

The Circle 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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection February 2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Circle Practice on 10 May 2018. The inspection was carried out to follow-up on a breach of regulations identified at our previous inspection. At this inspection we found:

- The practice had systems to manage most risks so that safety incidents were less likely to happen.
- We did find some safety risks however. For example, the practice was not ensuring the health care assistant was administering vaccinations with valid authorisation.
- When incidents occurred, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- The practice must ensure that care is provided in a safe way to patients. This includes ensuring that medicines administered by the health care assistant are done so under valid patient specific directions authorised by a prescriber; ensuring it has an effective system to maintain the temperature of vaccines and any other medicines that require refrigeration. The practice must review its contribution to cervical screening failsafe arrangements and audit the sample takers' rate of inadequate samples.

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

- The practice should continue to review its child immunisation performance and take action where appropriate to meet the national target.
- The practice should review how it assures itself that all healthcare professionals working at the practice maintain their registration with the appropriate professional body.
- The practice should review its infection prevention and control arrangements and clarify roles and responsibilities with all staff members.
- The practice should review the programme of immunisation status checks and vaccination schedule offered to new staff members.
- The practice should ensure it maintains an accurate register of patients with learning disabilities so that services can be appropriately tailored to these patients' needs.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

Older people	Good 
People with long-term conditions	Good 
Families, children and young people	Requires improvement 
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)	Good 

Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to The Circle Practice

The Circle Practice provides primary medical services to approximately 8800 patients in the Harrow area through a personal medical services contract. The practice is one of three GP practices and community health services co-located in a purpose-built health centre. The practice is currently located on the ground floor. It is accessible to patients with disabilities.

The practice team is made up of three GP partners; two salaried GPs; three practice nurses; a health care assistant; a practice manager and administrative and reception staff. Patients can choose to see a male or female doctor. The practice is open from 8am-6:30pm during the week with extended opening on Tuesday and Thursday evenings between 6.30pm and 8pm. Telephone consultations are available and home visits are provided for patients who are housebound or too ill to visit the practice.

The practice population is similar to the national average in terms of its age and sex profile. The area is relatively affluent and ethnically diverse with around 40% of patients describing themselves as Asian by ethnic origin.

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

We previously carried out an inspection of The Circle Practice on 5 February 2015. We found a breach of the legal requirements and we issued a requirement notice in relation to Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The practice was rated Good overall and for providing safe, caring, responsive and well-led services and Requires Improvement for providing effective services. We carried out another announced comprehensive inspection at The Circle Practice on 10 May 2018. The purpose of this inspection was to follow up on the breach of regulations identified at our previous inspection in 2015. The previous inspection report can be found by selecting the 'all reports' link for The Circle Practice on our website at www.cqc.org.uk.

Are services safe?

At our previous inspection on 5 February 2015, we rated the practice as good for providing safe care.

At this inspection, we found that the practice was assessing and managing most risks. However:

- **The practice was not operating an effective cervical screening failsafe system.**
- **It was not checking nurses' professional registration.**
- **And, the health care assistant was administering medicines without patient specific directions.**

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

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment although it was not offering all vaccinations to staff currently recommended. The practice did not have a system in place to check the ongoing professional registration of the nurses had been renewed when this became due.
- The practice had policies and procedures to manage infection prevention and control and staff received training. However not all staff members were clear about practice procedures and who was responsible for infection prevention and control procedures day to day.
- 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 systems to assess, monitor and manage most risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice staff had successfully responded to a life-threatening medical emergency outside the premises.
- 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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. The practice had a system to track urgent referrals for suspected cancer.
- The practice had not put in place an effective system to check that a cervical smear test result had been received from the laboratory for every sample taken.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines. The practice employed a part time pharmacist whose role included reviewing and improving the management of medicines.

Are services safe?

- The practice was managing and storing medicines and medical gases, emergency medicines and equipment in line with guidelines.
- However, we found that the practice did not have a thorough system to monitor the temperature of vaccines. For example, monitoring checks were not always recorded.
- Staff prescribed, 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 taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- 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.
- The health care assistant was administering vaccinations without appropriate patient specific directions in place. A patient specific direction is a written instruction, signed by a prescriber in the practice, authorising the administration of a specified medicine to a named patient after the prescriber has assessed the patient's suitability.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues and the practice liaised with the property management agency to ensure the practice premises were safely maintained.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 5 February 2015, we rated the practice as requires improvement for providing safe care. This was because the practice did not have a system to reliably call patients with long-term conditions for regular review.

At this inspection, we found that the practice had put in place a system to call patients for reviews. We rated the practice and all of the population groups as good for providing effective services except for families, children and young people which we rated requires improvement.

Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or might be vulnerable received a full assessment of their physical, mental and social needs. The practice carried out medicines reviews with patients on multiple medicines and had audited all cases where patients had been prescribed ten or more medicines. The practice maintained a register of patients who were housebound or vulnerable and the extended nurse practitioner visited. The practice was not yet coding for frailty on the electronic patient records system.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. Since our previous inspection, the practice had introduced a call-recall system to ensure patients were invited for regular reviews. Where patients had multiple conditions, the practice took account of this in the timing and length of appointment and in the diagnostic and monitoring tests that were required.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice had recently reviewed its management of asthma and purchased additional spirometers and the nurses had received spirometry training.
- The practice offered ambulatory blood pressure monitoring and in-house electrocardiogram (ECG) testing. Patients diagnosed with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was participating in a local scheme (due to start in July 2018) to identify patients at risk of developing diabetes and put in place a preventive programme.

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%. The practice was aware of this had had recently started asking patients attending their post-partum check to make an appointment for their baby's first immunisations before leaving the practice.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Are services effective?

- The practice had acted on recent safety alerts about prescribing certain high-risk medicines to women of childbearing age.
- The practice had completed a clinical audit of gestational diabetes which identified six patients who did not have the relevant blood fasting test results on record and these were followed up.
- 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 61%, which was in line with local performance but below the 80% coverage target for the national screening programme. The practice was aware that its cervical screening uptake had declined over recent years and possible contributing factors (for example, an increasingly transitory population) but it had not yet taken actions to encourage patient participation.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way and we saw examples of advance planning and anticipatory care planning for these patients. The practice was not using a recognised framework or maintaining a register to underpin its provision of end of life care however and could not tell us how many patients were currently receiving end of life care.
- The practice held a register of patients living in vulnerable circumstances, for example offering patients on the learning disability register an annual health check and review.
- 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 severe mental illness by providing health checks and encouraging patients to adopt healthy lifestyles and behaviours. For example, 88% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.
- 89% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- 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.
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous twelve months. This is comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice was implementing a programme of prescribing audits including high risk medicines. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was participating in a local scheme to identify patients with 'pre-diabetes' and working with them to reduce the risk of diabetes developing.

- The most recent published Quality and Outcomes Framework (QOF) results were slightly below average at 91.5% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 95.8% and national average of 96.5%.
- The overall clinical exception reporting rate was 11% compared with a CCG average of 7% and a national average of 10%. The practice was aware of exception reporting rates and reviewed these periodically. The GPs were the only members of staff who were authorised to report exceptions.

Are services effective?

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

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained although records were not always easy to find quickly as there was no over-arching training matrix or index. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. However, the practice could not show us any audit of inadequate smears for the staff carrying out cervical screening.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions. 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 had 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 extended nurse practitioner worked with patients and liaised with the practice to develop personal care plans that were shared with relevant agencies.

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 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 exercise prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

At our previous inspection on 5 February 2015, we rated the practice as good for providing a caring service.

At this inspection, we again 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 scored highly for these aspects of care in the most recent national GP patient survey and in line with the national average.
- All of the 23 patient comment cards we received included positive comments about the service experienced at the practice.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. The practice manager was 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 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.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.
- The practice was considering introducing a card request system so patients can discreetly ask for privacy at reception.
- One patient commented that the practice had supported them with a sensitive health condition and staff had treated them with kindness and without prejudice. They said this had a positive impact on their wellbeing.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our previous inspection on 5 February 2015, we rated the practice as good for providing responsive services.

At this inspection, we rated the practice, and all of the population groups, as good for providing responsive services except for people whose circumstances make them vulnerable which was rated requires improvement.

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 changing needs of its population and tailored its 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 outgrown the space it currently occupied and working and consultation conditions were cramped. There were advanced plans in place to relocate the practice to a larger space on the first floor. Once relocated, the practice would be accessible by lift and stairs.
- The practice was accessible with a ramp at the entrance and wide corridors and doorways. The health centre had accessible toilet facilities.
- The practice provided effective care coordination for patients who were more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- The practice supported pregnant patients to make choices about their antenatal care and place of birth. Patients could self-refer online to the local midwifery services. Antenatal clinics were held on the premises.
- 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, the practice offered extended opening hours two evenings a week and patients could access a separate walk-in clinic at the health centre if they could not book a convenient appointment.

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. However, the practice was aware that the learning disability register was out of date and did not accurately reflect the number of patients with a learning disability registered at the practice. This meant the practice was not offering appropriately responsive services to this group, for example inviting all eligible patients for a health check.
- People in vulnerable circumstances could register with the practice, including those with no fixed abode

Are services responsive to people's needs?

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

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

Timely access to care and treatment

Patients could 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 who commented described the appointment system as easy to use.
- The results of the most recent patient survey showed that the practice scored in line with the local average of access to care and treatment but below the national average. The practice told us that the opening of a

separate walk-in primary care service in the health centre had been helpful in improving access for patients. They had also started releasing appointments throughout the day and increasing the number of online appointments.

- At the time of the inspection emergency appointments with a GP were available the same and next day. Routine appointments were available within a week.

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.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our previous inspection on 5 February 2015, we rated the practice as good for providing a well-led service.

At this inspection, we again 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.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to provide the service. They considered inclusive leadership to be an important part of their success.
- 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 objectives. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had developed a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice 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 although it did not have an explicit policy on this.

- 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 processes for providing all staff with the development they needed. This included appraisal and career development conversations. All established staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff said they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance.

- Structures and systems to support good governance were clearly set out and understood. The governance of joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear about their roles and accountabilities including in respect of safeguarding. The one exception was in relation to infection prevention and control. Some staff members were unsure of the extent of their own roles and accountability for infection control and prevention.
- Practice leaders had established proper policies, procedures and activities to ensure safety. However, the procedure for delegating the administration of vaccines to the health care assistant was not in line with legal requirements.

Managing risks, issues and performance

There were clear and effective/was no clarity around processes for managing most risks, issues and performance.

Are services well-led?

- There was an effective process to identify, understand, monitor and address most current and future risks including risks to patient safety. We identified some areas where risks were not fully addressed by practice protocols, for example monitoring of fridge temperatures and ongoing checks of the nurses' professional registration.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Audit tended to be carried out by the GPs and pharmacist. The practice nurses had little involvement.
- The practice had plans in place and had trained staff for major incidents and medical emergencies.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations. However, the practice had not yet updated changes to its registration with CQC.
- 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 develop and improve its services.

- The practice had a patient participation group. The group was not currently meeting due to a high turnover of members. The practice manager was in the process of recruiting new members and a chairperson.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Recent developments included the development of the electronic patient records system to improve the patient call-recall system for patients with long-term conditions. The practice staff had also recently redesigned the computer 'home page' so this included a list of condition-specific protocols to ensure the appropriate types of appointments and tests were booked. The pharmacist was leading a comprehensive review of medicines management and prescribing in the practice.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not being provided in a safe way for service users. In particular the practice was not ensuring safe and proper arrangements were in place in relation to the administration of vaccines by the health care assistant. The practice did not have an effective system to maintain the temperatures of vaccines that required refrigeration. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.