The systems for managing and storing medicines, medical gases, emergency medicines and equipment, minimised risks. However, some of the systems to ensure the safe storage and transportation of vaccines required review and improvement.
- 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. Although the practice did undertake prescribing audits the practice could not provide any evidence of monitoring of controlled drug prescribing.
- 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.
- Blank prescription forms were not always stored securely.

**Track record on safety**

The practice had a good track record on safety although some systems to support this required development.

- The practice had not assessed health and safety risks. The practice had recognised this shortfall and were in the process of developing health and safety risk assessments.

**Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice had acted on and learned from medicine safety alerts. However, the practice had not acted on all patient safety alerts.

**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.**

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

**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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and on-going 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.
- Clinical staff we spoke with were not aware of specific tools to assess the level of pain in patients during consultations and said they would review this.
- 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.
- Patients were referred to other services such as voluntary services and supported by an appropriate care plan. The practice was highest referrer of patients for practical help and support to the community support team in Sheffield. They hosted the community support worker regularly in the practice to aid access to the service for patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice told us they had recently been piloting a new service called the 'Virtual Ward'. This involved a fortnightly multidisciplinary meeting between the lead GP, the Clinical Commissioning Group (CCG) lead for the service, the community support worker and district nurses. The meeting highlighted those patients who were deemed to be the most frail or vulnerable or those that have had frequent hospital attendance. The patient notes were reviewed to ascertain what services could be put in place to improve their well-being. These could include psychosocial and medical interventions, involving physiotherapy, occupational therapy, social prescribing or medication reviews as required. The practice said early signs suggested this had had a positive effect on non-emergency hospital attendance rates.

People with long-term conditions:

- 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. A pharmacist was employed to undertake medication reviews to reduce unnecessary polypharmacy. The pharmacist also monitored hospital discharge summaries to ensure medications weren't duplicated and would liaise with patients and if necessary, the hospital.
- A blood monitoring service was provided both in surgery and where required at the patients home for patients on warfarin.
- Emergency admission avoidance plans were provided with pre-emptive prescribing and emergency back-up medications provided.
- Letters were sent by the administration team to patients with a new diagnosis of cancer offering an appointment for discussion or further support from the GPs.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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.

Good

# Are services effective?

- 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.
- Where there was significant variation in practice quality outcome framework achievements (see data in the evidence table) we discussed the results with the practice. For example, there was a significant negative variation in the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months. The practice told us they had completed this work and these shortfalls may have been as a result of coding issues and they would look into this. They also told us it may have been due to timing of the recall system. They told us they had improved this area by implementing birth month recalls.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given at the practice exceeded the target percentage of 90% or above with percentages in the four indicators between 97.2% and 98.3%. (See evidence table for details)
- 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 practice told us new patients with young children were invited for a review with a GP so they could 'touch base' with the children and ensure they are aware of the services offered and how to contact the practice. They also enquired if they were young carers at this appointment if their parents had any long term conditions.
- The practice had regular contact with the Health Visitor and Community Midwife, who was attached to the practice, to discuss patients on their caseload.
- The practice offered a full contraceptive service with a specialist sexual health nurse. In addition to oral contraception, .

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

- The practice's uptake for cervical screening was 79%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time. They had provided 79 patients with this vaccine in the past 12 months.
- 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 those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- 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 review of long term medication.
- 50% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed, care plan documented in the

previous 12 months. This was below the national average of 90%. The practice told us they had completed this work and these shortfalls may have been as a result of coding issues and they would look into this. They also told us it may have been due to timing of the recall system. They told us they had improved this area by implementing birth month recalls.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average 91%.
- 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.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice offered annual health checks to patients with a learning disability.

**Monitoring care and treatment**

The practice had a limited programme of quality improvement activity and there was limited review of the effectiveness and appropriateness of the care provided. For example, the practice could only provide evidence of two clinical audits which had been undertaken since 2016.

**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 on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. However, one member of the clinical staff had not had an appraisal since employment.
- 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 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.
- 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.

Good

# Are services effective?

- 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 and 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.
- Written consent was obtained for minor surgical procedures although not for long acting reversible contraceptives (LARC) such as implants.

**Please refer to the Evidence Tables for further information.**

Good

# Are services caring?

**We rated the practice as good for caring.**

**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.

**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 were available such as a hearing loop at both sites. A translation service was provided via language line and the practice web site and patient arrivals screen could be translated in to different languages. A British Sign Language interpreter was also available if required.
- 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.

**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.

**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.**

**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.
- 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 had 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.

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.
- The practice told us parents or guardians calling with concerns about a child were offered a same day appointment when necessary. However, one person we spoke with had experienced some difficulty obtaining appointments for their child.

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 they were accessible, flexible and offered continuity of care. For example, online appointment booking, extended opening hours and Saturday and Sunday appointments via the local hub sites.

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
- Patients were offered double appointments should the need dictate or at the request of the patient. Any patient with complex needs could book 20 or 30 minute appointment slots.
- The clinical system was used to highlight patient's specific needs.

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 hosted the Improving Access to Psychological Therapies (IAPT) service four times per week.

Good

# Are services responsive to people's needs?

- There was a proactive approach to ensure patients living with dementia had appropriate resources available to them. The practice was the highest referrer in Sheffield to the Community Support Worker to enable patients to access support.

**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.
- Most patients reported that the appointment system was easy to use.

**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. It acted as a result to improve the quality of care. For example, following a patient complaint the practice identified patients needed to be able to speak directly to a medical secretary about some issues. The telephone system had been changed so patients could have the option to contact the medical secretary directly.

**Please refer to the Evidence Tables for further information.**

Good

# Are services well-led?

**We rated the practice as Good for providing a well-led service.**

### 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.
- Leaders at all levels were visible and approachable. 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 business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### 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.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent 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.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All but one member of staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on 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 teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. Although there was some shortfalls in risk assessment and management of monitoring activity.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities but had not assessed and monitored risk to ensure safety and there was a lack of monitoring in some areas such as infection prevention and control to assure them that systems were operating as intended.

### Managing risks, issues and performance

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

Good

# Are services well-led?

- There was a lack of systems to identify, understand, monitor and address current and future risks including risks to patient safety although this was being addressed by the provider.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints. Although there was one safety alert which had not been acted upon relating to blind cords.
- 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. However, as only two audits had been undertaken in the last two years this impact was limited.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

**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 and useful but limited in terms of monitoring quality of care.
- 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

**Continuous improvement and innovation**

There was limited evidence of systems and processes for continuous improvement and innovation.

- Staff were encouraged and supported to undertake learning opportunities.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There was limited evidence of clinical audit to monitor the quality of care provided.

**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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>Care and treatment must be provided in a safe way for service users<br>**How the regulation was not being met:**<br>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:<br>• The practice had not assessed health and safety risks.<br>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:<br>• Action had not been taken to ensure blind cord safety.<br>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:<br>• Infection prevention and control (IPC) risk had not been documented.<br>• Systems to monitor IPC standards were not in place.<br>• The IPC policy and procedure required further development to support the management of outbreaks of communicable diseases and reporting of notifiable diseases.<br>• There were areas of the building and fixtures and fittings at the branch site which may impact on the effectiveness of cleaning. For example, holes in the walls in one of the consulting rooms and in the treatment room, the desk areas were made of wood and there was a small amount of damage to edging on cupboards and worktops around the sink areas. |

This section is primarily information for the provider

# Requirement notices

There were shortfalls in the proper and safe management of medicines. In particular:

- The practice could not provide any evidence of monitoring of controlled drug prescribing.
- The vaccine fridges only had one thermometer which was calibrated annually.
- The vaccine refrigerator plugs were not hard wired to the socket to prevent these being accidentally switched off. Warning notices to inform people not to turn off the fridge were not adequate.
- Systems were not adequate to ensure the safe storage during transportation of vaccines.
- Blank prescription forms were not always stored securely at either site.

This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.