

# Hawthorn Drive Surgery

## 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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



# Overall summary

**This practice is rated as Requires Improvement overall.** (Previous rating published 10 August 2017 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Hawthorn Drive Surgery on 9 October 2018. The practice was previously inspected on 14 November 2016 and was rated as inadequate for providing safe, effective and well led services, requires improvement for providing caring services and good for providing responsive services. Overall the practice was rated as inadequate. As a result of the findings on the day of the inspection, the practice was issued with a warning notice on 13 December 2016 for regulation 17 (good governance). They were also given a requirement notice for regulation 12, safe care and treatment. The practice was placed into special measures for six months. A focussed inspection was undertaken on the 16 February 2017, to check on improvements detailed in the warning notice issued on 13 December 2016, following the inspection on 14 November 2016. They had complied with the warning notice. A comprehensive inspection was undertaken on 17 July 2017. The practice was rated good overall and good for all domains with the exception of effective, which was rated requires improvement. The practice was taken out of special measures. This inspection was undertaken to check that improvements had been sustained because the practice had gone from being in special measures to being rated good overall.

At this inspection we found:

- There was an effective system for recording and reporting of significant events and complaints. A process for sharing of learning and ensuring that actions had been completed had been established and this was embedded.
- Systems were in place to keep people safe, however they were not always followed. The practice were not able to evidence that three clinicians and one non-clinician had a Disclosure and Barring Service (DBS)

check completed by the practice, or assurance from NHS England, that an appropriate DBS had been completed. References had not been obtained for two nurses before they commenced employment at the practice. The vaccination history of staff had not been obtained, except for Hepatitis B status. A process was not in place to check the professional registration of staff on an ongoing basis. Following the inspection, the practice advised that they had established a system to check this.

- Training which was deemed mandatory had not been completed by all staff. This included training for safeguarding children and vulnerable adults, basic life support, infection control and fire safety.
- Arrangements were in place for infection prevention and control, however the checks of daily cleaning completed by clinical staff were not always completed. The practice's policy advised that sharps boxes should be changed every three months. We found one sharps box which was dated April 2018 and one sharps box which had not been dated.
- An effective system was in place to review and act on safety alerts and this had been embedded.
- Some improvements had been made to ensure patients were coded according to their diagnosis and that treatment was appropriate. A system of recall for patients who required monitoring had been embedded which included the implementation of a lead GP, other clinical staff and administration support. However, the practice's performance on quality indicators for people with long term conditions, for example diabetes and COPD was significantly lower than the CCG and England averages. They also had a significantly higher than average exception rate for five of the seven QOF mental health indicators.
- Patients diagnosed with cancer were not all reviewed appropriately and only 18 out of 66 patients with a learning disability had received a health review.
- The practice undertook audits, for example to identify areas of patient need, and to monitor workload to inform appropriate staffing levels. There was evidence of clinical audit, with some two cycle audits which had a positive impact on the quality of care for patients.
- The practice worked with external agencies and services to meet the needs of patients. Social services and the Citizens Advice Bureau (CAB) held a drop-in clinic at the practice every week. Multidisciplinary meetings were

# Overall summary

held, minuted and actions from these had been documented in the patient's medical record. However, not all patients diagnosed with cancer had been reviewed.

- Staff involved and treated patients with compassion and kindness. Patients said they were treated with dignity and respect and were involved in their care and decisions about their treatment
- In general, patients found the appointment system easy to use and reported that they could access care when they needed it.
- Staff reported they were supported by the management team and were happy to work in the practice.
- Leaders had the capacity and skills to deliver high-quality, sustainable care, however effective systems were not always in place to ensure this was provided.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and improve systems for managing infection prevention and control, particularly the management of sharps boxes and the documentation of in house cleaning.
- Continue to develop the system to include the review of patients who are identified as being frail.
- Complete the hard wiring test of the premises.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Hawthorn Drive Surgery

- The name of the registered provider is Hawthorn Drive Surgery.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice holds a Personal Medical Service (PMS) contract with the local Clinical Commissioning Group (CCG).
- The practice area covers the Chantry Estate, in Ipswich, with a few patients from the nearby villages of Copdock, Washbrook, Sroughton and Burstall.
- The practice offers health care services to approximately 8,850 patients.
- The practice website is .
- There are two GP Partners at the practice (one male and one female). There is one
- nurse practitioners, an emergency care practitioner, a pharmacist, a mental health practitioner, two nurses and two healthcare assistants. A team of ten administration and reception staff support the practice manager. The practice currently uses three regular locum GPs.
- Out-of-hours GP services are provided by Care UK via the 111 service.
- The practice has a larger number of patients between the ages of 0 to 18 and less patients between the ages of 65 to 75 than the national average. Income deprivation affecting children is 28%, which is above the CCG average of 13% and national average of 20%. Male life expectancy is in line with the England average at 79 years. Female life expectancy is 84 years for women, which is above the England average of 83 years.

# Are services safe?

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

The practice is rated as requires improvement for providing safe services because:

- The practice was not able to evidence that all staff had completed appropriate training, which included safeguarding children and vulnerable adults, basic life support, fire safety and infection control training.
- Recruitment procedures were not followed as three clinical and one non-clinical staff did not have a Disclosure and Barring Service (DBS) check completed by the practice.
- A process was not in place to check the professional registration of staff on an ongoing basis.
- The safe management of sharps boxes and the documentation of in house cleaning was not always undertaken.

## **Safety systems and processes**

The practice had systems to keep people safe and safeguarded from abuse, however they were not always followed.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. However, on the day of the inspection, the practice was not able to evidence that all staff had received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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, discrimination and breaches of their dignity and respect.
- The practice did not carry out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control, however the checks of daily cleaning completed by clinical staff were not always completed. The practice's policy advised that sharps boxes should be changed every three months. We found one sharps box which was dated April 2018 and one sharps box which had not been dated. Staff had not all completed infection control training.
- 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 effective 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, however, on the day of the inspection, the practice was not able to evidence that six clinical and one non-clinical staff members had received training in basic life support.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## **Information to deliver safe care and treatment**

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.

# Are services safe?

- 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 had reliable systems for appropriate and safe handling of medicines.

- The practice had an above average number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) and were taking some action to try to address this.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted 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 track record on safety was mixed.

- There were comprehensive risk assessments in relation to safety issues. However, some areas of infection control were not always completed, for example the documentation of in house cleaning and the effective management of sharps.
- A premises' hard wiring test had not been undertaken.
- The practice monitored and reviewed safety using information from a range of sources.

## 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 acted 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 published on 10 August 2017, we rated the practice as requires improvement for providing effective services. This was because the outcomes for patients remained below the local and national averages and with a higher exception reporting rate. These arrangements had not improved in all population groups, when we undertook a comprehensive inspection on 9 October 2018.

We rated the practice as requires improvement for providing effective services overall and for people whose circumstances make them vulnerable, people with long term conditions and people with mental health needs because:

- There was no formalised process for the review of patients who had been diagnosed with cancer.
- The practice had only completed 18 out of 66 health reviews for patients with a learning disability.
- The practice's performance on quality indicators for people with long term conditions, for example diabetes and Chronic Obstructive Pulmonary Disease (COPD) was significantly lower than the Clinical Commissioning Group (CCG) and England averages.
- The practice had a significantly higher than average exception rate for five of the seven Quality and Outcomes Framework (QOF) mental health indicators.

## 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. However, this was not undertaken consistently for all patients.

- 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:

- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those patients identified as being frail did not all have a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured 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.
- An emergency care practitioner visited older people who lived in care homes on a weekly basis to assess and monitor their health.

People with long-term conditions:

- The practice's performance on quality indicators for people with long term conditions, for example diabetes and COPD was significantly lower than the CCG and England averages. Where the achievement was below average, the practice was aware of this and had acted to try to improve achievement. For example, the practice had developed multi morbidity clinics, where patients with multiple long-term conditions were reviewed in consecutive appointments, to improve patient attendance at review appointments.
- 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. A Specialist Diabetes nurse attended one day a week to support patients with more complex diabetes needs.

Families, children and young people:

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

# 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.

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

- The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme. The practice's uptake for breast screening was above the national average, but below the national average for bowel screening. The practice promoted screening in the practice through displaying information leaflets in the practice and at open days and provided information in the patient newsletter.
- 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:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients who had been diagnosed with cancer had not all been reviewed. The practice had identified 222 patients on the cancer register and 25 on the palliative care register. On the day of inspection, eight of the 25 patients had received a review. There were two documented multi professional palliative care meetings in October 2017 and August 2018. We reviewed the records of four patients with a cancer diagnosis and none had been reviewed.
- The practice offered annual health checks to patients with a learning disability. Patients were invited according to their month of birth, therefore from April to September 2018, 35 patients had been invited for a health check. Only 18 out of 66 health reviews had been completed at the time of the inspection.

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

- The practice's performance on quality indicators for mental health was mixed, with achievement for some of the mental health indicators being above the CCG and England average and some being below these averages. However, the exception reporting for five of the seven mental health QOF indicators was significantly higher than the CCG and England average. The practice were aware and continued to work on this and had employed a mental health practitioner, who shared responsibility to review this area.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to for example, health checks, interventions for physical activity, obesity, pain management 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.

## Monitoring care and treatment

The practice had undertaken some two cycle clinical audits and reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was involved in quality improvement activity.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, however not all staff had completed mandatory training appropriate to their role.



# Are services effective?

- 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. However, there was no effective system in place for the monitoring of the completion of training and we found several staff had not completed training in safeguarding adults and children, basic life support, infection control and fire safety. Following the inspection, the practice advised that they had established a matrix of all training undertaken, which included face to face and e-learning. 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, mentoring, clinical supervision 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 together and with other health and social care professionals to deliver effective care and treatment, however this was not always coordinated for patients at the end of their life.

- 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.
- End of life care was not always delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.

## 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 and through the loan of a 24-hour blood pressure monitor.
- 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.
- Patients and staff had access to an online database of voluntary services.

## 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.

## Are services effective?

Please refer to the evidence tables for further information.

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

## **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 proactively identified carers and supported 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.

## **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, 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, although the practice had identified the need to move to more appropriate premises due to the need for more space and to be based with other professionals and agencies.
- 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 was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- 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 emergency care practitioner accommodated home visits for those who lived in care homes and those who were housebound.

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 extended appointment, and consultation times were flexible to meet each patient's specific needs.
- Standby antibiotics were prescribed for patients with chronic obstructive pulmonary disease during the winter months.
- The practice had paid for care videos to be installed on the practice website, to support the self-management of patients with long term conditions.

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.
- 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, pre-bookable appointments were available on a Saturday from 8.30am to midday. Patients could book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

# Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, and were offered support with completing any necessary paperwork.

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 held joint mental health and pain management clinics, which were run by the practice's mental health practitioner and emergency care practitioner.
- Patients who failed to attend were followed up by the practice.

## **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.
- Most 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 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, both in the practice and on the practice's website. 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, complaints and from the 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 good for providing a well-led service.**

## **Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care, although systems were not all in place, or followed to enable this.

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

## **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.
- 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 care 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, however effective systems were not always in place to ensure this.

- 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were some processes for providing all staff with the training they need; however, this was not monitored and several staff had not completed training deemed mandatory by the practice. All staff had received an annual appraisal. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

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

# Are services well-led?

- Some structures, processes and systems to support good governance and management were established but they were not always effective. For example, records of completion of training deemed mandatory by the practice were kept, but there was no oversight. We identified staff who had not completed basic life support, safeguarding, infection control and fire safety training and the practice had no effective system to identify this. Since the inspection, the practice informed us they have implemented a training matrix to improve the oversight of training completion.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding. GPs had a range of management and clinical leadership roles and other clinical and administration staff were identified to support with these lead roles.
- Practice leaders had established policies, procedures and activities to ensure safety, however, these were not always followed in practice.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- The practice undertook audits, for example to identify areas of patient need, and to monitor workload to inform appropriate staffing levels. There was evidence of clinical audit, with some two cycle audits which had a positive impact on the quality of care for patients. Some of the clinical audits which we were told had been completed, could not be located on the day of the inspection.
- 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 improve performance, however improvement had not been maintained in relation to the QOF achievement for some of the population groups.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice was in the process of establishing a patient participation group.
- The practice was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

## Are services well-led?

There were 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.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff at the practice had recently met with a range of stakeholders who had a shared vision to improve outcomes for children. This was with a view to work even more collaboratively and to be based in a health and social care hub.

**Please refer to the evidence tables for further information.**



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>Assessments of the needs and preferences for patient care and treatment were not being carried out collaboratively with the relevant person. In particular:</b></p> <ul style="list-style-type: none"><li>There was not an effective process in place for the review of patients diagnosed with cancer. The practice had identified 222 patients on the cancer register and 25 on the palliative care register. On the day of inspection eight of the 25 patients had received a review. There were two documented multi-professional palliative care meetings in October 2017 and August 2018. We reviewed the records of four patients with a cancer diagnosis and none had been reviewed.</li></ul> <p><b>Care and treatment was not being designed with a view to ensuring patients' needs were met. In particular:</b></p> <ul style="list-style-type: none"><li>The practice's performance on quality indicators for people with long term conditions, for example diabetes and COPD was significantly lower than the CCG and England averages.</li><li>The practice had a significantly higher than average exception rate for five of the seven QOF mental health indicators.</li></ul>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p>

## Requirement notices

- Recruitment checks had not been completed in accordance with the providers recruitment policy. References had not been obtained for two nurses before they commenced employment at the practice and staff vaccination history was not sought, except for Hepatitis B status.
- Disclosure and Barring service (DBS) checks had not been completed by the practice for three locum GPs and one non-clinical member of staff, before they commenced work, which included unsupervised patient contact. The practice did not provide evidence that they had assurance from NHS England that an appropriate DBS had been completed for the locum GPs.
- A process was not in place to check the professional registration of staff on an ongoing basis.
- Staff had not all completed training deemed mandatory by the practice. On the day of the inspection, the practice was not able to evidence that: three GP locums had completed safeguarding children training; two GP locums had completed safeguarding adults training; one nurse and two non-clinical staff had completed safeguarding children or adults training; six clinical and one administration staff members had completed basic life support training; eight members of staff had completed fire safety training and one clinical and four non-clinical staff had completed infection control training. The practice did not have an effective system in place to document and monitor the completion of mandatory training.