

Dr P Kumar & Partners

Inspection report

Merritt 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires improvement overall. (Previous inspection May 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

We carried out an announced comprehensive inspection at Dr P Kumar and Partners (also known as Chessington Park Surgery) on 22 May 2018 as part of our inspection programme.

At this inspection we found:

- Overall, the practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, there were some areas which required review to ensure that processes were safe and effective; for example, the practice did not keep a log of their use of prescription stationery, and there was no process in place to ensure that safety and medicines alerts were acted on.
- The practice conducted reviews of the effectiveness and appropriateness of the care it provided when this was required by the Clinical Commissioning Group (CCG). It had processes in place to ensure that the care of patients with long-term conditions was regularly monitored; however, we saw evidence that the care of patients with learning disabilities and those with dementia was not always reviewed and documented in sufficient detail.
- The practice had failed to ensure that nursing staff received a regular appraisal, and there was no process in place to monitor the clinical decision making of clinical staff, including non-medical prescribers.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had a culture of aspiring to provide high-quality sustainable care and to continuously improve; however, in some areas there were insufficient arrangements in place to ensure that processes were effective.

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

- Ensure persons employed by the service provider in the provision of a regulated activity receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure that they maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- Ensure that care and treatment is provided in a safe way for service users.

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

- Assess the arrangements in place in respect of the security of prescription stationery, taking into account best practice guidance, and make any necessary changes.
- Consider putting arrangements in place to monitor that the process for seeking consent from patients prior to receiving treatment is consistently and appropriately applied.
- Putting in place tools to assist staff in communicating with people with learning disabilities, in particular, to enable staff to assess the level of pain being experienced by these patients.
- Consider introducing a programme of audit specific to the services provided.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector, accompanied by a GP specialist adviser.

Background to Dr P Kumar & Partners

Dr P Kumar & Partners (also known as Chessington Park Surgery) is located in Chessington, a suburb in South West London bordering Surrey, and is one of 22 practices in Kingston Clinical Commissioning Group (CCG). The practice had approximately 7276 patients at the time of our inspection.

Chessington Park Surgery is located within purpose built premises, Merritt Medical Centre, which it shares with another GP practice and a pharmacy. A large carpark is available at the practice, and there is space to park in the surrounding streets. The reception desk, waiting area, consultation rooms and administrative offices are situated on the ground floor. Further administrative space and meeting rooms are on the first floor.

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 15%, which is higher than the CCG average of 12%; and for older people the practice value is 11%, which is lower than the CCG average of 13%. The age profile of patients registered at the practice is broadly the same as local and

national averages. Of patients registered with the practice, the largest group by ethnicity are white (85%), followed by Asian (8.5%), mixed (3%), black (2%) and other non-white ethnic groups (1.5%).

The practice's clinical staffing team are made up of two full-time male GP partners, three part-time salaried GPs, a nurse practitioner, two practice nurses, and a healthcare assistant. The administrative team consist of a practice manager, an assistant practice manager, an office manager, and a team of reception and administrative staff. In total 33 GP sessions are available per week, plus seven nurse practitioner sessions.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open from 8.00am to 1.00pm, then 2.00pm to 6.30pm on weekdays. Extended hours surgeries are offered between 6.30pm and 8pm on Wednesdays and Thursdays, and every other Saturday morning from 9am to 11.30am.

Are services safe?

We rated the practice as Requires Improvement for providing safe services, as in some areas, processes in place to manage risks to patients were not adequately or consistently applied.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Overall, staff had the information they needed to deliver safe care and treatment to patients; however, this was not the case for some patient groups.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- Overall, the practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment; however, for some patients, such as those with learning disabilities and those with dementia, we found that care plans did not contain sufficient information to ensure continuity of care.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines; however, these were not always followed.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The storage and use of prescription stationery required review. Prescription stationery was stored securely whilst the practice was closed; however, during opening times prescription sheets were kept in an unlocked cupboard in the administrative office. The practice kept a record of receipt of stocks of these sheets, but did not keep a log of which prescribers these were allocated to.
- There were systems in place to ensure that patients' health was monitored in relation to the use of medicines and followed up appropriately; however, we saw some

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examples of clinicians disregarding flags alerting them that the necessary monitoring information was unavailable and proceeding with issuing a prescription. The practice explained that in some cases patients did not comply with the monitoring tests required; however, the practice had failed to assess the risks of continuing to prescribe medicines for these patients.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- In some areas, the practice monitored and reviewed activity; however, there was little evidence that internal safety procedures, such as that in place to ensure safe prescribing, were monitored for effectiveness.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong; however, they lacked systems to act on external 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. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice did not have adequate processes in place in order to act on and learn from external safety events or patient and medicine safety alerts. We were told that emails relating to these events were sent to a single member of staff, who would disseminate any information which was relevant to the practice; however, staff we spoke to were unaware of these alerts and unable to provide examples of alerts they had been sent. We were told that no action was taken to search for patients affected by the issues raised in the safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services, as we found that the care being provided to vulnerable patients and those with poor mental health (specifically dementia) did not meet the required standard .

Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with current evidence-based practice; however, this did not include access to patient and medicine safety alerts. Overall, 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; however, for some patient groups there was a lack of evidence that a comprehensive assessment had been completed.

- Patients' immediate needs were fully assessed, this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- We were advised that staff did not have access to specific tools to assess the level of pain in patients, and that there were no specific resources available to help staff to assess the level of pain in patients with learning disabilities.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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. The practice had 478 patients aged 75 and over, and had carried out health checks for 240 (50%) of these patients over the past 12 months.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease, including the offer of high-intensity statins for secondary prevention; people with suspected hypertension were offered ambulatory blood pressure monitoring; and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice did not have arrangements to identify and review the treatment of newly pregnant women on long-term medicines in order that they could be provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

Are services effective?

- The practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the national screening programme; however, the practice's achievement was above the CCG average of 67% and national average of 72%.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice had 16 patients on their learning disability register; we reviewed the most recent care plans for five of these patients and found that in all cases there was a lack to evidence to show that these patients had received a sufficiently comprehensive review and to ensure continuity of care.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice had 51 patients on their dementia register; data showed that all of these patients had received a review of their care in the past 12 months. However, we reviewed the most recent care plans for six of these

patients in detail and found that only two contained adequate detail. Three of the examples contained only information pre-populated by the patient records system, and one contained some basic detail.

- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health; for example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had processes in place to ensure that targets relating to the Quality Outcomes Framework (QOF) were monitored and achieved. They carried-out some quality improvement activity; however, this was largely led by the Clinical Commissioning Group's medicines management team and we saw no evidence of that the practice had a programme of audit which was specific to their service.

- The practice was a high QOF achiever, with an achievement of 100% of the available points for the most recent verified results (reporting year 2016/17). The practice had assigned the role of Care Co-ordinator to one of the members of administrative staff, whose role was to ensure that patients with long-term conditions attended for their annual review.
- The practice had completed five medicines audits over the past two years, two of which were full cycle audits. For example, they had conducted an audit of their antibiotic prescribing to ensure that they were prescribing antibiotics within the terms of guidance. They found that prescribers were making the correct decision about whether it was appropriate to prescribe antibiotics, but that guidance was not always followed in relation to the type and duration of the prescribed course. Following this, the practice had ensured that

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prescribing guidance was displayed in each consulting room so that prescribers could easily refer to it. A re-audit found that adherence to overall antibiotic prescribing guidance had improved from 50% to 70%

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose roles included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Overall, the practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, and support for revalidation. All administrative staff had received an appraisal within the preceding 12 months. At the time of the inspection we were told that the practice was in the process of arranging appraisals for nursing staff; however, we noted that prior to this, nursing staff had not received an appraisal since 2015. Doctors were subject to an external appraisal and did not receive an appraisal at the practice.
- The practice did not have any specific arrangements in place to ensure the competence of staff employed in advanced roles; for example, they did not have any specific protocols in place relating to the role of the Nurse Practitioner, and there was no process in place to review or audit their clinical decision-making or prescribing.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

- Overall, the practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents; however, we noted that care plans for people with learning disabilities and those with dementia did not always contain sufficient information to ensure continuity of care and that patients' wishes about their care and treatment were communicated to relevant parties.
- Overall, the practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances; however, some examples of care plans for patients with learning disabilities and dementia which were viewed during the inspection did not detail the arrangements for these patients' end of life care.

Helping patients to live healthier lives

Overall, staff were consistent and proactive in helping patients to live healthier lives; however, some groups of patients required further attention.

- In some cases, the practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- However, the practice did not have a system in place to monitor the process for seeking consent.

Are services effective?

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

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

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. The practice had a Care Co-ordinator in place, whose role was to ensure that these patients received the care that they needed.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

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

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours for both nurse and doctor appointments two days per week, and the practice was also open every other Saturday morning.

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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia; however, in the case of patients with dementia, this was not supported by the appropriate documenting of care plans.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the

quality of care. For example; a patient complained about the delay in the practice providing a letter for their employer. Having investigated the reason for the delay, the practice identified that the request for the letter had been mislaid. Following this, the practice introduced a new process for tracking these types of requests.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and as requires improvement for providing a well-led service, as we found that in some areas there was a lack of clinical oversight to ensure that patient care was being delivered in a safe and effective way.

Leadership capacity and capability

Leaders had the capacity and skills to deliver the service; however, there were insufficient arrangements to ensure that all staff received a regular appraisal, that medicines were prescribed safely and that medicines alerts were acted on. There was also insufficient oversight to ensure that some of the practice's more vulnerable patients were receiving the care they needed.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and worked closely with staff.

Vision and strategy

The practice had a clear vision and credible strategy to deliver the service.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns to their line manager. They had confidence that these would be considered.
- There were processes for providing all staff with the development they needed, including appraisal and career development conversations; however, these were not always followed with regards to nursing staff. All staff received regular annual appraisals in the last year, with the exception of nursing staff who had not received an appraisal since 2015. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a commitment to the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out and understood.
- The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety; however, they had failed to assure themselves that they were operating as intended. For example, a process was in place for the handling and processing of repeat prescription requests to ensure that where a patient required a review of their condition or monitoring tests to be completed prior to a prescription being issued, this was flagged with to the prescriber; however, we saw examples where prescriptions had been issued without required reviews and tests being completed and where there was no record to document the reason for this.

Managing risks, issues and performance

Are services well-led?

There were some processes for managing risks, issues and performance; however, in some areas these required review.

- Processes to manage current and future staff performance required review. The practice did not have in place processes to assess the performance of employed clinical staff; for example, by auditing consultations, prescribing and referral decisions.
- Practice leaders did not have oversight of national and local safety alerts, and we found that no action was being taken in response to these.
- Clinical audit had some impact on the quality of care and outcomes for patients; however, there was little evidence long-term impact resulting from audit. The practice did not have a programme of audit outside of those required by the CCG.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information; however, in some areas they lacked processes to enable them to identify where information was lacking; for example, the issue of some care plans being saved to the system without any information having been added had not been identified by the practice prior to the inspection.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence that the practice aspired to continuously improve the care provided to patients.

- There were effective processes in place to ensure that all staff kept up to date with relevant training.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had failed to ensure that persons employed by the service provider in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. In particular: Nursing staff had not received an appraisal for the past two years.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to ensure that systems or processes were established and operated effectively to ensure good governance. In particular: The provider did not have adequate processes in place in order to act on and learn from external safety events or patient and medicine safety alerts. The provider had failed to ensure that comprehensive care plans were recorded in the records of patients who required additional support. The provider had failed to put in place arrangements to review the clinical decision making of clinical staff and had no specific protocol in place relating to the role of non-medical prescribers. The provider had failed to review the effectiveness of processes put in place in relation to repeat prescribing.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The provider had failed to ensure that care and treatment was provided in a safe way for service users. In particular: The provider had failed to ensure that high-risk medicines were being prescribed safely.