Cornerstone Family Practice

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Inadequate

Overall summary

This practice is rated as Inadequate overall. (Previous rating – Requires Improvement November 2017)

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Cornerstone Family Practice on 31 July 2018. This full comprehensive inspection took place following concerns found at the previous inspection resulting in a rating then of 'Requires Improvement' Following the inspection of November 2017 we were provided with an action plan detailing how they were going to make the required improvements. This most recent inspection was to measure the improvements made to date.

At this inspection we found:

Some areas within the practice had improved from the previous inspection in November 2017; all staff had now received some training and had access to online training modules. There had been improvements around infection control and fire safety. However, we identified that not all improvements had been made and found new concerns resulting in continuing breaches of regulation.

- The practice had a number of policies and procedures to govern activity and support the delivery of care. However, we found these processes were not monitored or reviewed in numerous areas, for example, medical alerts.
- The practice had a newly developed system to manage risk so that safety incidents were less likely to happen. However, we found this not to be consistent with clinical incidents missed and not documented or followed up.
- The practice did not routinely review the effectiveness and appropriateness of the care it provided. There was little quality assurance taking place in the practice. For example, only two very recent audits had been carried out. These were not two cycle audits and did not show that they were driving quality improvement.
- A new infection control process and policy had been established with a full practice audit completed and some of the recommendations had been actioned.
- Staff had completed some online training related to their roles and had access to online training modules. The GP had the correct level of safeguarding training in place.
- The practice had a newly formed patient participation group (PPG), which had met once.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

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

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

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

- Improve the emergency equipment available at the branch surgery.
- Improve and increase the numbers of carers on the practice's carers' register.
- Improve staff training to ensure it is completed.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as 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 varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Overall summary

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	**Requires improvement**
People with long-term conditions	**Requires improvement**
Families, children and young people	**Requires improvement**
Working age people (including those recently retired and students)	**Requires improvement**
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 CQC lead inspector. The team also included a GP specialist adviser, second GP specialist adviser who was shadowing the inspection and practice manager specialist adviser.

Background to Cornerstone Family Practice

Cornerstone Family Practice is the registered provider and provides primary care services to its registered list of 7,029 patients.

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; surgical procedures; maternity and midwifery services and treatment of disease, disorder and injury.

The practice is situated in an area at number one on the deprivation scale (the scale categorises between one and ten, lower the number, the higher the deprivation).

Regulated activities are delivered to the patient population from the following address:

Cornerstone Family Practice

2 Graham St, Beswick

Manchester

M11 3AA

And the branch surgery based at

Cornerstone Family Practice Branch

11 Manchester Road

Audenshaw

Manchester

M34 5PZ

At the time of the inspection the practice website stated the site could not be found, this has now been update and is working for the public.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- Continued regulatory breaches found at the first inspection in November 2017 were identified. We found significant events and incident processes were weak. Clinical incidents had not been recorded. Medical alerts were not monitored effectively. There were no suitable arrangements in place for reviewing or monitoring hypnotic medicines. There was limited evidence of in house quality assurance checks and a limited number of audits with no evidence of second cycle audits planned or in progress.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. They outlined clearly who to go to for further guidance.

The practice had a safeguarding lead. Clinical staff records of training in safeguarding were complete. The non-clinical team had completed children safeguarding training, however adult safeguarding was still not completed. We were told the training was planned, however we were told the inspection fell on the planned training day.

- 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 a new system to manage infection prevention and control. The practice had developed an infection control policy and introduced new processes, including minor surgery checks. New check lists had been developed with various infection control audits undertaken since the previous inspection at both sites. The audits highlighted actions taken and completed by the practice. The practice nurses took the lead and ensured branch practice and main site were aligned.
- 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 systems to assess, monitor and manage risks to patient safety.

- Health and safety in the main practice and branch were practice specific. The branch site had new procedures in place for fire safety. For example, the branch site had an up to date fire risk assessment. All staff had completed formal training and there was designated fire marshal at both sites.
- All electrical and clinical equipment at both sites had been checked and calibrated to ensure it was safe to use and was in good working order. However, we identified the named person on the paper work for this check was no longer at the practice and this change was not amended to reflect current arrangements.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, the branch site had no defibrillator or risk assessment in place.
- 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

- 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.

Appropriate and safe use of medicines

The practice had inadequate systems in place for appropriate and safe handling of medicines.

- The practice initiated insulin in the community for patients with diabetes. The practice had a clinical lead who had responsibility for managing and monitoring patients with diabetes. (Diabetes is a lifelong condition

that causes a person's blood sugar level to become too high). However, the clinical partner we spoke to during the inspection, was not aware of the low QOF results in this area for the practice.

- The practice had no suitable arrangements in place for the review and monitoring hypnotic medicines. The clinical partner asked the inspection team to explain what hypnotic medicines were during the inspection. The practice were outliers as high prescribers in hypnotics, something they were unaware of.
- The practice had an external pharmacist (employed by the CCG) who attended the practice, two and half days a week. Their role was to provide complex medication reviews for the practice. However, no monitoring or checks were in place for the pharmacist. We were told that the pharmacist reviewed alerts but there was no evidence to state which alerts or what they have actioned.
- The systems for managing medicines, including vaccines, emergency medicines and equipment, minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

The practice had adequate track record on safety.

- There were risk assessments in relation to Legionella and regular monitoring at the branch site, with record of the main site testing also documented.

Lessons learned and improvements made

The practice systems were inadequate and lacked effectiveness and clear understanding.

- The practice had implemented a new significant event process but the staff team lacked understanding of what constituted as a significant event. We identified several missed clinical opportunities during the inspection which had not been recognised or raised by the clinicians. For example, we were told of two biopsy's which had not been documented.
- We found that significant events were not consistently recorded or acted on. For example, one clinical significant event was raised during a meeting but was then not formerly recorded or acted upon. This incident was identified by the inspection team through reviewing the meeting minutes.
- The practice had no clinical lead responsible for overseeing the process for the practice.
- The nursing staff had only ever raised one significant event in 2015. However, information discussed during the inspection, which should have led to a significant event being raised were only ever discussed generally and not documented.
- Patient safety alerts would be emailed to the relevant staff. The practice manager did have a recently developed folder containing some alerts and we were told these alerts would be emailed to the GPs and nurses. However, there was no record of alerts being responded too, tracked or monitoring of completed actions taking place. For example, clinical partners were not aware of the medical alert on Sodium Valproate, we therefore could not determine if this alert had been actioned by the practice and the clinicians could not confirm this action to the inspection team.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

We rated the practice as requires improvement for providing effective services overall and therefore applies across all population groups which we rated requires improvement.

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

- The clinicians were unaware of the low quality outcome framework (QOF) indicators for the practice in areas of diabetes, chronic obstructive pulmonary disease (COPD), and smears. Similarly, performance indicators for prescribing hypnotics and childhood immunisations were below target with no clinical overview taking place of the clinical domains.

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current 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. For example, we saw Sepsis poster in the reception area.

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.
- Longer appointments and home visits were available for older people when needed.

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.
- The practice was below local and national targets for patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 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)

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90%. The practice did not have an action plan in place to improve immunisation uptake.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice would always see children under five years for same day appointments.

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

- The practice's uptake for cervical screening was below the national screening programme target. The inspection team identified there was a coding issue in the November 2017 inspection and this issue had still not been fully resolved.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. However, the newly developed register referenced the lead named GP for some of the palliative patients, as a previous clinical partner who left the practice in 2016.

Requires improvement

Are services effective?

- The practice held a register of patients living in vulnerable circumstances including homeless people 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 by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- 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.

- The unverified overall QOF result for 2017/18, provided by the practice during the inspection, showed performance to still be below national and local average.
- Other areas were identified from the unverified data 2017/18, in the management of long term conditions were below the national and local average. For example:
- - Diabetes 65%
  - Dementia – 61%
  - Mental Health – 56%
  - COPD – 60%

Effective staffing

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

- All staff except for the practice manager, had received an appraisal.
- 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, safeguarding of adults training had not been completed by staff. We were told this training was planned but the inspection fell on the proposed training day.
- There was an induction programme for new staff. This included appraisals, coaching and revalidation.
- Staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).

Coordinating care and treatment

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

- The practice shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services.
- 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.

Requires improvement

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

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 practices GP patient survey results were mainly in line 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.

Requires improvement

Are services responsive to people's needs?

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

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

- The patient survey results reflected in the evidence table shows areas below average. With the most recently published patient survey results also showing below average in areas.

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

- The practice was part of The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.
- The practice was part of the Manchester Integrated Neighbourhood Care Team (MINC) which was about working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice manager was available for one hour each week for patients to drop in and discuss any issues with them.
- 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.

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.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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 five 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.
- Patients could access online appointments.

People whose circumstances make them vulnerable:

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

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

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

Requires improvement

Are services responsive to people's needs?

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were in line 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. 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.

Inadequate

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 clinical leadership and direction was poor. Arrangements for identifying, monitoring, recording and managing risks were not effectively managed. The practice's overall governance systems were weak.

Leadership capacity and capability

Leaders had skills to deliver care, however they did not embed themselves in the planning and development and overall running of the practice.

- No plans had been discussed or developed for future workforce planning to address the sudden increase in patient numbers. For example, we were told how in the last six months the practice list size had increased by 500 patients, with no workforce plan or discussions taken place to address the increase workload.

Vision and strategy

The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice had no strategy or supporting business plans in place.

The practice had developed a new mission statement and staff were aware of the statement.

Culture

- Staff stated they felt supported and valued. They were proud to work in the practice.
- 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.
- All staff received regular annual appraisals in the last year, except for the practice manager. Staff were supported to meet the requirements of professional revalidation where necessary.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- An understanding of the performance of the practice was not maintained by the clinical partners or senior management team. There was a lack of knowledge around QOF, clinical audits and quality assurance and clinical significant events.
- Staff were clear on their roles and accountabilities in some areas, including safeguarding and infection prevention and control.
- We reviewed a human resources (HR) folder kept for one of the nursing staff. This was empty with no record of any certification on completed training or data was maintained, we were told the nurse kept her own file at home.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- Structures, processes and systems to support good governance were not clearly set out, understood or effective due to there being no defined governance structure in place. For example, we were told of a new significant event policy and process within the practice action plan. However, during the inspection we were told of several missed incidents that had not been identified or raised by clinicians.
- An understanding of the performance of the practice was not maintained. The practice had no established programme of regular clinical audits to assess, monitor or improve the quality and safety of the services provided. Only two very recent audits had been performed. One audit was completed by an external organisation and a very recent minor surgery audit had taken place. These audits had not yet been followed up.
- There were no clinical leads in area of QOF, prescribing, medicines and quality assurance.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice did not have appropriate and accurate information.

- There was no clear communication between GP partners on the running or performance of the practice. For example, the lead clinicians were unaware of areas of low QOF data the inspection team identified during the inspection. We were asked by one of the GP partners, where had we retrieved this information from.

Inadequate

Are services well-led?

- The full and clinical team meetings were unclear, with different events transpiring throughout the day. We were shown minutes for one full practice meeting dated the 22 May 2018 and a clinical meeting dated 26 March 2018. We were told other minutes for meetings were available on a Dictaphone. The minutes from the clinical meeting dated May 2018, had documentation of one clinical incident, which had then not been written up as a formal significant event. The minutes stated the GP was to review and write up, and also stated the practice should review their system for actioning blood results. However, no action had been taken. When we asked the senior team for more information both the clinician and practice manager assumed the other party would action, resulting in no action.
- We identified several systems which did not reflect the current partnership arrangements. For example, the Calculating Quality Reporting Service (CQRS- system to record clinical indicators and payment on chronic diseases registers), the lead named GP within the palliative care register and the status on the CQC platform were all showing a previous GP partner.
- The practice could not produce one of the GP partners defence union certificate and was unable to confirm during the inspection if the GP was covered between April 2018 to day of the inspection. The practice sent the relevant documentation the day after inspection, confirming the GPs cover was validated.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The practice had a new patient participation group (PPG), with three members. We were told the first meeting had taken place the week prior to our inspection.

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 registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:There was no process to monitor or review patients on high risk medications such as hypnotics.There was no effective process for following up and monitoring safety alerts.The significant event process had no learning outcomes demonstrated or follow up actions recorded, with missed opportunities of clinical incidents, not recognised by the clinical partners. No quality assurance was taking place in the practice. For example, only two very recent audits had been carried out, these were not two cycle audits and did not show that they were driving quality improvement.Clinical partners were not aware of the medical alert on Sodium Valproate, nor as far as we could identify had this alert been actioned. Medical alerts were not being monitored or followed up.

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 How the regulation was not being met:The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:•We identified several official platforms which did not reflect the current partnership arrangements. For example, CQC registration status.•An understanding of the performance of the practice was not maintained by the clinical

This section is primarily information for the provider

Enforcement actions

partners. There was a lack of knowledge around QOF, clinical audits and quality assurance.•There was no communication between GP partners on the running or performance of the practice. We were told of the vast increase in patients due to increase in housing projects in the area, however no future planning had taken place on workforce development. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.