

# Trinity 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

Requires improvement



Are services safe?

Inadequate



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 Inadequate overall.** (Previous inspection 22 August 2017 – Requires Improvement)

The key questions are rated as:

Are services safe? – Inadequate

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 Trinity Medical Centre on 22 August 2017 to follow up on previously identified breaches of regulations. We inspected the practice at 2 Garland Road London SE18 2AE.

The overall rating for the practice following that inspection was Requires Improvement. The full comprehensive report on the 22 August 2017 inspection can be found by selecting the 'all reports' link for Trinity Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced comprehensive inspection at Trinity Medical Centre on 4 and 10 October 2018 to follow up on breaches of regulation identified in August 2017. We visited on two dates to accommodate the leave of key staff.

At this inspection we found:

- Systems and processes were in place to keep people safe however some of these systems were not operated effectively to ensure care and treatment to patients was provided in a safe way. For example, patients on high risk medicines were not being monitored properly. After the inspection the practice provided us with evidence of a new system in place to monitor patients.
- The practice did not always act on appropriate and accurate information.
- There was an ineffective system for monitoring the prescribing of hypnotics medicines.

- Since the last inspection the practice had not ensured that the identification of carers had improved.
- We found there was a lack of systems and processes established that operated effectively to ensure compliance with requirements to demonstrate good governance.
- The practice now had a system in place to monitor safety alerts.
- There was a system in place to ensure professional registration and medical insurance of clinical staff was routinely checked on an ongoing basis.
- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice did not always learn from them to improve their processes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use.
- The practice had undertaken two full cycle audits which demonstrated quality improvement.

The areas where the provider **must** make improvements 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:

- Explore ways to improve the uptake of childhood immunisation and cervical screening.
- Review prescribing of hypnotics.
- Risk review obtaining a paediatric pulse oximeter.
- Improve the identification of carers so that they can be offered appropriate support.

## Population group ratings

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

## Our inspection team

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

## Background to Trinity Medical Centre

Trinity Medical Centre, is based in the London Borough of Greenwich. The practice is run by one GP (female) who works full time at the practice.

The practice is situated in a purpose-built building, and shares its premises with another GP surgery, as well as other health amenities such as a dentist and podiatry. The practice has been operating here since March 2017. The practice is in an area with a mixed demographic, including areas of both relatively high and relatively low deprivation, they have a deprivation index score of 3. The practice has a list size of 3,685. In addition to the GP who runs the practice, there are two GPs, one salaried, one long term locum (one female and one male). In total 13 GP sessions are offered per week.

There is also a practice nurse a practice manager and five other administrative and reception staff. The practice is contracted to provide Personal Medical Services (PMS)

and is registered with the CQC for the following regulated activities: diagnostic and screening procedures, maternity and midwifery services, family planning, and treatment of disease, disorder or injury.

The practice is open between 8am and 6:30pm Monday to Friday. Except Monday when the practice is open until 8pm. The practice is closed on the weekends and bank holidays. Appointments with the GPs are available from 8.30am to 12pm and from 3.30pm to 5.30pm Monday to Friday. Appointments with the nurse are available from 9am to 12.30pm and from 2pm-5.30pm Monday to Thursday. The practice has extended hours on Monday from 6:30pm until 7:30pm.

The practice has opted out of providing out-of-hours (OOH) services. Patients needing urgent care out of normal hours are advised to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on patients' medical urgency.

# Are services safe?

At our previous inspection on 22 August 2017, we rated the practice as Requires Improvement for providing a safe service due to the practice not having a system in place for routinely checking the professional registration and medical insurance for clinical staff, there was no system in place to deal with safety alerts. We issued a requirement notice in respect of these issues and found arrangements had improved regarding these issues when we undertook a comprehensive follow up inspection of the service on 4, and 10 October 2018. However, at this inspection we identified that patients taking high risk medicines were not being monitored appropriately. We also identified the system for changing medicines on prescriptions was not auditable, and we identified a child on the at-risk register did not have a flag on their notes. The practice did not have a safety netting process for ensuring patients undertook requested blood tests.

**We rated the practice as inadequate for providing safe services.**

## Safety systems and processes

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. However, we identified that one child on the child protection register did not have a flag on their notes. 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 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.
- 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.
- The practice now had a system in place to check that clinical staff registration was up to date, and there was now a system in place for checking clinical staff indemnity insurance.
- We did not see evidence of a premises security risk assessment, we were told the building management undertook this risk assessment and the practice did not have a copy of this on both the days we visited.
- The practice only had an adult pulse oximeter and had not undertaken a risk review for not having a paediatric pulse oximeter.

## Information to deliver safe care and treatment

Staff did not always have 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. There was a documented approach to managing test results.
- The practice did not have a safety netting process for ensuring patients requested to take blood tests took them. After the inspection the practice provided us with evidence which showed they now had a system in place to follow up patients that had been sent for a blood test.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

# Are services safe?

## Appropriate and safe use of medicines

The practice had some systems for appropriate and safe handling of medicines, but these did not always keep patients safe.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- With the exception of high risk medicines, the practice did not have a system in place to monitor patients on high risk medicines. On the day of the inspection we saw evidence that six patients receiving medicines requiring regular monitoring were not being checked in line with national guidance. After the inspection the practice provided us with evidence of a new system in place to monitor patients on high risk medicines.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The system for changing medicines on prescriptions was not auditable. We were told the GP would see a letter that required changes to medicines to be made. The GP would highlight the change, and send the letter to the prescription clerk, who in turn would make the change, the prescription clerk would then inform the GP, however there were no checks done after this. After the inspection the practice provided us with evidence that showed a change in system for making changes to prescriptions which would now only be done by GPs.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues, with the exception of the premises security risk assessment. The practice told us this had been undertaken by the building management, but they did not have a copy.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made 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 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 acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

At our previous inspection on 22 August 2017, we rated the practice as Requires Improvement for providing effective services due to the practice not undertaking two-cycle audits. The practice had also not undertaken care plans for patients that required them and antibiotic prescribing was higher than average compared to local and national averages. We issued a requirement notice in respect of these issues.

At this inspection we found that the previous concerns had been addressed. However, we found new concerns. The uptake rates for the vaccines given to children were below the target percentage of 90%. The practice prescribed more than the local or national average amount of hypnotics medicines.

**We rated the practice and some of the population groups (People with long-term conditions; Families, children and young people; Working age people (including those recently retired and students); People whose circumstances make them vulnerable; and People experiencing poor mental health (including people with dementia)) as Requires improvement for providing effective services.**

(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 systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- 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 used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

## Older people:

We rated the practice as good for providing effective services to this population group.

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

## People with long-term conditions:

We rated the practice as requires improvement for providing effective services to this population group.

- 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).
- The practice had a specialist diabetic nurse who would come in weekly to see patients with a HbA1c over 75.

# Are services effective?

## Families, children and young people:

We rated the practice as requires improvement for providing effective services to this population group.

- 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 explained this was due to a reluctance of patients wanting vaccination for their children. The practice showed us a list of appointment reminders on the computer records where they had contacted parents. The GP told us she always undertook the first baby immunisation in conjunction with the eight-week baby check and would encourage parents to book the follow up appointments.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were 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.
- We identified that one child on the child protection register did not have a flag on their notes.

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

We rated the practice as requires improvement for providing effective services to this population group.

- The practice's uptake for cervical screening was in line with the Clinical Commissioning Group (CCG) and national averages, though below the national screening programme target.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- 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:

We rated the practice as requires improvement for providing effective services to this population group.

- 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.
- The practice prescribed more than the local or national average amount of hypnotics medicines. The practice was not aware of this and after the inspection provided evidence that they intended to audit their prescribing of these medicines.

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

We rated the practice as requires improvement for providing effective services to this population group.

- We reviewed two patients with mental health illness that had care plans. Notes on these patients were brief and limited in detail.
- 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 medicines.
- 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.
- Clinical performance for this population group was in line with or above local and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- 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

# Are services effective?

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had completed a two cycle audit of patients prescribed an anticoagulant medicines that required specific monitoring. We saw that actions had been taken and performance had improved in the second cycle of the audit.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. 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.
- 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. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- 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.

- 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. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have 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. Since the last inspection 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.
- Staff told us they signposted patients to Live Well Greenwich, Oxleas and time to talk, these services provided workshops, on-line self-help and there was a number of leaflets in the reception area.

## 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.

## Are services effective?

- 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.
- We saw when patients came to have a cervical screening check that consent was obtained and recorded in patients notes.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

At our previous inspection on 22 August 2017, we rated the practice as Good for providing caring services. We found that the provider was still providing a caring service when we undertook this announced comprehensive inspection on 4 and 10 October 2018.

## 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.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.
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### 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, 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 had identified less than one percent of their patient list as carers.
- Patients reported that the GPs were caring, responsive to their needs and always took the time to listen to all issues the patients had. All patients we spoke with were happy with the services the clinicians provided.

### 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?

At our previous inspection on 22 August 2017, we rated the practice as Good for providing responsive services. We found that the provider was still providing a responsive service when we undertook this announced comprehensive inspection on 4 and 10 October 2018.

**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 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 coordinated with other services.
- The practice had a priority list, this was a list for specific patients that when they call the surgery they would always be offered an appointment with a GP of their choice, for example a patient recently diagnosed with cancer would be on this list, or vulnerable patients.

### 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

### 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.
- The practice had a new service where a specialist diabetes nurse would see all patients with a HbA1c level over 75 (HbA1c is a marker for long term blood sugar control. Raised levels indicate poorer diabetes control).

### 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, with the exception of one child on the child protection register that did not have a flag on their notes.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- 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 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, extended opening hours.

### 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.
- The practice adds these patients to their priority list, so they can be offered appointments out of normal clinic times.

# Are services responsive to people's needs?

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.
- The practice issued care plans and patients were called annually for a review.
- Patients could also be given appointments outside of normal clinic times if required.

## 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 practice's GP patient survey results were in line with local and national averages for questions relating to timely access to care and treatment.

## 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 learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Our review of four out of five complaints received in the last year showed the complaints process was being followed effectively.

**Please refer to the Evidence Tables for further information**

# Are services well-led?

At our previous inspection on 22 August 2017, we rated the practice as Requires Improvement for providing well-led services due to the practice not having a process in place for checking professional registration and medical insurance of clinical staff, not having a system in place to deal with safety alerts and for not undertaking two cycle audits. In addition, patients who required care plans did not have any in place and antibiotic prescribing was higher than average compared to local and national averages. We issued a requirement notice in respect of these issues.

**We rated the practice as requires improvement for providing well-led services.**

**At this inspection improvements had been made in the areas we had previously identified as concerns; however we identified there were ineffective monitoring systems in a number of areas of clinical performance.**

## Leadership capacity and capability

- Leaders were reactive to quality and risk issues. When concerns were raised they understood the challenges and were addressing them, but there was no evidence of a proactive approach to identifying risk.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Leaders had addressed all concerns raised at the last inspection. The practice now had a system in place for dealing with safety alerts, there was now a system in place to ensure all clinical staff had indemnity insurance and up to date registration. There had been two full-cycle audits undertaken which demonstrated quality improvement for patients. However, at this inspection we identified a lack of a number of systems to monitor and review performance and to protect patients. The practice quickly took steps to address a number of these, but only after we had raised them with the practice.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice said they 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.
- 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 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

# Are services well-led?

There were some responsibilities, roles and systems of accountability to support good governance and management. However, the overall governance and management structures, was not sufficient.

- Structures, processes and systems did not always support good governance and there were gaps in the oversight of several processes.
- 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 and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were some processes for managing risk, issues and performance. However, we found that whilst the practice had addressed the concerns from the last inspection, new concerns had been found.

- There was insufficient processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- We did not see evidence of a premises security risk assessment, we were told the building management undertook this risk assessment and the practice did not have a copy of this on both the days we visited.
- The practice only had an adult pulse oximeter and had not undertaken a risk review for not having a paediatric pulse oximeter.
- There was no safety netting processes for non-clinical staff members making changes to prescriptions. The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit 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 implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- The practice used performance information which was reported and monitored and management and staff were not always held to account, for example no audit process for when staff made changes to prescriptions.
- We identified that one child on the child protection register did not have a flag on their notes.
- 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 relevant meetings where all staff had sufficient access to information.
- 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, the public, 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 of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.

## Are services well-led?

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and sometimes used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice told us they were in the process of recruiting the salaried GP into a partner of the practice.

**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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>How the regulation was not being met.</b> <ul style="list-style-type: none"><li>• There was no safety netting processes for non-clinical staff members making changes to prescriptions.</li><li>• The provider did not have a copy of the premises security risk assessment.</li><li>• There was insufficient information in care plans.</li><li>• Not all children on the at risk register had flags on their notes.</li></ul>

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>Warning notice</b> <ul style="list-style-type: none"><li>• The practice had no systems in place to monitor patients on high risk medicines.</li><li>• There was no safety netting for patients asked to attend for blood tests.</li></ul>