The Rowans Surgery

Quality Report

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

Ratings

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

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – requires improvement

Are services effective? – good

Are services caring? – requires improvement

Are services responsive? – requires improvement

Are services well-led? - requires improvement

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

Older People – requires improvement

People with long-term conditions – requires improvement

Families, children and young people – requires improvement

Working age people (including those retired and students – requires improvement

People whose circumstances may make them vulnerable – requires improvement

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

We undertook an announced comprehensive inspection of The Rowans Surgery on 27 February 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice had not received a previous inspection due to two changes in the provider organisation within the last two years. This inspection was carried out in line with our next phase inspection programme.

At this inspection we found:

- The practice had some well-managed systems in place to keep people safe and reduce risk so that safety incidents were less like to happen.
- There was a clear process for acting on safety and medicines alerts.
- The practice had improved the management of controlled drugs and high risk medicines so they were safe.
- Governance systems for monitoring some equipment, vaccine refrigerator temperatures and uncollected prescriptions were not operating effectively.
- The practice had improved the monitoring of patients, particularly those with long-term conditions and mental health conditions.
- A number of audits and processes to monitor quality were in place.

Summary of findings

- The practice held daily clinical meetings. This provided opportunities for clinical staff to share best practice, discuss clinical risks and provide peer support.
- Staff told us that they treated patients with compassion, kindness, dignity and respect and involved patients in decisions about their care. However some patients reported that satisfaction with care and compassion shown was low.
- Although the practice had tried to improve appointment availability, patients found they were not able to get appointments when they needed them and they were not able to easily see their preferred GP.
- Complaints were investigated and responded to openly and thoroughly and information about how to make a complaint was easily accessible for patients.
- There was a positive and open culture and staff felt supported by the practice leaders; however systems for cascading information to staff were not always working effectively.
- The provider had faced significant challenges when they took over the service on 1 October 2017 but leaders demonstrated they had the skills and capability to deliver high quality care.
- The practice had worked with the Patient Participation Group and analysed NHS Friends and Family Test data to gather patient views.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care with regards to: monitoring single use equipment, emergency medical equipment, cleaning of clinical equipment, vaccine refrigerator temperatures, uncollected prescriptions and cascading information effectively to staff.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment with regards to: timely access to appointments.

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

- Improve the incident reporting process to ensure all incidents are correctly recognised and reported.
- Action the recommendation for a fixed electrical wiring assessment of the premises.
- Improve the systmes to ensure patients with a learning disability receive a structured review of their needs.
- Improve multi-disciplinary meeting minutes so that they contain adequate records of discussions.
- Review quality improvement processes in relation to audits of antimicrobial prescribing.
- Improve patient satisfaction with care and treatment received and ensure patients are involved in decisions about their care.
- Improve systems in place for prioritising patients for urgent appointments

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

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

The Rowans Surgery

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 advisor, a practice manager specialist advisor and an expert by experience.

Background to The Rowans Surgery

The registered provider of the service from 1 October 2017 is Streatham Common Group Practice. The address of the registered provider is St Andrew's Hall, Guildersfield Road, London, SW16 5LS. Regulated activities are provided at two locations; Streatham Common Group Practice and The Rowans Surgery. The practice website is https://www.rowanssurgery.co.uk/home/.

From 1 June 2016 to 30 September 2017, the registered provider of the service was contracted to deliver a 'caretaking' service whilst a new service provider was established. Streatham Common Group Practice holds an APMS contract with NHS England to provide general practice services at The Rowans Surgery.

The Rowans Surgery provides services to 7600 patients in Merton and is one of 23 member practices of Merton Clinical Commissioning Group (CCG).

The practice has an average population of those of working age and an average number of those over 65 for England. A high proportion of the practice population is aged 0-20 (23%). Deprivation scores are in line with local and national averages for both older people but slightly higher for children. The practice is in the 5th most deprived decile in England. Of patients registered with the practice, approximately 42% are White or White British, 23% are Asian or Asian British, 27% are Black or Black British and 8% are other or mixed ethnic backgrounds.

The practice is located in a purpose built building. There are 13 consulting rooms on the ground floor, however the practice currently only uses six of these. There is step free access to the ground floor and a disabled access toilet. The practice is due to move to a new purpose built health centre in 2019/2020.

There are three partners; one male partner and one female partner work at the practice and a second female partner provides management input. There is currently one vacancy for a salaried GP and a further vacancy was recruited to at the time of the inspection. The practice employs a number of regular associate and locum GPs and a locum nurse practitioner. There is one full time practice nurse and a part time health care assistant. The clinical team is supported by a part time practice pharmacist. The non-clinical team includes a business manager, practice manager, two administrative staff and seven reception staff.

Requires improvement

Are services safe?

Our findings

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

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

- The systems for monitoring some equipment were not reliable including single use equipment expiry dates, emergency equipment and decontamination of clinical equipment.
- There was no clear process for monitoring prescriptions that had not been collected.
- Vaccine refrigerator temperatures were not consistently recorded and the cold chain policy was not always followed.
- There was no fixed electrical wiring check for the premises.
- There was evidence that there was insufficient number of clinical staff although there were measures underway to address this.

Safety systems and processes

The practice had a number of systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- All staff received up-to-date safeguarding training appropriate to their role. All staff we spoke to knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice conducted a number of safety risk assessments on an annual and monthly basis. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had a number of systems in place to ensure that facilities and equipment were safe. Equipment was tested for electrical safety and maintained according to manufacturers' instructions and comprehensive health and safety risk assessments of the premises were conducted. However we found there was no clear system for monitoring single-use equipment and there was no evidence of a fixed electrical wiring certificate for the premises. This had been identified by the practice's recent fire risk assessment and the provider planned to action this after the inspection.
- There was an effective system to manage infection prevention and control. Although the premises required some updating to align with infection prevention and control guidance, steps had been taken to reduce risk such as using selected consulting rooms that were deemed more suitable. Following a recent infection control audit, a number of actions to improve infection control had been undertaken including replacing waiting rooms chairs and steam cleaning carpets. However there was no clear system for monitoring how clinical equipment was cleaned.
- There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed, which identified that lack of GP staff was a risk and the provider was aware of this. Since the provider commenced in October 2017, they had put systems in place to improve safety for patients such as recruiting a salaried GP, advertising for a further salaried GP, using locum and associate GPs and a locum nurse practitioner and utilising the skills of the practice pharmacist to provide a skill mix and flexible workforce to cope with demand for

appointments. There was evidence that the provider had secured additional funding from the local Clinical Commissioning Group (CCG) to increase the number of GP sessions from March 2018.

- There were on average between 21 and 24 GP sessions offered per week in January 2018 and an additional four sessions provided by the practice pharmacist who undertook medicines reviews. This was lower than expected considering the practice list size of 7600 and the demand for appointments. Rotas showed that on average there were 31-35 sessions offered per week from the end of February 2018 and planned in March 2018 which included a mix of appointments provided by GPs and a locum nurse practitioner.
- The practice employed a number of locum GP staff; however these were from a pool of regular staff, familiar with the running of the practice. There was an effective and thorough induction system for both permanent and temporary staff tailored to their role. Locum induction packs were clear, detailed and thorough.
- 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, for example, sepsis.
- Equipment and medicines were available for medical emergencies, although not all emergency equipment checks were consistently recorded.
- The practice had a lone worker policy in place. There had been no instances where staff had worked alone.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. A comprehensive business continuity plan was in place.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Management of correspondence in the practice was safe. The practice had clear systems to deal quickly with incoming information from other organisations including hospital letters and results.
- Referral letters included all of the necessary information and the practice monitored urgent referrals sent to ensure they had been received and actioned.

Safe and appropriate use of medicines

The practice had addressed high risk safety issues and improved most systems to ensure the appropriate and safe handling of medicines, although some risks were identified with the management of vaccines.

- The provider had operated the service since 1 October 2017. At the time the service commenced, the provider identified significant high risk safety issues with the management and prescribing of controlled drugs and high risk medicines. They found 59 patients who had unrestricted access to controlled drugs on repeat prescription and some patients were on combinations of controlled drugs. They also found multiple examples where patients were provided with high risk medicines on repeat prescription and they had not had the required blood tests and checks to ensure their prescriptions were safe.
- There was evidence that the provider had identified the risks and quickly put robust prescribing and repeat prescribing systems in place over the previous five months for controlled drug and high risk medicines management. Improved systems also included staff training and cross-site working from the provider's other location to improve safe medicines management.
- Staff told us that a number of patients had been resistant to the changes and there had been a number of challenging situations where patient expectations and demand had to be managed following the prescribing protocol improvements.
- We found that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where patients had been on controlled drugs and were found to have opiate addictions, we saw several examples of 'treatment agreements' between GPs and patients to address this.
- The provider had audited controlled drug prescribing and recording and had undertaken two high risk medicines audits over the previous five months, as

these were the areas of risk requiring improvements. The provider had not yet audited antimicrobial prescribing, although we found evidence based guidance was being followed. The most recent local Clinical Commissioning Group (CCG) prescribing data was shared, however this data was not up to date enough to be relevant to the current provider.

- We found that patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. A backlog had been identified of patients requiring medicines reviews under the previous provider. The practice had commenced systems to involve patients in regular reviews of their medicines including reviews with the practice pharmacist.
- The systems for managing emergency medicines minimised risks, although oxygen used in medical emergencies was regularly checked but not recorded.
- The systems for managing vaccines were not always working effectively. There were a considerable number of gaps in vaccine refrigerator temperature recording from October 2017 to January 2018. Staff told us this may have been due to staff leave and the process for checking not being clear. We also found some examples where temperatures had been out of range but no action had been taken or recorded to indicate that the cold chain policy had been adhered to. For both refrigerators used to store vaccines, temperature recording had improved for February 2018 and there were no instances where the temperature was out of range.
- The practice kept prescription stationery securely and monitored its use. However there was no clear process for monitoring prescriptions that had not been collected; we found more than 10 prescriptions dating back to November 2017. This was not in line with the practice's prescribing policy which stated uncollected prescriptions would be destroyed after six weeks.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

There was evidence that the practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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, however not all incidents had been recorded as significant events. For example a recent medical emergency in reception and a verbal complaint relating to an incorrect prescription had not been recorded as an incident.
- Significant events were discussed at daily clinical meetings, monthly administrative staff meetings and the practice also undertook significant event meetings every three months and shared the outcomes with staff.
- The practice learned and shared lessons with staff and took action to improve safety in the practice. For example, following a number of incidents involving samples not being put in the specimen collection box in a timely manner, the specimen box was relocated and a recording process was started which staff reported had improved the system. There were also multiple clinical incidents identified where patients on controlled drugs and high risk medicines had not been monitored safely. The practice had made significant changes to prescribing process and implemented a robust prescribing policy. All staff we spoke to were aware of these changes.
- The practice told us they would raise quality alerts where they report on incidents involving external organisations, although they had not had to do this in the previous five months.
- There was a clear system for receiving and acting on safety alerts. Alerts were emailed, discussed in daily clinical meetings, action was taken and a record of alerts was kept on the practice's shared drive. Staff were able to recall a recent alert affecting some patients using inhalers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services except for people whose circumstances make them vulnerable which was rated requires improvement.

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.

- From more than 15 medical records we reviewed, patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff prescribed medicines in line with current national guidance. Where patients had been on controlled drugs and were found to have opiate addictions, we saw several examples of 'treatment agreements' between GPs and patients to address this.
- The provider had audited controlled drug prescribing and recording and had undertaken two high risk medicines audits over the previous five months, as these were the areas of risk requiring improvements. The provider had not yet audited antimicrobial prescribing, although we found evidence based guidance was being followed. The most recent local Clinical Commissioning Group (CCG) prescribing data was shared, however this data was not up to date enough to be relevant to the current provider.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Specialist consultant advice could be sought using an online system.

Older people

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- As the practice had been operating for five months, they did not have any published Quality and Outcomes Framework (QOF) data. Unverified QOF searches performed by the practice for achievement so far in 2017/18 showed that 60% of patients aged 75 or over with a record of a fragility fracture and a diagnosis of osteoporosis, were treated with an appropriate bone-sparing medication.
- 60% of those over 65 had received a flu immunisation in 2017/18.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions

- For those patients with long-term conditions that had been seen, they received a structured annual review to check their health and medicines needs were being met and were signposted to relevant services.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- We reviewed records for patients with diabetes and found that the practice had a number of complex diabetic patients that required GP reviews. The health care assistant was trained to undertake simple diabetic checks.
- There was evidence that in the last five months the practice had diagnosed more patients with diabetes. In total the practice had 506 diabetic patients which was approximately 7% of the practice population.
- As the practice did not have published QOF data, unverified QOF searches performed by the practice ahead of the inspection for achievement so far in 2017/18 showed that:
  - The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 52%. However during the inspection we found this had increased to 60%.
  - The percentage of patients with diabetes who had received a flu immunisation was 74% (search performed on the inspection day).

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients with diabetes in whom the last blood pressure reading was 150/90 mmHg or less was 77% (search performed on the day.)
- The percentage of patients with diabetes on the register with a record of foot examination (and face to face review) was 69% (search performed on the inspection day).
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 32%.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 41%.
- The percentage of patients with atrial fibrillation in whom stroke risk had been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months was 96%.
- In those patients with atrial fibrillation with a record of CHA2DS2-VASc score if 2 or more, the percentage of patients who are currently treated with anti-coagulation therapy was 95%.
- The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 64%.
- The percentage of patients with cancer diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis was 79%.

Families, children and young people

- The practice had registers of all patients including children with high numbers of accident and emergency attendances and patients were contacted for a review.
- The practice met daily for a clinical meeting where safeguarding concerns were discussed. They met with the health visitor monthly to discuss children at risk; including those who had not attended for childhood immunisations and those with high numbers of A and E attendances.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. There was no up to date data available for childhood immunisation uptake rates.
- The practice performed a search on the patient record system ahead of the inspection which identified that 29% of pregnant women had received the flu immunisation in 2017/18.

Working age people (including those recently retired and students)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 and new patient health checks. We saw evidence that there was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- In 2017/18 so far, 2216 patients were invited for a health check. Figures showed 40 patients attended for a review which was 2%.
- As the practice did not have published QOF data, unverified QOF searches performed by the practice for achievement so far in 2017/18 showed that 70% of patients had a record of screening in their notes in the preceding 5 years (previous published QOF data for 2016/17: CCG average of 81.2% and national average of 81.1%).

People whose circumstances make them vulnerable

This population group was rated requires improvement for effective services because:

- There were 34 patients on the learning disabilities register. Three (9%) had received a health check so far in 2017/18.

However we also saw examples of effective care for this population group. For example:

- We saw records of people with end of life care needs and care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had identified 132 patients acting as carers, which was 1.7% of the practice list. Fifty three (40%) had received a flu immunisation in 2017/18.

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

Good

Are services effective?

(for example, treatment is effective)

- We saw records of people with mental health needs including care plans which showed that their needs were being met.
- As the practice did not have published QOF data, unverified QOF searches performed by the practice for achievement so far in 2017/18 showed that:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months was 19% (previous published QOF data for 2016/17: CCG average 92.1% and 90.3% national average).
  - 24% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. However a more up to date search on the inspection day showed that of the 47 patients on the dementia register, 15 had been reviewed which was 33%.
  - The percentage of patients experiencing poor mental and/or physical health who had received discussion and advice about smoking cessation was 100%.

Monitoring care and treatment

The practice had been operating under a new provider since 1 October 2017. There was no current published Quality Outcome Framework (QOF) results for 2016/17 under the new provider. Total QOF points achieved so far in the current year 2017/18 was 338.01 out of available points.

(QOF is a system intended to improve the quality of general practice and reward good practice.) The practice had a QOF lead GP and QOF performance was discussed in daily clinical meetings.

The practice used information about care and treatment to make improvements:

- The practice had worked to address a number of high risk safety issues relating to the management of high risk medicines and controlled drugs. The majority of patients on high risk medicines had not been adequately monitored when the provider commenced operation of the service on 1 October 2017. Over the previous five months, the practice had reviewed all 59 patients on controlled drugs and had undertaken medicines reviews for all those on warfarin and those on disease-modifying anti-rheumatic drugs (DMARDs). The practice GPs were working with the practice pharmacist to review all patients on high risk medicines and those with long term conditions that required a review.
- The practice had a programme of quality improvement activity to review the effectiveness and appropriateness of the care provided. We were shown the quality monitoring and audit schedule. The practice undertook regular audits of deaths, safeguarding, referrals, cervical screening results and cancer diagnoses.
- The provider had audited controlled drug prescribing and recording and had undertaken two high risk medicines audits over the previous five months, as these were the areas of risk requiring improvements. A controlled drug prescribing re-audit was due in April 2018. Significant safeguards had been implemented and improvements had been made to the prescribing process to improve outcomes for patients.
- The provider had not yet audited antimicrobial prescribing as this had not been an area of priority in the previous five months.

Effective staffing

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

- Staff undertook role specific training, such as clinical update courses. The nurse had received specialist training in immunisations and taking samples for the cervical screening programme. The health care assistant had undertaken phlebotomy training and diabetic check training.
- 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.
- Mandatory training for all staff was up to date.
- The practice provided staff with ongoing support. This included a structured induction process, one-to-one meetings and appraisals. Staff had either received an appraisal or had one planned.
- The practice offered a mentor system for all staff and there was evidence of shared learning and cross-site support from the provider's other location. For example, cross site training had occurred with prescription clerks, health care assistants and reception staff.

Good

Are services effective?

(for example, treatment is effective)

- The practice pharmacist was mentored by one of the partners.
- The practice held daily clinical meetings. This provided opportunities for all clinical staff to share best practice and provide peer support.
- 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.

- The practice's systems for managing referrals, results and correspondence were failsafe.
- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 followed up frequent A and E attenders, unplanned admissions and where children failed to attend hospital appointments.
- 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.
- Monthly multidisciplinary meetings were held with other health and care professionals. Minutes of these were kept but they did not always contain sufficient information about the issues discussed.
- Clinical meetings were held daily for all clinicians to attend. Clinical staff told us they attended these as often as possible and felt they were highly beneficial as patient care could be managed safely and effectively through team discussions.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition, those with learning disabilities, older people and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health and 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, staff could refer to local wellbeing services for mental health support and advice for smoking and alcohol cessation. The practice offered HIV tests for new patient registrations.
- The health care assistant undertook NHS health checks for those aged 40-74.
- As the provider had been operating for five months, there was no up to date or relevant data for bowel and breast cancer screening rates.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. There was no up to date data available for childhood immunisation uptake rates.

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.
- Clinical staff had undertaken training in the Mental Capacity Act.
- The practice monitored the process for seeking consent appropriately.

Requires improvement

Are services caring?

Our findings

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

The practice was rated as requires improvement for caring because:

- Seven patients spoken with and five comment cards indicated some dissatisfaction with compassion shown, particularly by reception staff and that there was 'not enough time to care'.
- The practice's own patient survey and the NHS Family and Friends Test demonstrated that patients were not satisfied with care received.

Kindness, respect and compassion

Staff told us they treated patients with kindness, respect and compassion however patients indicated some dissatisfaction with care and compassion:

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We observed staff to be caring and helpful.
- We received five patient Care Quality Commission comment cards, which gave mixed reviews about the care experienced.
- We spoke with seven patients and comments about the service were also mixed. Patients felt that services were strained and there was 'not enough time to care'. Patients also reported that the manner of some reception staff could be uncompassionate. However patients also reported that they felt kindness and compassion had improved since the provider had started and some patients described the care received as 'excellent'.

As services had been operating under the new provider since 1 October 2017, there were no current results from the annual national GP patient survey, last published in July 2017. The NHS Friends and Family Test from November 2017 to January 2018 totalled 232 responses. Results showed that 58% would recommend the practice; and 22% reported they would be extremely unlikely to recommend the practice. The practice survey ran over two days in January 2018. The practice sent out 50 surveys and received 22 responses. Responses indicated that patients rated satisfaction with the doctor or nurse consultation as 6/10 and they rated how helpful they found the reception team as 9/10.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, informing patients this service was available. Staff reported occasional use of language interpretation services but also used online interpretation services and we saw examples of this.
- The practice had a hearing loop installed for patients with hearing difficulties.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were 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. A reception staff member had been recently appointment as a carers' lead and a social prescriber.

The practice had systems in place to identify patients who were carers:

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 128 patients as carers (1.7% of the practice list).
- The practice supported carers by offering flu immunisations. 53% of carers had received a flu immunisation in 2017/18.
- The practice offered carers' health checks.
- Staff signposted patients to a local carer support organisation and had a carers' resource folder in the waiting area.

The practice supported recently bereaved patients:

Requires improvement

Are services caring?

- Staff told us that if families had experienced bereavement, the duty clinician contacted them.
- This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.
- There was information in the waiting area about bereavement support services.

As services had been operating under the new provider since 1 October 2017, there were no current results from the annual national GP patient survey, last published in July 2017. Of the five patients spoken to during the inspection, not all felt involved in their care and one patient reported they felt their long-term condition was not fully understood by staff. Patients also reported that due to the number of locum staff used, there was a lack of continuity of care and they often had to repeat their medical history on each visit.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Staff were able to offer a private room to discuss patient's concerns if this was required.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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

- Patients found it difficult to see or speak to their preferred GP.
- Patients had difficulty getting routine and urgent appointments when they needed them.
- There was no clear system for ensuring patients with the greatest needs were prioritised for appointments with the duty doctor.

Responding to and meeting people's needs

The practice arranged services to meet patients' needs.

- The practice understood the needs of its population and tailored services in response to those needs. For example:
  - There was access to a daily emergency clinician via telephone consultations for home visits and appointments.
  - There was an agreement with the local Clinical Commissioning Group (CCG) that the practice were not able to offer extended opening hours currently due to staffing and appointment availability.
  - However, the practice were able to refer patients to an extended access hub for the local CCG so patients were able to access evening and weekend appointments.
  - Advanced booking of appointments was available up to four weeks ahead, both online and via the telephone.
  - Online services were available such as repeat prescription requests.
  - Local CCG patients from other practices could access a weekly phlebotomy clinic held at the practice and the health care assistant had recently been trained to offer this service specifically to practice patients.
- The practice improved services where possible in response to unmet needs, for example:
  - The provider employed a pharmacist to work at the practice to carry out medicines reviews and reviews of patients recently discharged from hospital.
  - The practice worked with the Patient Participation Group (PPG) to offer monthly coffee mornings particularly for more elderly or vulnerable patients. One coffee morning had occurred at the time of the inspection.
- The facilities and premises were appropriate for the services delivered. The provider advised that the practice were due to move to a new purpose-built health centre within the next two years.
- The practice made reasonable adjustments when patients found it hard to access services, for example using interpretation services for those with language barriers. The practice registered homeless patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A member of the reception team had been appointed as a 'social prescriber' and reception staff were undergoing signposting training in order to address social issues relevant to this population group.

People with long-term conditions

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for people with long-term conditions:

- Chronic disease management including medication reviews were undertaken by GPs and supported by the practice nurses where applicable.
- Patients were able to attend the in house phlebotomy services.
- The practice pharmacist and GPs had been involved in reviewing patients on controlled drugs and high risk medicines that had previously not received medicines reviews.

Families, children and young people

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Longer appointments were offered for antenatal care and eight week postnatal checks.
- Children under three months were prioritised for appointments with the daily duty GP.

Working age people (including those recently retired and students)

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for working age people (including those recently retired and students):

- The practice were able to refer patients to extra same day, evening and weekend GP and nurse appointments at the local access hub.
- Sexual health screening tests were offered at registration.
- Patients were able to attend the in house phlebotomy services.

People whose circumstances make them vulnerable

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for people whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a register of carers and offered carers health checks with the health care assistant. One of the reception team had been nominated the carers lead.

People experiencing poor mental health (including people with dementia)

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for 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.
- Patients were referred or self-referred to local counselling services.
- The practice offered a new service of monthly coffee mornings

Timely access to the service

The practice provided a range of appointments and access options:

- Appointments could be booked up to four weeks in advance for both nurse and GP consultations. The next available advanced routine appointment was within three weeks for a GP consultation.
- Some routine appointments were also released a few days ahead. For example, we saw that appointments for 5th March were able to be booked on 2nd March.
- Urgent same-day appointments were accessible via a telephone consultation with the duty clinician and face to face appointments were booked, where indicated.

However patients were not always able to access appointments within an acceptable timescale for their needs:

- Six out of the seven patients spoken with reported they had difficulty getting appointments and they were 'frustrated' with the appointment system.
- Patients reported they felt there were not enough GPs.
- Patients reported they could not see their preferred GP; there were frequently different locum GPs who were not familiar with their problems.
- Patients reported that appointments were often delayed; on the day of the inspection we observed two patients who had been waiting more than 30 minutes to be seen.
- We observed that reception staff were not keeping patients informed of any delays.
- The practice promoted online booking to reduce demand on the telephone; however patients told us that they found it difficult to get appointments online as there were minimal appointments available. From March 2018 the practice were planning to release 100% of appointments online to provide more booking options for patients.
- We spoke to a range of staff about the appointment system. Reception staff were aware of ensuring children

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

under three months were flagged as a priority, however there was minimal evidence of a clear process for staff to refer to, to ensure those with the greatest needs were prioritised for urgent same-day appointments. GPs told us that unwell children would always be seen, however reception staff told us they frequently referred patients requiring same day appointments, including children to the local CCG access hub.

- Staff told us that the structure of the appointment system and staffing rotas were managed by the provider's other location; reception staff had minimal input into how appointments were managed. Staff reported that when they received 'tasks' from the doctors to book patients a follow up appointment, there was often none available within the required timeframe, so a telephone consultation had to be booked instead.

As services had been operating under the new provider since 1 October 2017, there were no current results from the annual national GP patient survey, last published in July 2017. The practice survey ran over two days in January 2018. The practice sent out 50 surveys and received 22 responses. Reponses showed that patients rated their most recent experience of trying to get an appointment as 6/10. The NHS Friends and Family Test from November 2017 to January 2018 totalled 232 responses. Results showed that 58% would recommend the practice; and 22% reported they would be extremely unlikely to recommend the practice.

The provider recognised the current challenges relating to the demand for appointments. Staff felt that a large number of their patients had complex needs, high demands and expectations of the service and had been resistant to the changes they had made, especially in relation to tightening the prescribing processes. The provider had uncovered a large number of patients that had previously not been monitored or reviewed closely enough and had worked to ensure those with the highest risks had been seen within the constraints of appointments available.

We saw that the practice had increased the number of GP sessions over the past 5 months to aim to improve appointment availability:

- Locum GPs and a locum nurse practitioner assisted the existing GPs with providing routine appointments for patients.
- The practice pharmacist was able to undertake medicines reviews which helped to cope with demand for appointments.
- The practice had recently appointed a salaried GP into a vacancy (who had not yet started in the role) whilst a further vacancy was being advertised.
- They had secured funding for additional locum sessions to increase the number of appointments available further form March 2018.
- The practice advertised their DNA appointment rate (those who 'did not attend') and sent letters out to frequent non-attenders.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately, Lessons learnt and were changes made in the practice from complaints.

- Staff treated patients who made complaints compassionately.
- Information about how to make a complaint or raise concerns was available in the waiting area and online.
- The practice recorded verbal and formal concerns and complaints.
- The complaint policy and procedures were in line with recognised guidance. Two formal complaints were received since the provider had been operating over the last five months. We reviewed these and found that they were satisfactorily handled in a timely way.
- There were six verbal complaints recorded. One of these related to an incorrect prescription provided to a patient, however this had not been investigated as a significant incident. Other verbal complaints were linked to difficulties with appointment access.
- There was evidence that the practice learned lessons from individual concerns and complaints and improvements made. For example, due to patient concerns about appointments, the practice had put in place measures to increase the number of GP sessions and therefore appointment availability.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice, and all of the population groups, as requires improvement providing a well-led service.

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

- Not all safety systems had clear governance arrangements; the practice did not have failsafe systems to ensure equipment, vaccine refrigerator temperatures and uncollected prescriptions were monitored.
- Systems for cascading information to staff were not always working effectively.

Leadership capacity and capability

The provider had faced significant challenges when they took over the service on 1 October 2017 but leaders demonstrated they had the skills and capability to deliver high quality care:

- The practice was led by a strong and stable leadership team consisting of three partners, a business manager working between the providers practice locations, and the practice manager. The leadership team had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and pressures the practice had faced and were addressing them.
- For example, they found 59 patients who had previously had unrestricted access to controlled drugs on repeat prescription. They also found multiple examples where patients were provided with high risk medicines on repeat prescription and they had not had the required blood tests and checks to ensure their prescriptions were safe. There was evidence that the provider had identified the risks and quickly put robust prescribing systems in place.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice did not have a formal business plan in place, however there was clear common objectives to improve delivery of the service due to recent challenges and areas where the practice had been underperforming.

- There was a mission statement to provide high quality personalised care through continuous learning and development. The practice had objectives to achieve priorities.
- Staff were aware of the mission statement and objectives and their role in achieving them.
- There was evidence that patient safety had been prioritised as part of their 'safety first' business model over the previous five months of operating the service. The provider had revised and improved workflow systems for management of patient clinical information, addressed training needs, staffing levels, implemented failsafe medicines management systems and reviewed premises concerns.
- The provider had a clear direction for future objectives linked to research, learning and development, improving patient satisfaction and use of technology.
- The practice planned its services to meet the needs of the practice population.

Culture

Staff reported there was a positive culture in the practice and felt that although the initial period had been challenging, over the last two months the working environment had improved.

- Some staff had felt the impact of unstable leadership over the past two years due to two changes in the provider organisation. There was evidence during the initial period since October 2017 that some staff felt communication flow from the new provider had been lacking. The provider told us they had to prioritise 'safety first' to address a number of risks identified when they took over the practice. The provider was aware of staff views on lack of communication and had strategies in place to improve communication systems with staff.
- Staff recognised the beneficial impact of the changes made by the provider, particularly in relation to medicines management.
- Staff stated they felt respected, supported and valued.
- 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.

Are services well-led?

Requires improvement

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

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We found that complaints were thoroughly investigated and openly communicated to patients involved.
- The provider was aware the requirements of the duty of candour, and the practice policy demonstrated on-going compliance with this.
- Leaders and managers challenged behaviour and performance that was inconsistent with the vision and values of the service.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Some staff had received an appraisal over the previous five months and there was evidence that appraisals had been planned or booked for remaining staff.
- There were peer learning and cross site working opportunities to improve the quality of services provided, for example, the prescribing clerks, reception team, practice manager and health care assistant. All staff were involved in a buddy and mentor system.
- Clinical staff, including nurses and locums were considered valued members of the practice team and were invited to the scheduled daily clinical meetings. The nurse and health care assistant met monthly with the practice manager.
- Two administrative staff meetings had been held in the last five months; these were planned to be bi-monthly. A weekly 'communications' email was sent to all staff by the practice manager which included information about updated policies and changed to systems from significant incidents and complaints.
- The provider planned to commence a practice meeting for all staff on a six weekly basis; the first meeting was planned for March 2018.
- Management and partnership meetings occurred on a weekly basis.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

Most systems had clear responsibilities, roles and lines of accountability to support good governance and management; however some safety systems had gaps in governance arrangements.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- There were failsafe governance arrangements for repeat prescribing and workflow management of clinical information.
- Policies and procedures were easy to understand and accessible, however there were some instances where policies were not always followed. For example, not all incidents that occurred had been reported, the cold chain policy had not been followed on a number of occasions and uncollected prescriptions were not being monitored in line with the practice's prescribing policy
- We found that there were no formalised governance systems for monitoring and logging checks of single use equipment, emergency medical equipment and cleaning of clinical equipment. We also found that there was no clear governance system for monitoring vaccine refrigerator temperatures and monitoring prescriptions not collected. For all these processes, there was evidence that checks were performed inconsistently and when checks were carried out, they were not always logged. It was not clear where the lines of responsibility sat for these systems, particularly if key staff members were on leave.
- The practice had robust systems to support good clinical governance. It was standard practice that daily clinical meetings were held for all clinical staff; this provided regular opportunities for sharing of significant events, safety and medicines alerts, practice performance, quality improvements and best practice guidance.
- Governance systems were supported by weekly management and weekly partnership meetings.

Managing risks, issues and performance

There were effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. This was supported by the variety of daily, weekly and monthly meetings and safety audits

Are services well-led?

Requires improvement

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

and risk assessments. The provider had a clear awareness of the main risks and challenges and had plans to address these, for example risks relating to numbers of clinical staff.

- The practice were aware of significant events and complaints, they were discussed in clinical meetings, administrative meetings and were regularly reviewed by the management team to identify trends. Significant event meetings occurred three-monthly.
- The practice had business continuity plans in place and had trained staff to prepare for major incidents.
- The practice had processes to manage current and future performance. Performance of locum clinical staff and quality of the service could be demonstrated through audit of their consultations, prescribing and referral decisions.
- There was no published Quality and Outcomes Framework (QOF) data or National GP Patient Survey Data for the provider, however the QOF lead GP discussed performance in clinical meetings.
- Practice leaders were aware of the performance of the practice and one of the partners attended local Clinical Commissioning Group (CCG) meetings where performance was monitored and discussed.
- The practice had a quality monitoring and audit schedule in place. Audits were conducted to improve quality of care and outcomes for patients. There was clear evidence that a range of audits were being undertaken including urgent referrals, safeguarding and death audits. Audits had been prioritised so that high risk issues were monitored first including controlled drug prescribing and monitoring and high risk medicine prescribing.

Appropriate and accurate information

The practice process in place to act on appropriate and accurate information.

- The practice used information from a range of sources including Quality and Outcomes Framework (QOF) data, public health data, referral and prescribing performance data and patient satisfaction data to ensure and improve performance. However as the provider had been operating for five months, data was not always reflective of current performance.
- Quality and sustainability were discussed in practice meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care. For example, an online system was used to get consultant best practice advice.
- The practice submitted data or notifications to external organisations as required, for example quality alerts raised to a local hospital following significant events.
- 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 had systems to involve patients, the public, staff and external partners to improve the service delivered.

- There was evidence that patients', staff and external partners' views and concerns were acted on to shape services. The provider worked with the Patient Participation Group (PPG) and local Clinical Commissioning Group (CCG) to identify and address areas for improvement. We spoke to a member of the PPG who reported the practice were open to suggestions and they felt included in development of the service.
- The practice had begun to work with the PPG and had held two PPG meetings over the last five months. An action taken forward from the group was the practice to host monthly coffee mornings for patients. The first coffee morning was held in February 2018 and was well-attended. To recruit more members to the PPG the practice actively advertised the group in the waiting area.
- Minutes from the last PPG meeting in January 2018 showed that the PPG members were concerned about availability of appointments and issues with GP recruitment.
- The practice ran a sample survey over two days in January 2018. The practice sent out 50 surveys and received 22 responses. Reponses indicated that patients rated satisfaction with the doctor or nurse consultation as 6/10 and they rated how helpful they found the reception team as 9/10.However patients rated experience of trying to get an appointment as 6/10.
- As services had been operating under the new provider since 1 October 2017, there were no current results from the annual national GP patient survey, last published in

Are services well-led?

Requires improvement

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

July 2017. The NHS Friends and Family Test from November 2017 to January 2018 totalled 232 responses. Results showed that 58% would recommend the practice; and 22% reported they would be extremely unlikely to recommend the practice. The practice displayed FFT results in the waiting area and displayed the measures they were taking to improve services.

- The practice had engaged with the CCG to secure funding for additional GP sessions whilst recruiting for salaried GPs and there was evidence that number of GP sessions had increased over the previous five months.

Continuous improvement and innovation

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Significant events and complaints were shared with all staff during meetings or via communication emails and there was evidence that learning was shared and used to make improvements.
- Leaders encouraged their ethos of continuous learning and improvement by facilitating cross-site working, peer support and mentoring from the provider's other location.
- There was evidence of significant improvement to establish safe medicines management systems over the previous five months.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Systems for cascading information to staff about governance arrangements were not always working effectively. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • We found that there were no formalised governance systems for monitoring and logging checks of single use equipment, emergency medical equipment and cleaning of clinical equipment. • We also found that there was no clear governance system for monitoring vaccine refrigerator temperatures and monitoring prescriptions not collected as policies were not always followed. This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:

- Patients reported they felt there were not enough GPs.
- Patients found it difficult to see or speak to their preferred GP.
- Patients had difficulty getting routine and urgent appointments when they needed them. Six out of the seven patients spoken with reported they had difficulty getting appointments.
- There was evidence that there was insufficient number of clinical staff; there were on average between 21 and 24 GP sessions offered per week in January 2018 and an additional four sessions provided by the practice pharmacist. This was lower than expected considering the practice list size of 7600 and the demand for appointments.

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.