

Bilborough Medical Centre

Inspection 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 location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Inadequate 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Inadequate

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Bilborough Medical Centre on 18 April 2018. This inspection was carried out as part of our inspection programme and following a registration change in 2017.

At this inspection we found:

- The practice did not have clear systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, these were not always reported.
- There were limited arrangements in place to review the effectiveness and appropriateness of the care being provided. Care and treatment was not always delivered according to evidence-based guidelines.
- Arrangements for monitoring and reviewing prescribing did not ensure that patients were kept safe.
- Arrangements were not in place to ensure that staff were working within the scope of their competency.
- During our inspection we saw that staff treated patients with compassion, kindness and respect. However, the privacy and dignity of patients was not always respected.
- There were not enough appointments to meet the needs of patients; appointments were not always long enough to ensure adequate time to treat patients properly.
- Patients found it difficult to get through the practice by telephone.

- Governance arrangements were not being operated effectively to ensure the delivery of high quality, sustainable care.

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

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

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

- Review and improve arrangements for the identification of carers in order to offer them with support where needed

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager adviser.

Background to Bilborough Medical Centre

Bilborough Medical Centre provides primary medical services to approximately 9250 patients in the Bilborough area of Nottingham. The practice is located at Bracebridge Drive, Bilborough Nottingham, Nottinghamshire, NG8 4PN. Services are also provided from a branch practice at Assarts Farm Medical Centre, 8 Upminster Drive, Nuthall, Nottingham, NG16 1PT.

The provider is registered for the provision of the following regulated activities from Bilborough Medical Centre:

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

Services at Bilborough Medical Centre are provided by Bilborough Medical Partnership. Bilborough Medical Partnership registered with the CQC as the provider of this service on 18 December 2017. Although this was a new registration as a new partnership, the current partners had been operating under the same contractual arrangements since 2016.

Bilborough Medical Partnership is a partnership of four GPs (two male; two female); one of whom does not work at the practice. A further GP partner works from the practice on an occasional basis but does not provide any regular booked clinical sessions from the practice. These two partners are part of the IMH Group which manages a network of primary care sites across the country. The partnership contracts IMH to provide the practice's support services including finance, recruitment and IT support. Responsibility for compliance with legal requirements is retained by the partnership as the provider registered with the CQC.

Bilborough Medical Practice is situated in an area of high deprivation falling into the second most deprived decile. Income deprivation affecting children and older people is similar to the local clinical commissioning group (CCG) average and above the national average.

The clinical staff comprises of two GPs (one male; one female), a pharmacist, an advanced nurse practitioner, two nurse practitioners, a practice nurse, a healthcare assistant and a phlebotomist. The clinical team is supported by a practice manager, an assistant practice manager and a team of reception and administrative staff.

The practice is open between 8.30am and 6.30pm Monday to Friday. When the practice is closed out-of-hours GP services are provided by Nottinghamshire Emergency Medical Services (NEMS) which is accessed by telephoning the NHS111 service.

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services due to issues in the following areas:

- Safety systems and processes were not always operated effectively
- Not all risks to patients were identified and addressed
- Medicines were not always managed appropriately
- Issues were identified with regards to inadequate recording of consultations and the appropriateness of treatment

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse in all areas.

- The practice had some systems in place to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. We were not assured that all staff knew how to identify and report concerns.
- Reports and learning from safeguarding incidents were available to staff.
- Safeguarding policies were in place with policy localisation information available to reflect local leads for safeguarding.
- Staff who acted as chaperones were trained for their role however not all staff acting as chaperones 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.)
- The practice's safeguarding policies indicated that all staff working within the practice should have a DBS check as a minimum safety requirement; DBS checks had not been undertaken for all staff. The risk of not having undertaken these checks had not been assessed.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment and discrimination.
- The practice had not carried out appropriate staff checks at the time of recruitment for some staff, but advised us they were aware of some of the issues and were working towards rectifying these and bringing staff files up to date.

- There was an effective system to manage infection prevention and control.
- The practice had some arrangements in place 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 not adequate systems to assess, monitor and manage all risks to patient safety.

- Arrangements 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 were not operated effectively.
- The practice did not have enough staff to meet the needs of patients and there was a high turnover of clinical staff.
- There was an induction system for temporary staff including locum GPs in the form of a locum pack.
- 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.
- There was limited evidence that where there were changes to services or staff that the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

- The care records we saw demonstrated that there were significant concerns with regards to inadequate history and examination recording for some clinicians.
- The approach the management of test results was not being operated effectively.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver care and treatment.
- Clinicians made timely referrals in line with protocols.
- There was a back log of records awaiting summarising.

Appropriate and safe use of medicines

Are services safe?

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not always minimise risks. Issues were identified with regards to the recording of temperatures in refrigerators used for vaccination storage.
- Staff did not always prescribe, administer or supply medicines to patients and give advice on medicines in line with current national guidance.
- Patients' health was not monitored in relation to the use of medicines and followed up on appropriately.
- A review of patient records identified significant concerns with regards to prescribing by some clinicians and highlighted a lack of oversight of non-medical prescribers.
- Arrangements to monitor patients being prescribed high risk medicines were not being operated effectively.

Track record on safety

The practice did not have a good track record on safety.

- There were risk assessments in relation to safety issues related to the premises.
- There was evidence that the practice monitored and reviewed some activity. This had led to the identification

of some risks including concerns about staffing levels, staff training and staff competencies. However, timescales for completing actions did not ensure that patients would be kept safe.

Lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses; however there was evidence that not all significant events were reported and recorded.
- Leaders and managers did not always provide support to staff to raise significant events.
- Systems for reviewing and investigating when things went wrong were not operating effectively.
- The practice identified and shared some learning but there were limited evidence that themes were identified or events reviewed.
- The practice received and disseminated external safety events as well as patient and medicine safety alerts; however evidence indicated these were not always acted upon as required.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as inadequate for providing effective services overall and across all population groups.

The practice was rated as inadequate for providing effective services because:

- The provider could not be assured that all patients were receiving effective needs assessment, care and treatment
- The provider could not be assured that all clinical staff were treating patients within the scope of their competency
- Arrangements for support and supervision of staff needed to be strengthened

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

Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians did not always assess needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- A review of patient records indicated that patients' immediate and ongoing needs were not always 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.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff did not always record that they had advised patients what to do if their condition got worse and where to seek further help and support.

All populations groups have been rated as inadequate due to concerns with regards to staff competencies and training and the effective assessment and treatment of patients. However, there were some areas of good practice.

Older people:

- 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 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.
- Most 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 were offered structured annual reviews 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 however there was a gap in provision for patients with COPD as spirometry services were not provided by the practice. The practice had made arrangements for the provision of community spirometry services within the practice setting.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- QOF exception reporting rates for indicators related to diabetes were above local and national averages.

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 below the target percentage of 90%. The practice was aware of performance and made efforts to engage with patients and to vaccinate opportunistically.
- 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):

- The practice's uptake for cervical screening was 71% which was in line with local and national averages but was below the 80% coverage target for the national screening programme. Information was displayed to promote screening uptake.

Are services effective?

- The practices' uptake for breast and bowel cancer screening was below local and national averages. Information was displayed to encourage patients to attend for breast and bowel cancer screening.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. GPs were positive about working relationships with palliative care nurses.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 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 and those living with dementia. For example 97% 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 arrangements in place to monitor performance in some areas but did not have mechanisms in place to ensure the quality of care provided in all areas. For example, there was no evidence of consultation or prescribing reviews for locum GPs or nurse practitioners.

There was evidence of monitoring performance in some areas through clinical audit but findings of audits and actions required were not always shared amongst clinicians. There was evidence of the monitoring of QOF achievement.

Effective staffing

The provider could not be assured that all staff had the skills, knowledge and experience to carry out their roles.

- Evidence indicated that not all clinical staff had appropriate knowledge and skills required for the role they were expected to undertake. For example, in respect of the prescribing of opiate medicines by nurse practitioners.
- Staff undertaking reviews for people with long term conditions had receiving training to support this.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice did not support all staff to undertake learning and development. Not all staff felt they were encouraged and given opportunities to develop.
- Up to date records of competencies, skills, qualifications and training were not maintained for all clinical staff. There had been no documented competency assessment for healthcare assistants. Members of staff been employed as advanced nurse practitioners without the appropriate qualifications.
- The practice did not always provide staff with a high level of ongoing support. There was evidence of induction processes for some staff. Some staff reported that they had not received an appraisal for over two years until the inspection was announced.
- There was no evidence of clinical supervision or mentoring for the non-medical prescribers including the nurse practitioners.
- The practice did not ensure the competence of staff employed in advanced roles through audit of their clinical decision making, including non-medical prescribing.

Are services effective?

- There was no 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 care and treatment.

- We saw some records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- The practice delivered end of life care in a coordinated way with external staff. This took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff aimed to be 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 and carers.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as inadequate for caring.

The practice was rated as inadequate for caring because:

- *Feedback from the national GP patient survey and comment cards demonstrated there were areas for improvement*
- *A low number of carers had been identified by the practice*
- *The privacy and dignity of patients was not always respected*

Kindness, respect and compassion

During our inspection we observed that staff treated patients with kindness, respect and compassion.

- Feedback from patients was mixed about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice was aware of areas where the patient survey feedback was below local and national averages. The practice told us they felt there was an issue with patient perception and this was something they were working to change.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids 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 did not always respect 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.
- During our inspection we identified that two healthcare assistants were being expected to share and use the same treatment room to see patients at the same time. The patients were seen behind a curtain but conversations could be overhead and this did not ensure that the privacy and dignity of patients was maintained.

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 inadequate for providing responsive services.

The practice was rated as inadequate for responsive because:

- Patient feedback from comments cards and the national GP patient survey was poor regarding access
- There was a lack of appointments with an appropriate clinician to meet the needs of patients

Responding to and meeting people's needs

The practice did not always organise and deliver services to meet patients' needs.

- The practice demonstrated some understanding of the needs of their population and tried to tailor services in response to those needs. For example, the practice had been trialling an open access service on certain days of the week however patients could still not access appointments in a timely manner. Additionally this service was being delivered by staff who were seeing patients beyond their level of competency.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

All population groups were rated inadequate for responsive due to issues in respect of access to appointments.

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 offered home visits and urgent appointments for those with enhanced needs. However, GPs were not always available meaning nurse practitioners were undertaking home visits when a GP had been requested.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines

needs were being appropriately met. Multiple conditions were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs.

- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- There was no spirometry provision within the practice.

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.
- Not 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):

- Early morning and late afternoon appointments were offered but there was no extended hours provision.
- Patients could request to speak to clinicians via the telephone.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people 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. Staff had received training to become dementia friends.
- The practice held mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

- Patients did not have timely access to initial assessment, test results, diagnosis and treatment. We identified a backlog of tasks where patients had not been contacted regarding the results of their tests.
- Waiting times, delays and cancellations were not managed appropriately. Patient feedback indicated long waiting times within the practice and a long wait to access routine appointments.
- We were not assured that patients with the most urgent needs had their care and treatment prioritised although urgent home visit requests were highlighted to clinicians.
- Patients reported that the appointment system was not operating effectively. Patients found it hard to get through to the practice. Evidence indicated a high number of patients were being direct to walk-in centres or 111.
- A review of the appointment system demonstrated a lack of available appointments.

The practice was aware of areas for improvement and told us they felt they needed to change patient perception about access.

Listening and learning from concerns and complaints

The practice told us they took complaints and concerns seriously; however, we did not see evidence that they always responded in a timely and appropriate way 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.
- Evidence indicated that not all complaints were recorded.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups as inadequate for providing a well-led service.

The practice was rated as inadequate for well-led because:

- There was inadequate leadership capacity
- Governance systems were not being operated effectively

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Some leaders demonstrated knowledge about issues and priorities relating to the quality and future of services. However, there was limited evidence to indicate that challenges were being addressed.
- Not all leaders were visible and approachable. One of the partners had never visited the practice and a further partner attended occasionally. There had been changes in the management team and staff were unclear as to who would be in the practice from day to day. There was limited evidence of inclusive leadership.
- The practice did not have effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice had identified the salaried GP as clinical lead and some plans had been put in place to address this.

Vision and strategy

The practice had vision and a supporting business plan to deliver high quality care.

- There was a clear vision and set of values. The practice had a business plan in place for the coming year.
- Staff were aware of and understood the values but had limited knowledge of the future strategy of the practice and their role in this.

Culture

The practice did not have a culture of high-quality sustainable care.

- Not all felt respected, supported or valued.
- The practice staff told us they were focused on the needs of patients.
- Openness, honesty and transparency were not always demonstrated when responding to incidents and complaints.
- Some staff we spoke with told us they were able to raise concerns and were encouraged to do so. However, evidence indicated that not all issues raised were addressed. Some staff reported that managers did not listen and did not take action.
- Processes for providing all staff with the development they required needed to be improved to ensure staff had the skills and competency appropriate to their role.
- Most staff had received an appraisal following the announcement of the inspection but these had not been documented at the time of the visit. Some staff reported a significant delay prior to that in having a review or appraisal.
- Not all clinical staff felt they were considered valued members of the practice team. There was limited protected time for professional development.
- There was no documented evidence of the evaluation of work of clinical staff.
- Not all staff felt there were positive relationships between managers and staff.

Governance arrangements

Governance arrangements were not operated effectively.

- Staff were not always clear on their roles and accountabilities. Staff were unclear regarding management arrangements.

Are services well-led?

- Processes were not operated effectively to enable leaders to ensure safety and assure themselves that they were operating as intended. There was a lack of oversight of clinical activity and risk.
- Processes to identify learning from significant events and complaints were not operated effectively.

Managing risks, issues and performance

- There was not an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice did not have clear processes to manage current and future performance. Performance of employed clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints but appropriate action was not always taken in response to these. In addition, not all events were reported or recorded.
- Clinical audit had some positive impact on quality of care and outcomes for patients. However, there were no systems in place to share and disseminate learning from audits to improve quality across the practice.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice did not always have appropriate and accurate information.

- Quality and operational information was reviewed to try to improve performance, for example in relation to vaccination rates.
- Performance information was combined with the views of patients. There was evidence of consideration of patients' views and efforts to gain more feedback.
- There was some evidence of discussions regarding sustainability but little evidence of action to address staffing shortages. There was no evidence the practice had tried to understand the reasons for the high turnover of clinical staff.
- The practice submitted data or notifications to external organisations as required.
- We were not assured that 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 told us they had made attempts to involve patients, the public, staff and external partners to support the delivery of services.

- A range of patient views and concerns were encouraged and feedback shared within the practice.
- There was no patient participation group but the practice was advertising for members.

Continuous improvement and innovation

There was no evidence of continuous improvement and innovation.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This included risks relating to arrangements for ensuring the competency of staff; the oversight of medicines and prescribing of medicines; recruitment checks; and the arrangements for the security of prescriptions. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider was not ensuring that governance arrangements were operated effectively to assess, monitor and improve the quality of services; to assess, monitor and mitigate risks relating to the service and to evaluate and improve the service. This included access to appointments, clinical oversight and governance arrangements. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.