Dr Gangadhar Duddukuri

Inspection report

Burscough Health 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?	**Good**
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 rating November 2016– Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Dr Gangadhar Duddukuri on 18th June 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. However vaccines had been compromised by a lack of response to inappropriate fridge temperatures. Also medicine was being administered without appropriate SPDs in place. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- 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.
- Staff felt well supported and had access to training and development opportunities.
- There were gaps in governance in particular in forming an ongoing strategy for improvement and a lack of formal monitoring of system compliance.

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
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- 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:

- The Practice should enable access to best practice guidelines and ensure these are put into practice.
- Ensure all induction programmes are completed
- Take steps to improve take up of cervical screening.
- Develop the role of the patient participation group to demonstration consultation on potential improvements.
- Liaise with the landlords to update the risk assessment of security systems.

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

Our inspection team

Our inspection team was led by a CQC lead inspector**.**
The team included a GP specialist adviser.

Background to Dr Gangadhar Duddukuri

Dr Gangadhar Duddukuri (also known as Burscough Family Practice) is situated in a residential area of Burscough and occupies the purpose built Burscough Health Centre, Stanley Court, Burscough, Lancashire along with a neighbouring GP practice. The practice website is www.burscoughfamilypractice.co.uk.

The practice delivers services under a general medical services (GMC) contract with NHS England to 2777 patients, and is part of the NHS West Lancashire Clinical

Commissioning Group (CCG).

The practice delivers the following regulated activities:

- Treatment of disease, disorder or injury
- Maternity and Midwifery
- Diagnostic and screening procedures
- Surgical procedures

The average life expectancy of the practice population is in line with both CCG and national averages for males (79 years) and slightly above the CCG average for females (83 years for the practice as opposed to 82 years for the CCG, 83 years nationally). The practice caters for a higher percentage of patients over the age of 65 years (27.9%) compared to the local (21.6%) and national (17.2%) averages. The percentage of patients under the age of 18 years is lower at 16.2% compared to the local average of 18.9% and national figure of 20.8%.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the

highest levels of deprivation and level ten the lowest.

The practice is staffed by one male GP (the provider) and one female long-term locum GP. The GPs are assisted by a healthcare assistant. Clinical staff are supported by a practice manager, medicines coordinator and four other administrative and reception staff.

The practice is open Monday to Friday between the hours of 8:00am and 6:30pm, apart from Thursdays when the practice closes at midday. Appointments are offered between 9.00am and 11:30am each morning, and from 3:30 until 5:00pm each afternoon, apart from Wednesdays when appointments are offered from 4.00pm until 5.30pm, and Thursdays when the surgery closes for the afternoon. On a Thursday afternoon when the practice is closed, cover is provided by the neighbouring practice that occupies the same health centre building.

Outside normal surgery hours, patients are advised to contact the Out of hour's service, offered locally by the provider Vocare subcontracted by Virgin Health Care.

Requires improvement

Are services safe?

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

Safety systems and processes

The practice lacked comprehensive and 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 in the main 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.) However, we sampled four staff files and saw no evidence of a DBS check on the file of one receptionist who acted as a chaperone.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The documentation evidencing appropriate staff checks at the time of recruitment and on an ongoing basis not comprehensive. For example, an induction checklist in one file had not been completed and one file contained no application form or curriculum vitae and a reference had been accepted from a family member. Current recruitment was being undertaken and we were concerned that the practice recruitment policy was not being followed.
- There was not an effective system to manage infection prevention and control. The last audit was completed in November 2016 and the practice stated the practice nurse was responsible for infection control, whilst in reality this post was currently vacant.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, the risk assessment in relation to security had not been carried out since 2012. This was the responsibility of NHS Property Services who were the landlord.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were some 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, although this was not always completed.
- 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. However, we saw no evidence that staff 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

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. However, there was no documented approach to managing test results.
- The practice staff told us they had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, we saw no minutes of multidisciplinary meetings and patient records did not include notes of these discussions.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice lacked reliable systems for appropriate and safe handling of medicines.

- The systems for managing medical gases, emergency medicines and equipment, minimised risks.
- Staff did not always prescribe, administer and supply medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support

Requires improvement

Are services safe?

good antimicrobial stewardship in line with local and national guidance. We saw that Patient Specific Directions with regard to vitamin B12 injections were not available to support the health care assistant.
- Fridge temperatures were checked and logged daily. We saw that for a 3-month period the fridge temperature put the safe storage of vaccines at risk. As a result of us bringing this to the attention of staff the incident was reported to the appropriate bodies and an action plan was put in place to achieve compliance by 1st July 2018.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were a range of risk assessments in relation to safety issues.
- However, the practice demonstrated limited monitoring and review of these assessments.

Lessons learned and improvements made

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

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were limited systems for reviewing and investigating when things went wrong. The practice documentation did not facilitate learning and practice meeting minutes did not document full discussions. We saw no evidence of identified themes or review of the actions agreed.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, on the day of the inspection we saw no system for monitoring who the alerts were forwarded to or what action was taken. We saw evidence that a system was put in place within 24 hours of the inspection.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

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

Effective needs assessment, care and treatment

The practice had limited systems to keep clinicians up to date with current evidence-based practice. We were told 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, there was no direct pathway to NICE guidelines to update practice seen on practice systems.

- Patients' immediate and ongoing 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good for effective because:

- 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.
- 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:

This population group was rated good for effective because:

- 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. We saw no evidence that people with suspected hypertension were offered ambulatory blood pressure monitoring however patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. This was with the exception of reviews with patients diagnosed with COPD including an assessment of breathlessness using the Medical Research Council dyspnoea scale which were 71% as compared with the local average of 93% and national average of 90%. Clinical staff felt the low performance indicated in 16/17 may have been an issue of co-diagnosis and a poor response to invitation to appointments and unvalidated figures for 17/18 indicated performance had improved to 97%.

Families, children and young people:

This population group was rated good for providing effective services because:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- 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):

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 71%, which was below the 80% coverage target for the national screening programme. Currently the practice was recruiting for a practice nurse who would focus on improving attendance as one of their areas of responsibility.

Good

Are services effective?

- The practice's uptake for breast and bowel cancer screening was comparable with both the local and the national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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:

This population group was rated good for effective because:

- 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):

This population group was rated good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 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.
- 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.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was 100%, above average compared with local and national figures. Exception rates for patients with schizophrenia or psychoses having a care plan were 25%, higher than average, however this applied to only three patients.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff although we saw this had not been completed for one new member of staff. Ongoing support included one to one meetings, appraisals, coaching and mentoring, and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw no evidence of records that showed that all appropriate staff, including those in different teams and

organisations, were involved in assessing, planning and delivering care and treatment. However, the district nursing team were based in the same building and staff reported that there were regular, informal discussions.
- The practice shared clear and accurate information with relevant professionals when coordinating healthcare for care home residents. Routinely they shared information with, and liaised with, social services and carers for housebound patients, health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

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

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line or above local and national averages for questions relating to kindness, respect and compassion. For example, 92% of respondents stated they would definitely or probably recommend the surgery to others and 97% stated the last time they saw or spoke to the GP they were good or very good at listening to them.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, using simple English however we saw no evidence of easy read materials..
- 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.
- The practices GP patient survey results were consistently above local and national averages for questions relating to involvement in decisions about care and treatment. For example, 98% of respondents said the GP was good or very good at involving them in decisions about their care.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered 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.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available with the GP which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have 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 informally coordinated with other services.

Older people:

This population group was rated good for responsive because:

- 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 GP also accommodated home visits for those who had difficulties getting to the practice due to limited mobility.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated good for responsive because:

- 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 informal meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated good for responsive because:

- 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 were failing to attend appointments.
- 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):

This population group was rated good for responsive because:

- 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, opening hours had been changed to later in the afternoon and evening and weekend appointments were available from the West Lancs Extended Hours service.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- 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):

This population group was rated good for responsive because:

Good

Are services responsive to people's needs?

- Patients were referred to the Psychological well-being practitioner who carried out sessions at the practice.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

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.
- The practices GP patient survey results were consistently above local and national averages for questions relating to access to care and treatment. For example, 94% of respondents said generally it was easy to get through to someone at the practice by telephone and 94% said their overall experience of making an appointment was good.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- The practice showed us one complaint for the twelve-month period. The documentation of this complaint lacked detail for example dates of receipt and subsequent action, reporting of the discussion with staff was limited and there was no system to review action taken and lessons learnt.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had some capacity and skills to deliver high-quality, sustainable care.

- Leaders demonstrated limited knowledge about issues and priorities relating to the quality and future of services. They understood some of the challenges and were trying to address them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- We saw no evidence to show the practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a vision but no strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice did not have a strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and values and their role in delivering them.
- The practice planned its services to meet the needs of the practice population.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance 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 and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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.
- There were positive relationships between staff and teams.

Governance arrangements

There were not clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were informal and generally understood, however they were not always effective in documenting decision making and monitoring progress. The governance and management of partnerships, joint working arrangements and shared services were all informal and did not evidence co-ordinated person-centred care.
- Staff were generally clear on their roles and accountabilities including in respect of safeguarding, however infection prevention and control was currently awaiting the arrival of a new practice nurse.

Requires improvement

Are services well-led?

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, we did see there were some key gaps in policy documentation, for example with regards to the management of test results and monitoring of high risk medication.

Managing risks, issues and performance

The practice lacked comprehensive processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address some current and future risks including risks to patient safety. However, staff had not responded to unsafe fridge temperatures, putting patients at risk.
- The practice had limited processes to manage current and future performance. Practice leaders had poor oversight of safety alerts, incidents, and complaints.
- Clinical audit had been carried out in response to medicine alerts and had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in staff meetings and informally between the practice manager and GP.
- Staff told us they used performance information which was reported and monitored, however we saw no evidence of this or whether 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 some plans to address any identified weaknesses, such as recruiting a practice nurse.
- 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 could demonstrate how it involved patients and staff in supporting the delivery of services.

- A virtual patient participation group had been established and a patient survey conducted in order to gain feedback and promote services offered.
- Staff were offered opportunities to contribute to service development via a programme of planned annual appraisals and staff meetings.
- We were informed of interaction with external stakeholders, but these conversations took place informally so the provider had difficulty evidencing their impact on the practice's performance.

Continuous improvement and innovation

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

- There was no obvious focus on continuous learning and improvement.
- We saw no clear evidence that staff knew about improvement methods and had the skills to use them.
- The practice made use of limited internal and external reviews of incidents and complaints. Learning was discussed however there was no review of action taken or analysis in order to make systematic improvements.

Requires improvement

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met…Fridge temperatures increased the risk of vaccines being damaged and patients were put at risk. There was no accountable person for infection control and prevention and an audit had not been carried out since November 2016.Staff had not received training in awareness of sepsis and clinical staff were unfamiliar with best practice management protocols. We also saw no evidence of the required equipment for the management of suspected sepsis.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met…Recruitment documentation was incomplete in that application information was not available and an inappropriate employment reference had been accepted.A current recruitment process had moved to the checking process prior to an interview taking place. We saw no evidence that one receptionist who had chaperone duties had undertaken a criminal record check.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met…There was no documentation to demonstrate joint working or multidisciplinary care coordination.The practice did not have a strategy or business plan to make improvements

This section is primarily information for the provider

Requirement notices

or develop services and monitoring of progress was done informally. Some systems were ineffective, for example there was no protocol to manage test results, documentation and review of complaints and significant events was incomplete.There was no succession planning in place for key staff. The health care assistant was administering medicines without the full range of Patient Specific Directions