The Staunton Group Practice

Inspection report

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

Ratings

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

Overall summary

This practice is rated as inadequate overall. (Previous inspection August 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Inadequate

Are services responsive? – Inadequate

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection of the Staunton Group Practice (the practice) on 2 and 4 May 2018. The practice had been placed in special measures with effect from 19 October 2017, following our previous comprehensive inspection in August 2017. We had identified concerns over safety and governance at the practice. We served warning notices under regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report of the comprehensive inspection can be found by selecting the 'reports' link for Staunton Group Practice on our website at . The practice sent us a plan of the action it intended to take to meet the requirements of the regulations.

We carried out a focussed inspection of the practice on 8 November 2017 looking at the identified breaches set out in the warning notices, under the key questions Safe, Effective, Responsive and Well-led. At the inspection, we reviewed the action plan and found that the practice had made some improvements sufficient to meet the requirements of the warning notices. However, further actions were due for implementation by 30 November 2017 and 31 December 2017. We therefore served requirement notices under regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found:

- The practice did not have effective systems in place to ensure that people were protected from abuse.
- The practice did not have effective systems in place to ensure that significant events were identified, investigated appropriately and learned from.
- The practice's process for managing patients' cervical smear tests did not ensure that patients with positive test results were followed up appropriately.
- The practice did not have effective systems in place to ensure that safety alerts were appropriately actioned.
- We found evidence of unsafe prescribing due to medicines reviews for patients on high risk medicines not being carried out. We saw examples of medicines reviews not being fully documented on patients' notes.
- The practice did not have appropriate arrangements to monitor blank prescription forms and pads.
- We found records of over 600 patients who were previously registered at other practices had not been consolidated with their records at the practice, meaning their medical histories were incomplete. The practice could not therefore ensure that care provided to them met their needs.
- We saw evidence of unsafe practice, with emergency drugs and equipment stored in unlocked rooms, accessible to patients and visitors.
- Infection prevention and control practices did not keep patients, staff and contractors protected from safety risks.
- The process for arranging patients' two-week referrals, in cases of suspected cancer, did not ensure that care was delivered in a way that met patients' needs. The practice had placed on patients the responsibility to organise their hospital appointments, rather than the practice or hospital doing so on their behalf. This put patients at risk of not accessing a timely appointment with secondary care.
- The practice had not planned its services to meet the needs of the practice population. Patients continued to find telephone access difficult. Routine appointments were not available for 3-to-4 weeks.
- Structures, processes and systems were not consistently effective to support good governance and management.
- Safety documentation, such as risk assessments, which we had seen during previous inspections, were not available for us to review.

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.

This service was placed in special measures in October 2017. Insufficient improvements have been made and we have rated the practice as inadequate for the five key

Overall summary

questions, providing safe, effective, caring, responsive and well-led services. We identified significant safety concerns and therefore took action in line with our enforcement procedures to urgently suspend the provider's registration from 9 May 2018 until 23 October 2018. During that period, the service will be operated by another provider. The service will be kept under review and if needed could be escalated to further urgent enforcement action. Another inspection will be conducted within six months and if there is not enough improvement we may move to close the service.

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 with a second inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to The Staunton Group Practice

The Staunton Group Practice (the practice) operates at Morum House Medical Centre, 3-5 Bounds Green Road, Wood Green, London N22 8HE. It shares the premises with other healthcare services.

The practice provides NHS primary medical services through a General Medical Services (GMS) contract to approximately 14,700 patients. The practice is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 51 general practices. The practice is registered with the CQC to provide the following regulated activities - Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures, and Treatment of disease, disorder or injury. The patient profile for the practice indicates a population of more working age people than the national average, with a high proportion of younger adults in the 20 to 40 age range. There is a lower proportion of older people in the area compared with the national average.

The clinical team is made up of four partner GPs and four salaried GPs. Four of the GPs are female and four male. One of the salaried GPs is currently on extended leave. The practice uses four regular locum GPs. Two of the partner GPs, including the current registered manager, have applied to the CQC to be removed from the partnership, but are intending to continue working at the practice as salaried GPs. The partner GPs work between six and nine clinical sessions per week; the salaried GPs between five and nine sessions. The locum GPs may work up to 20 weekly clinical sessions between them. Combined, the GPs work a total of 39 clinical sessions each week. There is a locum nurse practitioner, who works six sessions; two employed nurses and a locum nurse, working between two and eight sessions. The practice has two healthcare assistants. The practice manager was appointed to the role at the end of March 2018, having previously been the business manager. There are 16 other staff in the administrative / reception team. The practice employs three caretakers / cleaners.

The practice is open between 8.00 am and 7.00 pm, Monday to Friday, which include a 30 minute “extended hours” period each evening. It is closed at weekends. Phones are operated between 8.00 am and 6.30 pm, but the practice asks patients to restrict calls between 8.00 am and 11.00 am to urgent calls only. Routine appointments are 10 minutes long and may be booked up to four weeks in advance. Double-length appointments can be booked, if needed. GPs also provide daily telephone appointments and carry out

home visits to patients who are housebound or are too ill to visit the practice. The practice asks that requests for a home visit be made before 10.30 am and they are triaged by the duty GP.

The CCG provides an extended hours service at three "hubs" across the borough, which operate between 6.30 pm and 8.30 pm, Monday to Friday and between 8.00 am and 8.00 pm on Saturdays and Sundays. All patients registered with Haringey practices may book appointments with the extended hours service.

The practice has opted out of providing an out of hours service. Patients calling the practice when it is closed are connected with the local out of hours service provider.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services following our inspection in August 2017.

The practice was previously rated as inadequate for providing safe services. The practice did not have effective systems in relation to safeguarding, handling significant events and safety alerts, medicines management, infection prevention and control, maintaining patients' records and managing health and safety risks to staff and patients. The concerns we had noted previously had not been appropriately addressed by our inspection on 2 May 2018.

We have again rated the practice as inadequate for providing safe services because:

- Insufficient action had been taken to address all the concerns noted at our previous inspection.
- The practice did not have effective systems to keep patients safe and to protect them from risk of abuse or harm.

Safety systems and processes

We were shown various conflicting records relating to safeguarding patients which indicated the practice still did not have an effective system for monitoring safeguarding issues. We found at risk patients were at risk of harm because the system to identify them did not ensure staff were kept informed.

Minutes recorded that safety alerts had been reviewed and discussed at practice meetings, but we found that the revised process was still not sufficiently robust to ensure patient safety was maintained. Not all staff had access to the system and concern had been expressed by staff regarding a lack of training in its use. We saw that an alert relating to Sodium Valproate had been recorded. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes children in the womb to a high risk of serious developmental disorders and/or congenital malformations. However, our review of patient records found that four out of five female patients of childbearing age who had been prescribed Sodium Valporate, and who had not been prescribed contraceptive measures, had not been contacted by the practice and informed of the risks associated with taking this medicine.

The practice had systems to manage infection prevention and control (IPC), but these were not sufficiently effective to minimise risks to patients and staff. An IPC audit had been carried out by NHS England in October 2017 and a further audit was conducted by the nurse practitioner and a health care assistant in April 2018. Both audit reports stated that the practice used the appropriate colour-coded bags for the collection and removal of clinical waste. However, we found ordinary white bags were being used, which put staff, patients and waste removal contractors at increased risk of exposure to healthcare-related infections.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were inadequate. Emergency medicines and oxygen, used sharps boxes, syringes, razors and computer equipment were kept in unlocked rooms which were accessible to members of the public and patients and exposed them to risk of harm.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients. We found 615 patients had incomplete medical histories within their patient records with the practice. This put the patients at serious risk of harm as clinicians undertaking consultations for these patients would not have access to their full medical histories. During our inspection we found four patient letters within the reception back office in various trays which dated back to 2016. It was unclear if these had been actioned.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines. Patients' health was not consistently monitored in relation to the use of high risk medicines or followed up appropriately. Staff did not consistently prescribe medicines to patients and / or give advice on medicines in line with current national guidance. The practice had failed to introduce an effective system for monitoring uncollected prescriptions. There were no medicines kept in the doctors' home visit bags and we did not see evidence of this being risk-assessed by the practice. No Controlled Drugs were kept at the premises.

Track record on safety

The new practice manager told us they had not been given full access to all the previous practice manager's files, this

Inadequate

Are services safe?

included risk assessments relating to safety issues. Accordingly, there was no assurance that risks to patients, staff and visitors were effectively reviewed, assessed and managed.

Lessons learned and improvements made

The practice did not consistently learn and make improvements when things went wrong. The practice had not acted to introduce an effective system for reporting, recording and investigating significant events. We saw an example of an incident that should have been investigated as a significant event, but which had not been. The GP partner told us they were not aware of this case. This exposed patients to the risk of harm.

Please refer to the Evidence Tables for further information.

Inadequate

Are services effective?

We rated the practice as inadequate for providing effective services following our inspection in August 2017.

The practice was previously rated inadequate for providing effective services. There was insufficient evidence that guidance was being used to ensure that appropriate care was being delivered. There was a significant backlog of documents waiting to be scanned on patients' records, many of which had no note of having been reviewed previously and actioned. We also found a backlog of electronic correspondence waiting to be read and actioned. There was no system operating to monitor patients' two-week referrals for secondary care. Administrative changes had been introduced without effective training being provided.

We have again rated the practice as inadequate for providing effective services overall and across all population groups because:

- Insufficient action had been taken to address all the concerns noted at our previous inspection. This applied to all population groups using the service.
- The practice's system in respect of two-week referrals to secondary care in cases of suspected cancer did not operate effectively to ensure that patients' healthcare needs were met.
- There was limited evidence that clinical audit drove improvement.

Effective needs assessment, care and treatment

We found the practice had introduced a process to ensure that clinicians were aware of relevant and current evidence-based guidance and standards, including NICE best practice guidelines.

Because we have rated the practice as inadequate for all key questions, we have also rated all the population groups as inadequate. We noted the following:

Older people:

- There was insufficient evidence that all patients prescribed repeat medicines had received a medicines review to ensure their healthcare needs were being met.

People with long-term conditions:

- We saw from our review of records that not all patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Performance data showed that outcomes for patients with long term conditions such as diabetes, asthma, COPD, hypertension and atrial fibrillation were below local and national averages, in some cases significantly.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90% or above, for all four indicators, with two indicators significantly lower than the target, and all being lower than the previous year's results.

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

- The practice's uptake for cervical screening was below local and national averages. Its process for managing patients' cervical screening did not ensure that patients with positive test results were followed up appropriately.

People whose circumstances make them vulnerable:

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

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

- The practice considered the physical health needs of patients with poor mental health and those living with dementia. However, only 75% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was below the CCG and national averages, both being 90%.

Monitoring care and treatment

The practice did not have an adequate programme of quality improvement activity to review the effectiveness and appropriateness of the care provided.

The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the

Inadequate

Are services effective?

quality of general practice and reward good practice. The most recently published QOF results related to 2016 /17, which showed the practice had achieved 92% of the total number of points available, compared with the clinical commissioning group (CCG) average and national averages, both around of 95%. The clinical exception reporting rate was 10%, comparable to both the CCG and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

The practice provided us with up to date figures for the year 2017/18. These remained to be validated, but showed that the practice's overall results had improved slightly to 94%, achieving 390 out of 432 points available for clinical indicators and 110 out of 113 points available for public health.

Prior to the inspection, we asked the practice to send us two examples of completed clinical audits. The first was a simple records review of prescribing a medicine used to reduce the risk of heart disease and stroke in patients deemed to be at high risk. The other was an audit relating to cervical smears tests, the results of which did not contain complete information on the number of tests carried out, but merely recorded how many tests were inadequate. Staff showed us a summary of a total of 20 clinical audits carried out by the practice over the previous two years. However, as they were summaries, we could not tell how many were completed audits of two or more cycles. We asked the practice to send more examples of completed audits for review, but these were not received. Accordingly, we were not able to fully assess the effectiveness of the auditing process in place and its impact on improving patient outcomes at the practice.

Effective staffing

Staff generally had the skills, knowledge and experience to carry out their roles. However, we identified issues relating to safety and risk management at the practice. New administrative systems had been introduced, without all staff being appropriately trained. Staff were not always deployed or tasked appropriately to ensure effective operating of the service. For example, reception staff were limited to two on duty at a time, leading to long queues and delays.

Coordinating care and treatment

There were ineffective systems to ensure that patients' care and treatment was co-ordinated appropriately. The practice had re-established its system for monitoring patients' two-week secondary referrals, to investigate possible cancer symptoms. However, patients had the responsibility to organise their hospital appointments, rather than the practice doing so on their behalf. It put patients at risk of not accessing a timely appointment with secondary care. Patients whose first language was not English and those with learning disabilities or those experiencing poor mental health might find it difficult to organise appointments. Instructing patients themselves to organise their appointments with secondary care meant there was a risk the practice would not follow up patients to ensure these referral appointments had been successfully made. We saw evidence that a staff member had questioned this approach with management 13 times over a six week period from mid-March 2018, but no action had been taken.

Helping patients to live healthier lives

- Staff told us the practice worked to identify patients who may be in need of extra support and directed them to relevant services. However, published data showed that the practice was performing below local and national averages in relation to these specific indicators.

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.

Inadequate

Are services caring?

We rated the practice as requires improvement for providing caring services following our inspection in August 2017.

At our previous inspection, we saw from survey data and feedback there were times when people did not feel well supported or cared for. Some people who used the service had concerns about the way staff treated patients. Patient satisfaction over continuity of care was significantly lower than local and national averages and had reduced further since the previous year.

We have rated the practice as inadequate for providing caring services because:

- Insufficient action had been taken to address all the concerns noted at our previous inspection.
- Staff did not always treat patients with kindness, respect and compassion.
- The practice did not always help patients to be involved in decisions about care and treatment.
- The practice did not always respect patients' privacy and dignity.
- Results from the Friends and Family Test indicated that patients' satisfaction with the practice had declined during the special measures period.

Kindness, respect and compassion

Staff did not always treat patients with kindness, respect and compassion.

- Feedback from patients was mixed about the way staff treated people.
- The practice's results from the most recent national GP patient survey were below CCG and national averages.
- There was limited continuity of care.

Involvement in decisions about care and treatment

The practice did not always help patients to be involved in decisions about care and treatment.

- A telephone interpreting service was available at short notice and interpreters could be booked to attend appointments with patients with three days' notice. However, there was limited information about the service in languages other than English at the premises and on the website.
- There was a hearing loop, but patient feedback indicated that practitioners of British Sign Language, to assist people with hearing disability, were not available.
- There were no available communication aids or easy read materials, for children or people with learning disabilities.
- Staff helped patients and their carers find further information and access community and advocacy services. There was information on the practice website, signposting carers to support organisations. However, the practice had identified 142 carers, just under 1% of the patient list.
- The practice's results in the GP patients' survey regarding caring aspects of the service were significantly below CCG and national averages.

Privacy and dignity

The practice did not always respect patients' privacy and dignity.

- The practice's results of the GP patients survey was below CCG and national averages regarding patients' experience at reception: 68% of patients said they found the receptionists at the practice helpful, compared with the CCG average of 83% and the national average of 87%.
- Feedback we received supported this. We noted that only two members of the reception team were on duty at the desk at any one time and we saw queues of up to ten patients waiting. We saw that a number of patients appeared to become frustrated with the wait and when voices were raised conversations could be overheard by others in the queue. We received feedback that reception staff were encouraged to resolve patients' concerns, rather than referring patients to the complaints procedure and escalating complaints to the practice manager.
- We were shown the practice's recent results from the Friends and Family Test, which indicated a significant decline in patients' satisfaction over the last five months.

Please refer to the Evidence Tables for further information.

Inadequate

Are services responsive to people's needs?

We rated the practice as inadequate for providing responsive services following our inspection in August 2017.

At our previous inspection we found that services did not meet patients' needs. There were ongoing concerns for patient's accessing the service. Patients found the appointments system problematic; telephone access was difficult and patients told us there were frequent delays at reception and whilst waiting to see clinicians.

We have again rated the practice as inadequate for providing responsive services because:

- Insufficient action had been taken to address all the concerns noted at our previous inspection. This applied to all population groups using the service.
- The practice did not organise and deliver services to meet patients' needs. It had not undertaken an analysis of patients' needs and preferences.
- Patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.
- The practice's complaints process did not ensure that patients' concerns were properly investigated, addressed and learned from.

Responding to and meeting people's needs

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

Because we have rated the practice as inadequate for all key questions, we have also rated all the population groups as inadequate. We noted the following:

Older people:

- The practice offered home visits for those with enhanced needs. Requests were triaged by the duty GP

People with long-term conditions:

- Staff told us that patients with a long-term condition were offered an annual review with practice nurses to check their health and medicines needs were being appropriately met. However, published data showed that outcomes for patients with long term conditions were below local and national averages.
- Staff attended multi-disciplinary team meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- Double appointments were available for children's appointments.

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

- Early morning and evening appointments were offered.
- Patients could request to speak to clinicians via the telephone.
- The practice had an online booking system, but we saw that appointments available on the system were sometimes limited to only two per day for a patient list size of approximately 14,700.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients with a learning disability were offered double-length appointments.
- People in vulnerable circumstances, including homeless patients, were able to register with the practice.

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

- Staff we interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia. However, published data showed the practice was performing below averages in relation to this patient group.

Timely access to care and treatment

Patients were not able to access care and treatment from the practice within an acceptable timescale to meet their needs.

- Feedback indicated there were long waiting times for appointments and frequent delays and cancellations which were not managed appropriately.
- Patients with the most urgent needs did not have their care and treatment prioritised consistently.
- Results from the national GP patient survey were significantly below local and national averages.

Listening and learning from concerns and complaints

The practice's complaints handling process did not adequately ensure that patients' concerns were appropriately investigated, addressed and learned from.

Inadequate

Are services responsive to people's needs?

The records of complaints we saw were inadequately documented and did not provide evidence that complaints were handled appropriately and learned from to improve services.

Please refer to the Evidence Tables for further information.

Inadequate

Are services well-led?

We rated the practice as inadequate for providing well-led services following our inspection in August 2017.

We found that the delivery of high-quality care was not assured by the leadership, governance or culture in place. Significant issues that threatened the delivery of safe and effective care were not identified or adequately managed. There were low levels of staff satisfaction. There was poor collaboration or co-operation between teams.

We have again rated the practice it as inadequate for providing well-led services because:

- Insufficient action had been taken to address all the concerns noted at our previous inspection.
- The practice did not have effective systems or processes in place to support good governance or management and to enable it to assess, monitor and improve the quality and safety of the services being provided.
- We identified significant safety failings which put patients at risk.
- Concerns raised by staff had not been addressed by managers.
- The practice had not planned its services to meet the needs of the practice population.

Leadership capacity and capability

Leaders were not able to demonstrate that they had capacity and skills to deliver high-quality, sustainable care. The practice had not engaged with the Royal College of General Practitioners to bring about improvement until February 2018, despite being placed in special measures in October 2017. Two of the partners had resigned, but were continuing to work as salaried GPs. The practice manager had left and there had been no effective handover of responsibilities. Other administrative staff had left, but there had been no exit interviews. The practice had failed to take effective action to address historical and ongoing concerns over telephone access, the appointments system and delays in patients being seen at appointed times.

Vision and strategy

The changes in the partnership, practice management and administrative staff over the previous months had been wholly disruptive to the service. The handover of duties between the previous practice manager and the new manager had not been carried out effectively. The new manager had not been given access to all the previous manager's files and could not provide us with all the evidence we requested, such as health and safety risk assessments and the business continuity plan. The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice had not planned its services to meet the needs of the practice population.

Culture

The practice did not have a culture of high-quality sustainable care.

- The practice had not focused on the needs of patients.
- There remained some conflict between the staff teams and individuals.
- Staff we spoke with told us they had raised concerns, but these had not been acted upon by the practice management.
- A number of administrative staff had left since our previous inspections, but the practice had held no exit interviews with them to identify any learning points and bring about improvements.

Governance arrangements

Responsibilities, roles and systems of accountability did not support good governance and management.

- Structures, processes and systems were not consistently effective to support good governance and management.
- Practice leaders had not consistently established and implemented proper policies, procedures and activities to ensure safety.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- Policies and procedures had been in place at our previous inspections, but evidence showed some were not consistently acted on. For example, we found high risk medicines reviews had not been carried out for a number of patients; that significant events were not consistently identified and investigated and some safety alerts had not been acted upon.
- The practice had been working on processes to manage current and future performance, but these had not been implemented sufficiently well to bring about improvement.

Inadequate

Are services well-led?

- We saw limited evidence that clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had trained staff for major incidents. However, the business continuity plan we had seen at our previous inspections was not available for us to review.
- The practice had implemented service developments, but where efficiency changes were made there was not a full understanding of their impact on the quality of care. For example, the administrative team had been re-organised and revised procedures introduced without appropriate training.

Appropriate and accurate information

The practice did not always have appropriate and accurate information.

- Staff were not able to clarify issues we raised about the accuracy of the significant events and complaints logs.
- We found that old healthcare records for over 600 patients who had transferred from other practices had not been merged with those held by the practice to produce a complete and accurate medical history.

Engagement with patients, the public, staff and external partners

The practice did not consistently involve patients, the public, staff and external partners to support high-quality sustainable services.

- We met with four members of the patient participation group (PPG), who told us the practice had not engaged with the group over the improvements needed following our previous inspections. They told us the PPG had not been involved in reviewing the practice's action plan. However, this was denied by the practice when we asked managers to comment. The PPG had previously been very positive regarding their collaboration with the practice.

Continuous improvement and innovation

There was little evidence of systems and processes for learning, continuous improvement and innovation. Processes that had been introduced since our previous inspections had not been implemented adequately to bring about improvements.

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 **Care and treatment must be provided in a safe way for service users** **How the regulation was not being met:** • The practice did not have effective systems in place to ensure that people were protected from abuse. • The practice did not have effective systems in place to ensure that significant events were identified, investigated appropriately and learned from. • The practice's process for managing patients' cervical smear tests did not ensure that patients with positive test results were followed up appropriately. • The practice did not have effective systems in place to ensure that safety alerts were appropriately actioned. • We found evidence of unsafe prescribing due to medicines reviews not being carried out. We saw examples of medicines reviews not being recorded appropriately on patients' notes. • The practice did not have appropriate arrangements to monitor blank prescription forms and pads. • We found records of over 600 patients who were previously registered at other practices had not been consolidated with their records at the practice, meaning their medical histories were incomplete. The practice could not therefore ensure that care provided to them met their needs. • We saw evidence of unsafe practice, with emergency drugs and equipment stored in unlocked rooms, accessible to patients and visitors. • Infection prevention and control practices did not keep patients, staff and contractors protected from safety risks. • The process for arranging patients' two-week referrals, in cases of suspected cancer, did not ensure that care was delivered in a way that met patients' needs.

This section is primarily information for the provider

Enforcement actions

This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **How the regulation was not being met:** • 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: • We identified significant safety failings which put patients at risk. • Concerns raised by staff had not been addressed by managers. • The practice had not planned its services to meet the needs of the practice population. • Structures, processes and systems were not consistently effective to support good governance and management. • Practice leaders had not consistently established and implemented proper policies, procedures and activities to ensure safety. **This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**