

Robert Frew Medical Partners

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



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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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Robert Frew Medical Partners on 28 September 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was a system in place for reporting and recording significant events. However improvements were required for the provider to comply with the requirements of the duty of candour. Not all staff were clear what constituted incidents. Some incidents lacked investigations and evidence of learning to mitigate their reoccurrence.
- Medicine alert information had not been consistently actioned and some patients were found to be on medicines contrary to guidance and reviews of medicines. The practice was unable to demonstrate that high risk medicines had been appropriately monitored or patient records sufficiently endorsed to demonstrate safe prescribing.
- Safeguarding arrangements were not sufficiently established to enable clinicians to identify those patients potentially at risk. The practice was not following up on vulnerable persons who had attended accident and emergency services or their hospital appointments.
- The practice was clean and tidy. However, the lead infection prevention control nurse had not received appropriate training. Cleaning schedules were not sufficiently detailed to evidence where, when and how surgical facilities had been cleaned. They had identified the practice to be 68% compliant but we found no action plan to support the areas requiring improvement.
- The practice were not monitoring or recording the issue of prescription stationery within the practice.
- Staff had undertaken appropriate recruitment checks including disclosure and barring service checks.
- Risk assessments for health and safety, fire and legionella were in place. However, not all electrical safety checks were in place as required by health and safety legislation.

Summary of findings

- The practice had a defibrillator available at the main practice site. The practice had considered emergency arrangements at their branch surgery, these were not documented. Some medicines and medical supplies were out of date at the main practice.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable or above average compared to the local and national averages.
- The practice performance for patient participation in national cancer screening and vaccination programmes was in line with local and national averages.
- Patient blood results had not been consistently reviewed and actioned in a timely and appropriate manner.
- There was no locum induction pack in place for GPs.
- Data from the national GP patient survey, published in July 2016 showed patients rated the practice comparable or above the local and national average for the service they received from the practice nursing team.
- Where low levels of satisfaction were reported with the GPs the practice had shared their findings with their patient participation group and agreed to undertake individual performance reviews in order to improve service delivery.
- The practice had identified carers and was working in partnership with social care professional to provide a drop-in advice service to patients.
- Patients told us they were able to get appointments. However, the practice had not actively addressed the high non-attendance rates by some patients.
- The practice had responded to concerns raised by their patients relating to the accessibility of the service, introducing new systems in partnership with their patient participation group.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- There was a governance framework in place. The partners met regularly to monitor and improve the quality of the service. However, the practice did not review overall performance.

- The practice needed to broaden their assessments of risks to include the management of abusive patients and removal of out of date and redundant medical supplies.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active and told us the partners involved them and operated with transparency.

The areas where the provider must make improvements are:

- Ensure staff have the knowledge and understanding to improve the recognition of incidents and there is an effective system in place for managing significant events and safety incidents. Ensure these are investigated thoroughly and learning identified, disseminated and embedded into practice.
- Implement an effective system for the consistent and timely actioning of information (such as patient medicine alerts, patient clinical results and conducting reviews of patients prescribed high risk medicines).
- Ensure that systems and processes are in place for the management of infection control and staff with lead roles have access to the necessary knowledge and understanding to undertake the role.
- Ensure that an effective system is in place to regularly assess and monitor practice performance.
- Monitor and review patient attendance at accident and emergency to identify where there may be a safeguarding risk to patients.

In addition the provider should:

- Act on patient feedback in relation to the satisfaction rates to improve patient experience of the service and the performance of the GPs.
 - Implement a system to monitor and track the issue of prescriptions throughout the practice.
- Review non-attendance rates by patients in order to improve the management of clinical capacity.
- Have a system in place for the induction of locums into the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

Inadequate



- There was a system in place for reporting and recording significant events. However not all staff were confident in identifying such incidents. Some incidents lacked investigations and evidence of learning to mitigate their reoccurrence
- Medicine alert information had not been consistently actioned and some patients were found to be on medicines contrary to guidance. Some patients prescribed high risk medicines had not received appropriate monitoring.
- Safeguarding arrangements were not sufficiently established to enable clinicians to identify those patients potentially at risk. The practice was not following up on vulnerable patients who had attended accident and emergency services or their hospital appointments.
- The practice was clean and tidy. However, the lead infection prevention control nurse had not received appropriate training. Cleaning schedules were not sufficiently detailed to evidence where, when and how surgical facilities had been cleaned.
- The practice had systems in place for the safe handling of repeat prescriptions. However, there were insufficient systems in place for the monitoring and recording of prescription stationery within the practice.
- All staff had undertaken appropriate recruitment checks including disclosure and barring service checks, including those undertaking chaperone duties.
- Risk assessments for health and safety, fire and legionella were in place.
- There were sufficient arrangements in place for planning and monitoring the number of staff.
- The practice had a defined business continuity plan in place in the event of a major incident.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable or above average compared to the local and national averages.

Summary of findings

- Clinical audits demonstrated improvement and reviews of their clinical referrals showed them to be appropriate.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice encouraged patient participation in national cancer screening and vaccination programmes.
- Patient blood results had not been reviewed and actioned appropriately.
- Actions from multidisciplinary discussions were reviewed to ensure their progression and completion.
- The practice had no system in place for recording patients who were subject to deprivation of liberty or reviewing their provision of care.
- There was no induction process for locum staff working at the practice.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published in July 2016 showed patients rated the practice comparable or above the local and national average for the service they received from the practice nursing team.
- Where low levels of satisfaction were reported with the GPs the practice had shared their findings with their patient participation group and agreed to undertake individual performance reviews, the findings of which would be used to improve service delivery.
- Patients told us they were treated with compassion, dignity and respect and 85% of patients who had completed the NHS friends and family test stated they were extremely likely to recommend the service.
- Information for patients about the services was available.
- The practice had identified carers and was working in partnership with social care to provide a drop-in advice service to patients.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice provided a range of services to meet the needs of their patient population with extended opening and minor surgical facilities.
- The practice had responded to concerns raised by their patients relating to the accessibility of the service introducing new systems in partnership with their patient participation group.
- Patients told us they found it easy to make appointments with the GPs, there was continuity of care, with urgent appointments available the same day. However, the practice had not actively addressed the high non-attendance rates by some patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff but not consistently recorded within meeting minutes or staff personnel files.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and the nursing team reported feeling valued and supported by the GP partners.
- There was a governance framework in place but the system in place to identify and act on risks to patients was not effective. This included the management of medicines alerts, the review of high risk medicines prescribed to patients, the training of staff responsible for infection control, the system in use for monitoring compliance with guidance and the timely actioning of patient test results.
- Improvements were required for the provider to comply with the requirements of the duty of candour. The practice needed to train staff on recognition of significant incidents and strengthen systems in place for the management of incidents.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active and told us the partners involved them and operated with great transparency.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement. It is rated as inadequate in safe and requires improvement for effective and well led. The practice is rated as good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice provided services to patients within residential and nursing homes. Twice yearly meetings were held with the homes to review the services.
- The practice worked as part of an integrated care team and made referrals to specialist health and social care provision via the single point of contact team.
- The practice operated multidisciplinary team working and held palliative care meetings bi monthly
- The practice was establishing drop-in sessions with a social worker to support carers.
- The practice identified patients who may be considered vulnerable to contracting a virus and invited them for influenza vaccinations.

Requires improvement



People with long term conditions

The practice is rated as requires improvement. It is rated as inadequate in safe and requires improvement for effective and well led. The practice is rated as good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice identified patients who may be considered vulnerable to contracting a virus and invited them for influenza vaccinations.
- The practice nurses specialised in the management of chronic disease and were able to initiate insulin therapy for diabetic patients.
- The practice offered 24 hour blood pressure monitoring services and could check patient heart rhythms on their ECG machine.

Requires improvement



Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement. It is rated as inadequate in safe and requires improvement for effective and well led. The practice is rated as good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Evening and Saturday prebookable appointments were available.
- Immunisation clinics were available throughout the week as opposed to set times.
- The midwife attended the practice twice weekly.
- The practice met with the health visitor bimonthly through their multidisciplinary meetings.
- Families benefited from the attendance of a NHS physiotherapist.
- They had a system in place to follow up patients who had attended accident and emergency or who had failed to attend hospital appointments.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement. It is rated as inadequate in safe and requires improvement for effective and well led. The practice is rated as good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, providing extended opening hours once a week and pre-bookable appointments on a Saturday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example; the practice had above average cancer screening rates.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement. It is rated as inadequate in safe and requires improvement for effective and well led. The practice is rated as good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Double appointments were offered for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified patients who may be considered vulnerable and invited them for influenza vaccinations.
- Staff were trained in meeting the diverse needs of their patients for example attending an awareness course on travelling communities.
- Staff assisted patients with literacy and communication needs.
- The practice had not implemented the accessible information standards as required by law since 31 July 2016.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement. It is rated as inadequate in safe and requires improvement for effective and well led. The practice is rated as good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 94% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months. The local average was 86% and the national average 88%.

Requires improvement



Summary of findings

- The practice had comparable results for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 86% in comparison with the local average 87% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Counsellors delivering talking therapies attended the practice weekly for the convenience of patients.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, including sign posting to mental health crisis support teams.
- Patients with poor mental health or at risk of dementia were identified on the patient record system.
- There was no system in place to follow up patients who had attended accident and emergency or those who had failed to attend hospital appointments.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed there were inconsistencies in how their patients perceived their performance. Patients reported lower levels of patient satisfaction with the service they received from the GPs as opposed the nursing team.

In the July 2016 survey, 230 survey forms were distributed and 106 were returned. This represented a response rate of 46%. The survey showed;

- 61% of respondents found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 89% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the local average 82% and the national average of 85%.
- 74% of respondents described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.

- 62% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 completed comment cards. These were overwhelmingly positive about the standard of care received. Patients told us the staff were friendly, approachable and sensitive to their individual needs. They appreciated the convenience of minor surgery facilities at the practice.

The practice participated in the NHS Friends and Family Test. In the last 12 months 223 patients had participated in the survey. 189 patients (85% of patients) were extremely likely to recommend the practice to their friends and family.

We spoke with two patients both members of the patient participation group. They both spoke highly of the service and regarded the partners as approachable and committed.

Areas for improvement

Action the service **MUST** take to improve

- Ensure staff have the knowledge and understanding to improve the recognition of incidents and there is an effective system in place for managing significant events and safety incidents. Ensure these are investigated thoroughly and learning identified, disseminated and embedded into practice.
- Implement an effective system for the consistent and timely actioning of information (such as patient medicine alerts, patient clinical results and conducting reviews of patients prescribed high risk medicines).
- Ensure that systems and processes are in place for the management of infection control and staff with lead roles have access to the necessary knowledge and understanding to undertake the role.

- Ensure that an effective system is in place to regularly assess and monitor practice performance.
- Monitor and review patient attendance at accident and emergency to identify where there may be a safeguarding risk to patients.

Action the service **SHOULD** take to improve

- Act on patient feedback in relation to the satisfaction rates to improve patient experience of the service and the performance of the GPs.
- Implement a system to monitor and track the issue of prescriptions throughout the practice.
- Review non-attendance rates by patients in order to improve the management of clinical capacity.
- Have a system in place for the induction of locums into the practice.

Robert Frew Medical Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a CQC practice manager advisor.

Background to Robert Frew Medical Partners

The practice is located in Wickford, Essex. They have a branch surgery, Franklin Way Surgery, 2 Franklin Way, Wickford, Essex. We did not visit the branch surgery during our inspection. The practice patient population on the day of our inspection was 14138 patients.

The practice serves an affluent community with low levels of deprivation for children and older people. The practice also has a higher than local and national life expectancy for both women and men.

The practice has eight GP partners, six full time GPs consisting of two female and four male GPs and two part time GPs one female and one male. Locum GPs are rarely used. The practice nursing team consists of a nurse practitioner, two practice nurses and two health care assistants. An additional nurse practitioner has been appointed and is due to start at the practice in October 2016. All the nursing team are female. The clinical team are supported by a large administrative, reception and secretarial team overseen by the deputy and practice manager.

The main Robert Frew Medical Partners practice base in Wickford is open between 8am and 6.45pm Monday to Friday. They operate extended hours on a Wednesday until

8.15pm and on Saturday mornings 9am to 12.30pm. Appointments are available from 9am to 11am, 2pm to 4pm and 4.30pm to 6.30pm. Extended surgery appointment times are 6.30pm to 8pm and 9am to 12.20pm on a Saturday. Appointments at the branch surgery are available Monday to Friday 9am to 11am.

The practice holds a primary medical services contract and has opted out of providing out-of-hours services to their patients. The practice told us the CCG arranges their out of hour's provision and they advise patients to call the 111 service or attend the walk in centre.

The practice has a comprehensive website. It provides an extensive range of information of their staff and services such as vaccination programmes; management of long term conditions and minor illness including signposting useful websites.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2016. During our visit we:

- Spoke with a range of staff (deputy practice manager, GPs, practice nursing team and administrative and reception staff) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting and recording significant and safety events. Staff told us they would inform the practice manager of any incidents and there was a recording form available. However, not all staff spoken with were confident in identifying and differentiating between concerns and significant incidents. These were recorded on separate systems resulting in potential confusion due to an inconsistent approach to recording, delays or failure to identifying and investigate significant risks.

The practice showed us three significant incidents since April 2016. These related to a prescribing error and abuse of prescribed medicine by a patient. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the records failed to include who was present during the clinical discussions, although the date of them was documented. Learning relating to the incident had been identified but it was unclear who had been allocated actions and when they were to be reviewed.

We reviewed the practice comment and complaint file and found it contained entries which could have been considered significant events. For example, abusive patient conduct towards staff and missing prescriptions. However, they had not all been investigated and none had been documented as significant incidents and learnt from. We found one entry related to the practice failing to respond to external clinical correspondence and the administering of appropriate medicine. Whilst an investigation had been conducted, an apology was given and the medicine provided, these had not been considered clinically significant and learning identified or recorded was not used to mitigate the risk of a reoccurrence.

We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that the practice manager identified appropriate alerts and shared them with the clinical team for actioning and discussion. A copy of the

alert was also placed on the shared practice computer system for the reference of all staff. Where a patient was adversely affected they checked patient records and contacted them to conduct a review or advise them of necessary actions. We looked at a recent MHRA alert and found this had been appropriately actioned by the prescribing nurse. They had identified patients affected, reviewed their care and advised them of appropriate actions to take.

However, we also checked to ensure other MHRA alerts had been actioned and found the results were inconsistent. Despite all alerts being discussed at the time of receipt they were also discussed during the partners meeting held every six weeks. We found searches were not rerun to ensure all alerts had been actioned in a timely and appropriate way. For example; we found two patients continued to receive conflicting medicines after an alert. The practice told us they intended to introduce a systematic background search of the patient record system to identify those patients who may have been missed and then follow up with them as a priority.

Overview of safety systems and processes

The practice had some defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, For example:

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. The practice had a nominated lead GP overseeing safeguarding. However, we found the practice did not have an effective system which alerted staff to patients who may be vulnerable or at risk. Staff had undergone appropriate training and had access to referral pathways and contact numbers for the local authority responsible for investigating such incidents. We also found that the practice did not identify or follow up children who had presented at accident and emergency departments or failed to attend appointments with secondary care.
- A notice on all consultation doors and within the reception area advised patients that chaperones were available, if required. All staff including receptionists and nursing team members who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify

Are services safe?

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).

- We found the premises to be clean and tidy. Staff had received up to date training. However, the lead for infection control had not received any additional training to support them in this role. There was an infection control protocol in place and staff had received up to date online training. The practice had an infection control annual statement for 2014-2015 and had conducted an annual infection control audit in November 2015. They had identified the practice to be 68% compliant. We found no action plan to support the areas requiring improvement. We found the room cleaning schedules were not specific and failed to reflect monthly and annual duties. There was no specific cleaning regime in place for the surgical facility.
- Arrangements for managing medicines, including emergency medicines and vaccines, required improvement to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were sufficient processes in place for handling repeat prescriptions. However, we found the practice were unable to demonstrate high risk medicines had been appropriately monitored or patient records sufficiently endorsed to demonstrate safe prescribing. For example; we found 50 patients on blood pressure medicines who had not received appropriate monitoring within four years and some in excess of seven years. We found three patients on medicines for treating mental health concerns requiring three monthly checks, had last been monitored eight months previously. Improvements could also be made to reduce patients receiving conflicting medicines contrary to NICE guidance.
- The practice told us they worked closely with the local medicines management teams. We reviewed the prescribing practice visit report for 2016/2017. The report showed that the practice performed similar to other practices within their CCG.
- We found there was no system in place to monitor and track prescriptions through the practice. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directions are

written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient Specific Directions are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We found insufficient arrangements for managing blood results. We saw some patient results for the locum GP had not been opened and viewed and some required immediate auctioning. The practice told us these were normally overseen by another GP.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety.
- The practice had an appointed health and safety lead. They had conducted an environmental health and safety assessment in February 2016. This included assessments of manual handling, digital equipment, trips and hazards.
- The practice had an up to date fire risk assessment conducted in February 2016 and fire safety equipment had been inspected in April 2016. Annual fire drills were held and last conducted in September 2016.
- All electrical equipment was checked to ensure the equipment was safe to use in November 2015. Clinical equipment had been checked to ensure it was working properly in October 2015.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which

Are services safe?

can contaminate water systems in buildings). The assessment was dated 2015 and confirmed the premises to be low risk and a mitigation strategy was in place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Where possible planned and unplanned absences arrangements were met amongst the current staff.

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were appropriate emergency medicines available. All the emergency medicines we checked were in date and stored securely.
- The practice had a defibrillator available at the main practice site. The practice had considered emergency arrangements at their branch surgery, these were not documented. Oxygen was available at the main site and branch surgery with adult and children's masks. A first aid kit and accident book was available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The practice benefitted from having access to alternative premises at their branch surgery. The practice told the plan was held and accessible off site by the practice manager. We reviewed the document and found it included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us clinical issues were discussed during the practice partners weekly meetings and revisited at clinical meetings. We found improvements could be made to reduce patients receiving conflicting medicines contrary to guidance, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 94% of the total number of points available. The practice also had low exception reporting at 5.6%, 1.3% below the local average and 3.6% below the national exception average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice performance was comparable to local and national averages for their management of patients with long term conditions. For example,

- The percentage of patients with diabetes, on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months was 78% as compared with the local average of 74% and the national average 78%. However, they had below the local and national averages for their influenza immunisation of patients on the diabetic register achieving 82% in comparison with the local average of 92% and the national average 94%. The practice had below the local and national exception rating for diabetes achieving 6%. The local exception rate was 8% and national 11%.
- The practice performed in line with local and national averages for their management of Asthma and COPD. They had reviewed 75% of their patients with asthma in the preceding 12 months in comparison with the local and national average of 75%. The practice had an exception rate of 7% above the local average of 3% but comparable with the national average of 7%.

- The practice had reviewed 84% of their Chronic Obstructive Pulmonary Disease patients for breathlessness in the preceding 12 months in comparison with the local average of 88% and the national average of 90%. The practice had an exception rate of 11% above the local average of 10% but below the national average of 12%.
- The percentage of patients with hypertension having regular blood pressure tests was 76% in comparison with the local average of 82% and the national average of 84%. The practice had an exception rate of 1% below the local average of 3% and the national average of 4%.

The practice results were comparable to the local and national averages for their management of patients with poor mental health. For example,

- 94% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months. The local average was 86% and the national average 88%.
- They also had recorded the alcohol consumption of 86% of this patient group comparable with the local average of 89% and the national of 90%.
- The practice had comparable results for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 86% in comparison with the local average 87% and the national average of 84%.

The practice reported an exception rate of 13% for their mental health patients. This was higher than the local (7%) and national (11%) exception rates.

The practice had below the local average for accident and emergency admissions for ambulatory care sensitive conditions (achieving 11.52 per 1,000 of the population as opposed to 11.88 per 1,000 people). Both were below the national average of 14.6 per 1,000 of the population. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. However, the practice did not audit their patient attendances to identify trends and inform the provision of services.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit. The practice provided us with seven audits conducted over 16 months. There was one two cycle audit reviewing anti-inflammatory medicine. The practice had identified patients potentially at risk if continued on the medicine. They subsequently reviewed patient care and changed their medicine improving their safe prescribing practices. The practice told us they had discussed the audits within the partner meetings. However, we found an absence of records confirming this.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, there was no system in place to support the induction of locum staff into the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, with the exception of the infection prevention control lead. For example, the practice nursing team responsible for reviewing patients with long-term conditions had received appropriate refresher training and clinical updates. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. All staff had received an appraisal within the last 12 months. The practice had supported staff to access appropriate training to meet their learning needs and to cover the scope of their work. The practice acknowledged that they had not recognised additional training was required for the nurse to undertake their responsibilities as infection control lead. They stated this learning need would be addressed as a priority. We found the nursing team had a good broad knowledge base and were supportive of one another professionally.

- The GPs participated in locality peer reviews of referrals. We reviewed the practice records since March 2016 and found there had been nine referrals relating to cardiology, dermatology or ears, nose and throat. The audit concluded that eight of the nine referrals had been appropriate and only one was deemed as appropriate for a community alternative.
- Staff received training that included: safeguarding, fire safety awareness, basic life support equality and diversity and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff. This included care and risk assessments, care plans, medical records and investigation. The practice was using special notes on patient records to communicate patient needs with out of hour's provision.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis. We reviewed practice meeting minutes from February 2016, April 2016 and August 2016 and saw patient care plans had been reviewed. However, not all actions identified and assigned had been reviewed at subsequent meetings. Therefore the practice was unable to demonstrate that they had been progressed and/or completed.

We reviewed the April 2016 practice meeting minutes between the practice and a local residential care home. A range of issues were discussed. These related to the specific needs of their patient group and included agreed referral and care pathways to ensure patients could access timely and appropriate services. For example; referrals directly to the community dietician for patients who experienced significant weight loss.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had discussed the care preferences of patients nearing the end of their lives and this had been documented appropriately.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant service.

The practice had a lower than local and national average of new cancer cases. They told us they encouraged their patients to attend national screening programmes. This was supported in the data from the National Cancer Intelligence Network. It showed the practice had consistently high screening for their patients when compared to local and national rates of screening. For example;

- The practice's uptake for the cervical screening programme for 25- 64year old women within their target assessment period was above the local and national averages achieving 85%. The local and national averages were 82%.
- The practice's uptake for the screening of women age 50-70 years for breast cancer in the last 36 months was 74% which was above the local average of 69% and the national average of 72%. Their screening rates for women within the same age band for attendance within six months of their invitation were the same as the local average of 71% and comparable with the national average of 73%.
- The practice uptake for screening persons aged 60-69 years of age for bowel cancer within six months of their invitation was above the local and national average achieving 63% as opposed to 58%.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 99% and five year olds from 91% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We found members of staff to be courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed Care Quality Commission comment cards completed by 16 patients of the practice. These were overwhelmingly positive about the service. Patients commented on the friendly and approachable staff that were consistently sensitive to them. Patients also appreciated the convenience of minor surgery facilities at the practice.

They told us the GPs were approachable, supportive and caring. Their needs were always accommodated where possible. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016 showed patients reported comparable or slightly lower levels of satisfaction with the GPs than the nursing team and reception staff. For example:

- 76% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 73% of respondents said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 92% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 66% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average of 81% and the national average of 85%.

- 90% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.
- 84% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We asked the practice what they had done to improve patient experience. They said the practice had acknowledged this as an area for improvement. The results had been shared with and discussed by the PPG.

The practice participated in the NHS Friends and Family Test. In the last 12 months 223 patients had participated in the survey. 189 patients were extremely likely to recommend the practice to their friends and family.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey, published July 2016 showed patients reported below average experience of their involvement in planning and making decisions about their care and treatment with their GP. For example:

- 68% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 60% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average 76% and the national average of 82%.
- 90% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the local average 85% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice website was comprehensive signposting carers to information including video links and financial and legal advice regarding practical considerations such as

housing and taking a break. The practice had identified 1.4% patients as carers. The practice had appointed carer's champions. Information on various support services were displayed within reception and the practice were working with social services to arrange a drop in facility with a social worker. Known carers were invited for influenza vaccinations.

Staff told us that if families had suffered bereavement, the deputy practice manager sends a sympathy card and information on support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice told us about their patients and provided examples of how they believed they met a broad range of patient needs. For example;

- The practice offered extended opening hours on a Wednesday evening until 8.30pm and on Saturday morning for appointments until 12.30pm.
- There were longer appointments available for patients with a learning disability. The practice did not provide annual health checks for this population group.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Information was available to patients on countries and the vaccinations required and patients were asked to complete vaccination request forms in advance of their attendance.
- Patients could book and cancel appointments seven days a week, over the phone on their automated system or online. Patients could order repeat prescriptions to be dispensed at a location convenient for them to collect.
- There were facilities for the disabled, such as ramp access and a toilet facility on the ground floor, parking for the disabled and a hearing loop (although it was not working at the time of the inspection).
- The practice website could be translated into a number of languages for non-English speaking patients and their families. The staff also had access to translation services.
- There was an onsite counselling service providing talking therapies. Patients were able to self-refer to the service.
- The midwifery service visited the practice twice weekly on Wednesday and Thursday.
- The practice benefitted from a visiting NHS physiotherapist.
- Specialist GP Ophthalmology (the study and treatment of disorders and diseases of the eye) and an in-house dermatology advisor and two GPs trained in gynaecology.

- The practice registered and responded to the needs of temporary patients.

The practice provided minor operations facility for a range of treatments. They also provided a 24 hour blood pressure recording service.

Access to the service

The main Robert Frew Medical Partners practice was open between 8am and 6.45pm Monday to Friday. They operated extended hours on a Wednesday until 8.15pm and on Saturday mornings 9am to 12.30pm. Appointments were available from 9am to 11am, 2pm to 4pm and 4.30pm to 6.30pm. Extended surgery appointment times were from 6.30pm to 8pm and 9am to 12.20pm on a Saturday. Appointments at the branch surgery were available Monday to Friday from 9am to 11am.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable or below local and national averages.

- 69% of respondents were satisfied with the practice's opening hours compared to the local average of 73% and the national average of 76%.

61% of respondents said they could get through easily to the practice by phone compared to the local average of 71% and the national average of 73%.

The practice acknowledged improvements were required in response to patient feedback. In partnership with their PPG the practice introduced the patient partner system which was an automated system to enable patients to arrange appointments independently of speaking with reception staff. The practice also operated an automated call filtering system to enable patients to access the appropriate person or department. This also informed them of where they were in the queue. The practice had reviewed patient experiences of the system and told us there was a high level of patient satisfaction since its introduction this year 2016.

People told us on the day of the inspection that they were able to get on the day appointments with ease. We checked when the next available appointments were with the GPs and appointments were available on the morning

Are services responsive to people's needs?

(for example, to feedback?)

of the inspection and also within two days for routine matters. However, there was a three week wait for appointments with the nursing team. The practice acknowledged delays were currently being experienced due to high demand and a nurse practitioner had been recently appointed and was due to start work the following week.

The practice monitored non-attendance by patients. They reported patients had failed to attend 246 appointments in August 2016 approximately 8% of their patient list. The practice had not interrogated the data to determine if the appointments related to the GPs or nursing team. The practice did send text reminders to patients for appointments but did not follow up with them when they fail to attend. The practice had no policy on the management of patients who failed to attend.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for

GPs in England. It offered patients access to advocacy service and their right to appear to the Health Ombudsman in the event they were dissatisfied with the outcome.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was displayed and available to help patients understand the complaints system in the reception area.

The practice had recorded 19 written complaints within the last 12 months. We looked at three complaints and found all had been appropriately acknowledged and patients had been offered the opportunity to speak directly with the practice regarding their concerns. The concerns had been investigated, where appropriate staff members spoken to and apologies given. We spoke to staff who confirmed they were told about complaints and learning points such as advising patients of charges they may incur for some services.

The practice conducted an annual review of their complaints and concerns to identify trends. The practice had identified a minority of patients who remained dissatisfied with the service despite addressing their complaints and concerns.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice was committed to delivering high quality care and promoting good outcomes for patients. This was known and shared by the staff and their patient participation group. We spoke with the lead GP and the deputy practice manager who were aware of the increasing and future demands of the practice and the financial challenges they faced. They were aware of potential growth in their patient population due to proposed residential development and investment in the area. The practice was providing diverse services to their patients as part of their strategy and had discussed and documented how they intended to extend these to meet the emerging challenges.

Governance arrangements

The partners had some governance arrangements in place including protected time each week to meet and discuss clinical and managerial issues among themselves. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Each GP partner had lead areas of responsibility.

We asked to review the partner meeting minutes. We reviewed the agenda and practice minutes for four of the last partner meetings held in March 2016, April 2016, June 2016 and July 2016. They covered a broad range of issues such as personnel, equipment/premises, clinical issues and finance. We found the previous minutes had been agreed and actions reviewed. However, many actions remained outstanding without fixed timescales for completion or progress being reported on. The lead GPs did not report on their respective lead areas (such as finance, staff, medicine management, clinical governance and minor operations).

There was an understanding of the performance of the practice by the practice manager and the partners. However, there was a reliance on individuals to fulfil their duties, independent of oversight and challenge.

There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all were not consistently recorded or overseen such as the risk assessment to demonstrate how a medical emergency may be handled at their branch surgery. High risk medicines were not being managed in line with NICE guidance and blood results

reviewed and actioned appropriately. The infection prevention control lead nurse had not received additional training; the practice had not put in place and acted on findings of their annual infection prevention control risk assessment. There was an absence of cleaning schedules.

Leadership and culture

The practice was mindful of the evolving and challenging financial climate resulting in significant reductions in their budget. The practice was active within their Clinical Commissioning Group and held educational meetings with hospital consultants where neighbouring GP were invited to join the sessions. The practice has been a training practice for year 5 medical students and the partners had discussed further diversification of services. They were considering becoming a training practice for GP registrars in the future and hosting of postgraduate medical students for general practice experience. They had identified GPs within the practice who were interested in undertaking the trainer role and had appropriate skill profiles.

The nursing team told us they had a strong and committed professional team. The nursing team told us they had trialled different reporting and meetings structures amongst the clinical team. They told us with increasing patient demands they would struggle to attend all clinical forums. However, they said they found the GPs were accessible and they were confident they had a good and timely flow of information between the teams. They felt involved and valued by the practice partners.

We found improvements were required to ensure the provider complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. Where incidents were appropriately identified they were investigated and the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

The practice encouraged feedback from patients and the public. Posters and information was displayed extensively throughout the reception areas and their practice website

Are services well-led?

Requires improvement 

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

encouraging patients to provide feedback on their experience of the service. For example; information was available and signposted patients to the GP national patient survey and NHS choices website.

The practice proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had a patient participation group (PPG) and a virtual PPG who communicated via emails. The PPG met regularly and the meetings were well attended by group members, the deputy practice manager and GP Partners. The group also represented the practice within their Clinical Commissioning locality group. We spoke with two members of the patient participation group (PPG). There were 10 members of the patient participation group and an additional group of patients who were represented on their

virtual forum. They were active and told us they felt listened to and valued. They regarded themselves as critical friends. They told us the practice operated with transparency and were supportive of their involvement. They were able to provide examples of how they had worked in partnership with the service to inform and improved services. For example; the call filtering and waiting system.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. However, these discussions were not well documented. We found an absence of joint meetings to promote understanding between staff and engage them in improving how the practice is run and developed.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.

They had failed to ensure the safe and proper management of medicines such as actioning patient safety alerts, conducting medicine reviews and reviewing and actioning patient blood results.

They had failed to ensure risks identified had been appropriately controlled by sufficiently trained staff and the timely actioning of patient blood results.

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

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider was not following up follow up on children and vulnerable patients who failed to attend their hospital appointments.

This was in breach of regulation 13(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The registered person did not do all that was reasonably practicable to; ensure systems and processes were sufficient clear, established and effective to assess, monitor and improve the quality and safety of services. For example;

The timely identification, investigation and learning from significant incidents and staff training in relation to the recording of such events.

Management of infection control risks in surgical facilities.

Management of abusive patients.

They had failed to establish sufficient governance systems to ensure compliance with the requirements. For example; reporting on lead areas of responsibility and scrutinising and addressing the performance of individuals and the practice.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.