

Soho Square General Practice

Inspection report

1 Frith Street
London
W1D 3HZ

Tel: 0207534657

<WWW.XXXXXXXXXXXXXXXXXX>

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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

This practice is rated as inadequate overall. (Previous rating 18 May 2016 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Soho Square General Practice on 10 May 2018. The practice was selected as part of our inspection programme in response to concerning information received.

At this inspection we found:

- There was no innovation or service development and improvement was not a priority among staff and leaders.
- There was no clinical oversight of the largely locum clinical staff.
- Staff could not demonstrate effective cleaning of some clinical equipment.
- Staff did not always follow practice policy when there was a break in the vaccine cold chain.
- Feedback from the patient participation group (PPG) stated that the practice did not listen to patients views and continuity of care was poor due to the high use of locums.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The areas where the provider must make improvements as they are in breach of regulations are:
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

• Ensure there is leadership capacity and clinical oversight in the practice.

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.

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 and a practice nurse specialist adviser.

Background to Soho Square General Practice

LivingCare Medical Services – Soho Square General Practice, provides GP primary medical services to approximately 5000 patients living in the London Borough of Westminster.

The patient population groups served by the practice include a cross-section of socio-economic groups with a high prevalence of patients from Chinese ethnic backgrounds. Information published by Public Health England, rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice team comprises of one male long-term locum GP providing eight clinical sessions, a female locum GP working two sessions, five additional sessions were covered by locum GPs. There is a practice manager, two practice nurses and four administrative staff.

The practice is open between 8am-6.30pm Monday to Friday and 9am-1pm on Saturdays. Home visits are provided for patients who are housebound or too ill to visit the practice. The practice refers patients to the London Central and West Out of Hours and the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery services; diagnostic and screening procedures; treatment of disease, disorder or injury.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, smoking cessation, phlebotomy, 24-hour blood pressure monitoring, travel vaccines and advice.

Services are provided from one location:

Soho Square General Practice

First Floor

1 Frith Street

London

W1D 3HZ

The practice website is

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- There was no clinical oversight of the locum GPs and locum nurse.
- Staff could not demonstrate or provide evidence of cleaning of some clinical equipment.
- Staff had not followed the practice policy when there was a break in the cold chain.

Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse but these were not comprehensively implemented.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The system for managing infection prevention and control was not always effective, for example we asked a clinician how to clean a spirometer and for evidence of a cleaning regime, they were unable to demonstrate how to clean it or provide any cleaning records for clinical equipment.
- 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 not always adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were ineffective for the planning and monitoring the number and mix of staff needed to meet patients' needs. For example, the practice employed exclusively locum GPs with no evidence of clinical oversight and information from local Healthwatch prior to the inspection and patient feedback on the day raised concerns about a lack of continuity of care.
- 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.

Information to deliver safe care and treatment

Staff had 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 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.

Appropriate and safe use of medicines

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

- Following a recent break in the cold chain, staff responsible for recording the temperatures had failed to act and report that the temperatures had fallen outside the recommended range, as per the practice's cold chain policy.
- The systems for managing and storing medical gases, emergency medicines and equipment, were effective.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with

Are services safe?

current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- 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 track record on some aspects of safety.

- The practice had a variety of risk assessments in place to monitor safety of the premises such as fire risk assessment, control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
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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 but had not always shared lessons with all the locum GPs 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?

We rated the practice as requires improvement for providing effective services overall and as requires improvement across all population groups

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

- There were limited programmes for quality improvements or clinical audit.
- There was no evidence of clinical supervision for clinicians working at the practice.

All population groups were rated requires improvement for effective due to the above concerns which impacted on all patients.

Effective needs assessment, care and treatment

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

- 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.

All populations groups have been rated as requires improvement due to concerns with regards to the lack of quality improvement activities and the lack of clinical supervision. However, there were some areas of good practice.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered 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 it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. For example; The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 80% compared to the CCG average of 78% and the same as the national average.

Families, children and young people:

- Childhood immunisation uptake rates were lower at 82% (18 out of 20) than the target percentage of 90% for the three over two's categories and above at 97% (31 out of 32) for those aged one.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation via text message, letter or telephone call.
- 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 health visitor affiliated to the practice attended weekly to advise or support families with children and babies. Referrals could be made to the health visitor at any time if concerns were raised or a new mother needed support.

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

- The practice's uptake for cervical screening was 57%, which was above the CCG average of 54% but below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was higher than the CCG averages and below 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.
- The practice offered early morning walk in appointments for students, working adults and parents.
- 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.
- The number of new cancer cases treated of which resulted from a two week wait referral was 71% compared to the CCG average of 53% and the national average of 52%.

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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 64% compared to the national average of 90% with an exception reporting rate of 24% (8 patients) compared to the national average rate of 13%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 88% compared to the national average of 84% with zero exceptions compared to the national average rate of 7%.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. The patients were referred to the local mental health trust.
- 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.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and did not review the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

Are services effective?

- The most recent published Quality Outcome Framework (QOF) results were above average at 97% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 93% and national average of 87%.
- The overall exception reporting rate was 10% which was the same as the CCG average and comparable to the national average of 8%.
- The practice carried out medicines audits with the CCG, however there was no evidence of two cycle audits to drive forward improvements.

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.
- The practice did not have any permanent GP's, they used three long term locum GP's and were actively attempting to recruit permanent GP's.
- 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. This included one to one meetings, appraisals, coaching and mentoring, however this did not include clinical supervision.

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 discussing 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. 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, and were looking to initiate 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.
- 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 requires improvement for caring.

The practice was rated as requires improvement for caring because:

- Feedback from the PPG and NHS choices and comment cards demonstrated there were areas for improvement
- A low number of carers had been identified by the practice.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people, however we met with five of the PPG who felt the practice did not treat always them with respect and compassion and did not tailor their services to the needs of their patients.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the patient survey were in line with national and local averages and showed most patients felt they were treated with kindness, respect and compassion, however feedback from the PPG and NHS choices showed that recently patients had become more dissatisfied.
- The practice carried out its own friends and family satisfaction surveys and this should that month on month satisfaction was improving.

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 not proactively identified carers in order to support them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment. However, feedback from the PPG and NHS choices showed that recently patients had become dissatisfied with the lack of continuity of care due to the use of locums.

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.

Are services responsive to people's needs?

We rated the practice as requires improvement for providing responsive services overall and as requires improvement across all population groups

The practice was rated as requires improvement for responsive because:

- Feedback from the patient participation group (PPG) and NHS Choices stated that the practice did not listen to patients views and continuity of care was poor due to the high use of locums.

All population groups were rated requires improvement due to poor patient feedback.

Responding to and meeting people's needs

The practice did not organise and deliver services to meet patients' needs. It did not always take account of patient needs and preferences.

- Feedback from the PPG and recent NHS choices feedback indicated that the practice had not understood the needs of its population and had not 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 had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named long-term locum GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. Long term locum
- 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.
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Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
-

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Are services responsive to people's needs?

- The practice held GP led dedicated monthly 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 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 was in line with local and national averages in the GP national survey 2016/17 for questions relating

to access to the service, however more recent feedback from the PPG and NHS choices indicated that due to the use of locum's patients were not able to see their GP of choice.

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.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

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

- There was no innovation or service development and improvement was not a priority among staff and leaders.
- There was no clinical oversight of the largely locum clinical staff.
- Staff did not always follow practice policy when there had been a break in the cold chain.
- Feedback from the patient participation group (PPG) and the local Healthwatch stated that the practice did not listen to patients views and continuity of care was poor due to the high use of locums.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities and were attempting to deal with them, however the service had not taken immediate action to address the issues, for example, the departure of both of their full time GPs. Their strategy to deal with these departures was ineffective. This resulted in poor recent patient satisfaction, gaps in the infection control arrangements and a lack of clinical governance. CQC were sent an action plan 10 days after the inspection outlining how the service would deal with the issues identified.
- Leaders at regional level were visible and approachable, but the service lacked clinical oversight at local level.
- The practice had some processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values, however the practice did not have a clear strategy to support their business plans to achieve their priorities and goals.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

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.
- 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.
- 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 was a lack of clarity around responsibilities, roles and systems of accountability to support good clinical governance and management.

- Structures, processes and systems to support good governance and management were not always clearly set out or effective.
- Process 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 of the clinicians in the practice.
- Staff were not always clear on their roles and accountabilities including in respect of infection prevention and control.

Managing risks, issues and performance

There was no clarity around processes for 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.
- Performance of locum clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions.
- There was some evidence of programmes of service improvement and clinical audit. The service had not carried out any two cycle clinical audits.
- 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, but had not always acted on them.

Are services well-led?

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- 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 did not always involve 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, however not all locum staff attended meetings.

- The patient participation group and the local Healthwatch both felt that the practice had not always listened to their views.

Continuous improvement and innovation

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The service was using Doctorlink, which was an intelligent online tool which allowed patients to access advice, appointments and manage their conditions.
- Since the inspection the service had undertaken a modelling exercise which reviewed the appropriate clinical skill mix based on demographics such as;
 - Deprivation Scores
 - Under 4 year old population
 - Over 65, 75 and 85 years respectively
 - % of patients with long term conditions
 - QOF results and KPI results
 - Nursing home cover

This looked at the attributes of the practice to ensure that they were providing appropriate provision for the patient.

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 vaccines and maintaining the cold chain; and the arrangements for the cleaning of medical equipment.

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 clinical supervision and governance arrangements.