Faccini House Surgery

Quality 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 service	Requires improvement
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall. (The practice was previously inspected on 13 January 2015 and was rated as good overall.)

The key questions are rated as:

Are services safe? – good

Are services effective? – requires improvement

Are services caring? – requires improvement

Are services responsive? – requires improvement

Are services well-led? - requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – requires improvement

People with long-term conditions – requires improvement

Families, children and young people – requires improvement

Working age people (including those 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

We undertook an announced comprehensive inspection of Faccini House Surgery on 23 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out in line with our next phase inspection programme but also in response to information sharing from the General Medical Council and concerns from monitoring information we review about the practice.

At this inspection we found:

- There was no clear process for acting on safety and medicines alerts.
- The practice did not have adequate assurance that one of the nurse practitioners who had been working alone during Saturday morning clinics had indemnity cover and up to date basic life support training appropriate to their role. The practice resolved these issues following the inspection.
- Care and treatment was not monitored effectively enough for people with long-term conditions and mental health conditions.

Summary of findings

- The practice did not hold structured clinical meetings. This limited opportunities for clinical staff to share best practice, discuss clinical risks and provide peer support.
- Staff told us that they treated patients with compassion, kindness, dignity and respect and involved patients in decisions about their care. However national GP patient survey data indicated that patient satisfaction with care shown during consultations was low.
- Although the practice had tried to improve appointment availability, patients found it difficult to contact the practice by telephone and they reported that they were not able to easily see their preferred GP.
- Patients had difficulty getting an appointment on the day.
- Complaints were investigated and responded to openly and thoroughly, however information about how to make a complaint was not easily accessible for patients.
- The practice had recently worked with the Patient Participation Group (PPG) to gather patient views. However systems for engaging with patients and acting on concerns were not well-established.
- The practice had a some well-managed systems in place to keep people safe and reduce risk so that safety incidents were less like to happen.
- There was a positive and open culture and staff felt supported by the practice leaders.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care with regards to: clinical governance, risk management and monitoring care and treatment for people with long-term conditions and mental health conditions.

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

- Review and improve uptake for immunisations and screening programmes.
- Improve patient satisfaction with care and treatment and access to the service.
- Make information about how to make a complaint or raise concerns readily available to patients and the public.
- Review practice policies and procedures so the duty of candour is clearly reflected.
- Improve systems for engaging with patients, obtaining patient feedback and acting on concerns.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	**Good**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Requires improvement**
Are services well-led?	**Requires improvement**

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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**

Faccini House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a second CQC inspector and an expert by experience.

Background to Faccini House Surgery

The registered provider of the service is Faccini House Surgery. The address of the registered provider is 64 Middleton Road, Morden, Surrey, SM4 6RS. The practice website is http://www.faccinihouse.com/. Regulated activities are provided at one location, Faccini House Surgery.

Faccini House Surgery provides services to 5800 patients in Morden and is one of 25 member practices of Sutton Clinical Commissioning Group (CCG). The practice holds a Personal Medical Services (PMS) contract. The practice has a higher than average population of children aged 5-14, higher than average population of those of working age and lower than average number of those over 65. Deprivation scores are higher than local and national averages for both children and older people and the practice is in the 5th most deprived decile in England. Of patients registered with the practice, approximately 70% are White British, 17% are Asian or Asian British, 8% are Black or Black British and 5% are other white or mixed ethnic backgrounds.

The practice is located in a purpose built building. The practice has one male partner (currently absent from the practice for more than 12 months), one female partner and one female non-clinical partner. The practice has no salaried GPs and uses three regular locum GPs. There are two regular locum nurse practitioners and a self-employed phlebotomist. The non-clinical staff include a practice manager and seven reception and administrative staff.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had a number of systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, although required some updating.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- The practice did not have adequate assurance that a locum nurse practitioner had suitable indemnity cover appropriate for their role. This was reviewed after the inspection and the nurse practitioner now has indemnity cover in place.
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- Staff who acted as chaperones were trained for the role and had received a DBS check. It was practice policy that where possible, clinical staff acted as chaperones.
- The practice conducted a number of safety risk assessments on an annual, monthly and daily basis. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- There was an effective system to manage infection prevention and control and a number of actions to improve infection control had been undertaken.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had experienced recent non-clinical staff shortages so existing staff were working additional hours, but systems were in place to ensure safety was maintained. The practice employed locum GP and nursing staff; however these were regular staff, familiar with the running of the practice.
- There was an effective and thorough induction system for both permanent and temporary staff tailored to their role. Locum induction packs were clear, detailed and thorough.
- 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, for example, sepsis.
- However, one of the locum nurse practitioners who had been working alone during extended hours clinics had not undertaken annual life support training at an appropriate level for their role. Face to face training was undertaken after the inspection.
- Equipment and medicines were available for medical emergencies and appropriate checks were in place.
- The practice had recently reviewed the lone working arrangements of the nurse practitioner running the Saturday extended hours clinic. Due to potential risks associated for patients, the practice had ensured a GP was available for clinical support or in the event of a medical emergency.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Good

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Management of correspondence in the practice was safe. The practice had clear systems to deal quickly with incoming information from other organisations including hospital letters and results.
- Referral letters included all of the necessary information and the practice monitored urgent referrals sent to ensure they had been received and actioned.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and 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. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- There was a system in place to ensure patients on high risk medicines were monitored, although the protocol required updating. We found one incident where a patient prescribed a high risk medicine on repeat prescription had been reviewed by a clinician, clinical risks were identified, but no action had been taken to review whether the medicine was appropriate for the patient. Following the inspection the practice treated this incident as a significant event and ensured the patient's needs were met.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

There was some evidence that the practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong, however not all clinical incidents were recorded as significant events.
- The practice learned and shared lessons with staff and took action to improve safety in the practice. For example, the practice discussed a recent incident at another GP practice involving a nurse practitioner working alone. They reported this as a near miss and put in place a safer system for their own nurse practitioner working alone on a Saturday so that a GP would always be working in addition to a nurse to improve safety for staff and patients.
- The practice identified where significant events had occurred from complaints and took action to investigate these thoroughly.
- The practice raised quality alerts where they reported on incidents involving external organisations, for example, a number of delayed discharge reports from a local hospital.

Good

Are services safe?

- There was no clear system for receiving and acting on safety alerts. Although alerts were emailed and staff reported that alerts were actioned by clinical staff, there was no log of action taken and staff were unable to recall recent safety alerts.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and the following population groups: people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia), as requires improvement for providing effective services.

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

- Quality and Outcomes Framework (QOF) exception reporting rates for people with long-term conditions and mental health conditions was significantly higher than local and national averages indicating that a large proportion of patients had not been monitored effectively.
- There were a number of examples where uptake for immunisations and screening programmes were below local and national averages.
- The practice did not hold structured clinical meetings. This limited opportunities for staff to share best practice, provide peer support and address quality improvements.

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.

- From 13 medical records we reviewed, patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Antimicrobial prescribing had improved. The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones for 2015/16 was 9.32% which was above the Clinical Commissioning Group (CCG) average prescribing rate of 6.31% and the national average of 4.71%. During the inspection evidence was seen following audit that several steps had been taken to optimise antimicrobial prescribing and a checklist had been put in place and prescribing rates had improved since its implementation.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. The practice had reviewed 80% of those with moderate frailty and 21% of those with severe frailty so far this year.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Patients were given a copy of their care planning letter.
- 100% of patients aged 75 or over with a record of a fragility fracture and a diagnosis of osteoporosis, who were treated with an appropriate bone-sparing medication in 2016/17.
- 69% of those over 75 had received a flu immunisation in 2016/17.
- 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.

People with long-term conditions

This population group was rated as requires improvement for effective services because:

- Exception reporting rates for people with long-term conditions and mental health conditions was significantly higher than local and national averages indicating that a large proportion of patients had not been reviewed, so their needs could not be identified or met appropriately.
- Data from the 2016/17 Quality and Outcomes Framework (QOF) demonstrated this, for example:

Requires improvement

Are services effective?

(for example, treatment is effective)

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 90.2% (CCG average 77.6% and national average 79.5%) however patients not seen (exceptions) totalled 31.5% (CCG average 8.9% and national average 12.3%.) Data from 2015/16 indicate that 43.71% of patients were not seen as they were exception reported.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 76.9% (CCG average 74.5% and national average 76.4%). However the patients not seen (exceptions) totalled 37.1% (CCG average 3.6% and national average 7.7%.)
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 100% (CCG average 92.1% and national average 90.4%). Patients not seen (exceptions) totalled 34.4% (CCG average 7.7% and national average 11.3%). In 2015/16 the practice scored 96.55% and exception reporting was 2.2% indicating that over the course of a year between QOF achievement results, 32.2% less patients had received a review.
- The percentage of patients with atrial fibrillation in whom stroke risk had been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months was 100% (CCG average 95.7% and national average 96.9%). However patients not seen (exceptions) totalled 30.8% (CCG average 3.3% and national average 3.5%.)
- The percentage of patients with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less is 100% (CCG average 88.3% and national average 90.8%). Patients not seen (exceptions) totalled 39.3% (CCG average 3.9% and national average 5.1%).
- The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less is 91.2% (CCG average 84.4% and national average 88%). Patients not seen (exceptions) totalled 13.6% (CCG average 2.9% and national average 4.3%).

However, we saw also saw examples of effective services for people with long term conditions:

- Processes were in place to invite patients for reviews with a clinician although a number of patients did not attend. Recall letters sent to patients were clearly tailored to make their blood test and appointment arrangements as easy as possible.
- For those patients with long-term conditions that had been seen, they received a structured annual review to check their health and medicines needs were being met and were signposted to relevant services.
- 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 held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had identified a case management list of patients with three or more long-term conditions that were most at risk of admission to hospital and they were invited for a review with a clinician.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. The majority of patients were seen by a skilled nurse practitioner.
- 53% of 'at risk' patients had received a flu immunisation for 2016/17.

Families, children and young people

This population group was rated requires improvement because:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were mostly below the target percentage of 90% or above for children up to the age of two, achieving 90% in one out of four areas. The practice was also the lowest in the CCG area for providing the MMR to children aged five.

Requires improvement

Are services effective?

(for example, treatment is effective)

- 44% of pregnant women had received the flu immunisation in 2016/17.
- The practice did not have a clear process to identify and review the treatment of newly pregnant women on long-term medicines.

However, we saw also saw examples of effective services for families, children and young people:

- The practice had registers of children with high numbers of accident and emergency attendances and patients were contacted for a review.
- The practice met with a health visitor quarterly to discuss children at risk; including those who had not attended for childhood immunisations and those with high numbers of A and E attendances.

Working age people (including those recently retired and students)

This population group was rated requires improvement because:

- The practice's uptake for cervical screening was 65.7%, which was below the 80% coverage target for the national screening programme. However, QOF data for 2016/17 demonstrated that 83.2% of patients had a record of screening in their notes compared with a CCG average of 81.2% and national average of 81.1%.

However, we saw also saw examples of effective services for working age people (including those recently retired and students):

- 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.
- In 2016/17, 374 patients were invited for a health check. Figures showed 41 patients attended for a review which was 11%.

People whose circumstances make them vulnerable

This population group was rated requires improvement because:

- There were eight patients on the learning disabilities register. Four (50%) had received a health check in 2016/17.
- The practice had identified 60 patients acting as carers, which was 1% of the practice list. 53% of patients acting as carers had received a flu immunisation in 2016/17.

However, we saw also saw examples of effective services for people whose circumstances make them vulnerable:

- We saw records of people with end of life care needs and care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided a health questionnaire sent to those with a learning disability one week ahead of their review.

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

This population group was rated requires improvement because:

- Exception reporting rates for people with mental health conditions was significantly higher than local and national averages indicating that a large proportion of patients had not been reviewed, so their needs could not be identified or met appropriately.
- Data from the 2016/17 Quality and Outcomes Framework (QOF) demonstrated this, for example:
  - 93.6% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the previous 12 months (CCG average 91.2% and national average 90.4%). However 20.3% of patients were not seen (exceptions) compared with CCG exception average of 6.6% and national average of 9.1%.
  - The percentage of patients aged 18 or over with a new diagnosis of depression who had been reviewed in a specified time-frame was 100% (CCG average 82.9% and national average 83.6%). However, patients not seen (exceptions) totalled 34.4% (CCG average 21.6% and national average 22.9%).
  - The percentage of patients experiencing poor mental and/or physical health who had received discussion

and advice about smoking cessation (practice 100%; CCG 97.2%; national 96.7%). However patients not receiving this advice (exceptions) totalled 38.7% (CCG 2.4%; national 1.5%).

However, we saw also saw examples of effective services for people experiencing poor mental health (including people with dementia):

- 85.7% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG and national averages.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months was 91.5% (CCG average 92.1% and 90.3% national average).
- The percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 91.5% (CCG average 91.7% and national average 90.7%).

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided, for example, using clinical audit. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results for 2016/17 were 99.5% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 95.95% and national average of 95.53%.

The overall clinical exception reporting rate was significantly high at 26.1% compared with a national average of 9.95%. Exception reporting rate for 2015/16 was 16.5%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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.)

- Exception reporting rates were high across a range of domains for diabetes, asthma, COPD, hypertension, peripheral artery disease, stroke, atrial fibrillation and mental health. This indicated that care and treatment had not been appropriately monitored for a range of patients with complex needs.
- The practice told us the reason for the high levels of exception reporting in 2016/17 were due to patients not responding to invitations for health checks and reviews. They felt this was due to a negative representation of the practice in local media at the end of 2016.
- However, we saw that for the current QOF year (2017/18), the practice had so far achieved a score of 358/432 which was 83% indicating that patients had responded to recall processes and attended for health reviews this year.

The practice used information about care and treatment to make improvements:

- The practice shared three completed clinical audits with us to demonstrate how they had improved the quality of care and treatment for patients on anti-psychotic medication, anticoagulants and antibiotics.
- During the inspection evidence was seen following a recent antibiotic re-audit that several steps had been taken to optimise antimicrobial prescribing and a checklist had been put in place and prescribing rates had improved since its implementation.
- A recent re-audit was undertaken reviewing patients with atrial fibrillation identified as at risk of stroke who were not prescribed anticoagulants. All patients identified during the re-audit had received the appropriate medical management.

Effective staffing

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

- Staff undertook role specific training, such as clinical update courses. Nurse practitioners had received specialist training in diabetes, asthma, immunisations and taking samples for the cervical screening programme.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Mandatory training for all staff was up to date, although one nurse had not undertaken basic life support training. This was completed after the inspection.
- The practice provided staff with ongoing support. This included a structured induction process, one-to-one meetings and appraisals.
- Locum clinical staff received ad hoc clinical supervision. Copies of appraisals for locum staff that had occurred externally were kept, so the practice were aware of training needs. The locum induction pack was detailed and thorough.
- The practice did not hold structured clinical meetings. This limited opportunities for staff to share best practice, provide peer support and address quality improvements.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- 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.

- The practice's systems for managing referrals, results and correspondence were failsafe.
- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 followed up frequent A and E attenders, unplanned admissions and where children failed to attend hospital appointments.
- 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 not always 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, those with learning disabilities, older people and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health and staff discussed changes to care or treatment with patients and their carers as necessary.
- 52.63% of new cancer cases (among patients registered at the practice) were referred using the urgent two week wait referral pathway, which was comparable to the CCG 50.9% average of and national average of 50.35%.
- The practice were below national averages for bowel and breast cancer screening.
- The practice supported national priorities and initiatives to improve the population's health, for example, staff could refer to local wellbeing services for mental health support and advice for smoking and alcohol cessation.
- However, QOF data for 2016/17 indicated that the smoking status of young people registered at the practice was not always known or recorded:
  - The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months 87.5% (CCG average 89.3% and national average 88.6%). Exception reporting was 69.2% (CCG average 3.7% and national average 5.2%).
- Uptake rates for childhood vaccinations were lower than targets for those aged two and aged five, particularly for MMR. The practice reported that they had tried to encourage parents to attend. After three attempts to contact parents, the practice alerted the health visitor if a child had not attended for immunisations.
- The practice provided flu immunisations for pregnant women, carers, those with complex needs and older people; however uptake of these were low. QOF data for 2016/17 showed:

Requires improvement

Are services effective?

(for example, treatment is effective)

- 97.5% of patients with coronary heart disease had an influenza immunisation (CCG average 91.7% and national average 95.8%). However of these, patients not receiving the immunisation (exceptions) totalled 38.9% (CCG average15.8% and national average 17.8%).
- 99.5% of patients with diabetes, on the register had received an influenza immunisation (CCG average 92.9% and national average 95.2%). However of these, patients not receiving the immunisation (exceptions) totalled 38.3% (CCG average 20.7% and national average 21.2%).
- The practice also reported that 53% of 'at risk' patients had received a flu immunisation for 2016/17.
- 44% of pregnant women had received the flu immunisation in 2016/17.

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.

Requires improvement

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing caring services.

The practice was rated as requires improvement for caring because:

- Results from the July 2017 annual national GP patient survey showed that the practice was below average for all its satisfaction scores on consultations with GPs and nurses.
- Five patients spoken with and two comment cards indicated some dissatisfaction with involvement in decisions about their care and treatment and privacy.

Kindness, respect and compassion

Staff told us they treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- We observed staff to be caring and helpful.
- We received two patient Care Quality Commission comment cards, one was positive and one was negative about the care experienced.
- We spoke with five patients and comments about the service were mixed. Patients felt that they were listened to, but they were not always provided enough information about care and treatment.
- 74% recommended the practice as identified in the NHS Friends and Family Test (FFT) as part of the practice's own survey from September –November 2017. There were 54 responses. 95% of patients recommended the practice as identified in the NHS FFT in 2016.

Results from the July 2017 annual national GP patient survey showed that not all patients felt they were treated with compassion, dignity and respect. Of the 303 surveys sent out, 103 were returned. This represented about 1.8% of the practice population. The practice was below average for all its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients who responded said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 87% and the national average of 89%.
- 73% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average – 86%.
- 72% of patients who responded said the nurse was good at listening to them; CCG - 91%; national average - 91%.
- 72% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.
- 85% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 74% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 83% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.
- 58% would recommend this surgery to someone new to the area; CCG - 79%; national average 87%.

The practice were aware of the lower satisfaction scores from the latest national GP patient survey. The practice manager had reviewed NHS choices comments and there was evidence that they had discussed concerns with individual staff. The practice were working with the local CCG to identify how they could improve the patient experience. They had conducted their own practice survey running from September – November 2017 with 54 responses, which were more positive about care experienced. For example:

- 81% felt that staff were polite.
- 81% were made to feel at ease by staff.
- 81% felt they were listened to.

Involvement in decisions about care and treatment

Requires improvement

Are services caring?

Staff told us they helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, informing patients this service was available. Staff reported occasional use of language interpretation services.
- Staff also utilised British Sign Language interpretation services; two patients registered with the practice required this service. The practice did not have a hearing loop installed for patients with hearing difficulties.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Patients with a learning disability were sent information and a survey about their health check a week ahead of their appointment. They were also given a post-consultation satisfaction questionnaire using pictures and simple language.
- 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 did not have effective systems in place to identify patients who were carers:

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (1% of the practice list).
- Carers were identified opportunistically by some staff, but not all locum clinical staff were aware of the practice's carers register.
- The practice supported carers by offering flu immunisations. 53% of carers had received a flu immunisation in 2016/17.
- Staff signposted patients to a local carers' support organisation.

The practice supported recently bereaved patients:

- Staff told us that if families had experienced bereavement, the duty clinician contacted them.
- This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.
- There was no information in the waiting area about bereavement support services.

Results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages:

- 77% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 64% say the last GP they saw or spoke to was good at involving them in decisions about their care; CCG - 79%; national average - 82%.
- 70% say the last nurse they saw or spoke to was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 64% say the last nurse they saw or spoke to was good at involving them in decisions about their care; CCG - 85%; national average - 85%.

Of the five patients spoken to during the inspection, not all felt involved in their care. The practice survey running from September – November 2017 with feedback from 54 patients, produced more positive responses. For example:

- 80% reported their clinical was good at assessing their medical condition.
- 80% felt that the clinician was good at explaining their condition or treatment.
- 76% felt that they were involved in decisions about their treatment.
- 80% felt the clinician was good at providing or arranging treatment for them.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services caring?

- However, some patients reported they did not feel comfortable disclosing medical information to reception staff as they could be overheard by other patients standing in the queue behind them.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

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

- Patients found it difficult to see or speak to their preferred GP.
- Patients reported they had difficulty contacting the practice on the telephone.
- Patients had difficulty getting an appointment on the day, unless it was prioritised as an emergency.
- Information about how to make a complaint or raise concerns was not readily available; patients had to ask reception staff how to make a complaint.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example:
  - There was access to a daily emergency clinician via telephone consultations, home visits and appointments.
  - The practice provided extended opening hours on Saturday morning for routine appointments with a nurse practitioner.
  - Advanced booking of appointments up to four weeks ahead, both online, via the telephone and an automated telephone booking system.
  - Online services such as repeat prescription requests.
  - Access to a weekly phlebotomy clinic held at the practice.
  - Long term conditions reviews with the nurse practitioners.
- The practice improved services where possible in response to unmet needs, for example:
  - Due to a high use of appointments for sickness benefit, housing and social services queries and benefit decision appeals, the practice had designed letters for patients, clearly explaining the different processes and any associated costs.
  - The practice had previously worked with a local well-being service to provide an in-house and outreach advice service due to the recognition of demand for appointments for social, housing and benefit concerns. However, although 1500 invitations were sent out, uptake of this service was low and the service was withdrawn.
  - Patients were not always aware of what services were available to them; the Patient Participation Group (PPG) had worked with the practice to improve patient information in the waiting area and on the practice website.
- The facilities and premises were appropriate for the services delivered; however the practice did not have a hearing loop installed.
- The practice made reasonable adjustments when patients found it hard to access services, for example using interpretation services for those with language barriers and hearing difficulties and providing clear explanations and easy to understand language for those with learning disabilities. The practice registered homeless patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The daily duty clinician service prioritised more vulnerable patients for emergency appointments, including those over 75.
- Patients over 75 years were provided with care planning letters which included signposting information for local advisory services.

People with long-term conditions

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for people with long-term conditions:

- Chronic disease management including medication reviews was led by nurse practitioners.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Patients were able to attend in-house phlebotomy as part of their reviews.
- The practice had identified the top 100 patients with three or more long-term conditions and invited them to see a nurse practitioner or GP for a review.

Families, children and young people

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for families, children and young people:

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

Working age people (including those recently retired and students)

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for 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, Saturday morning extended opening hours for routine appointments and use of text messages for appointment reminders and cancellations.
- The practice were able to refer patients to extra same day, evening and weekend GP and nurse appointments at the local access hub.

People whose circumstances make them vulnerable

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for people whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability were sent a care planning letter and survey to complete with a carer a week ahead of their appointment.

People experiencing poor mental health (including people with dementia)

This population group was rated as requires improvement overall for responsive services. However we also found areas of responsive care for 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.
- Patients were referred or self-referred to local counselling services.

Timely access to the service

The practice provided a range of appointments and access options:

- Appointments could be booked up to four weeks in advance for both nurse and GP consultations. The next available routine appointment was within one week for a nurse and a GP consultation.
- Emergency appointments were accessible via a telephone consultation with the duty clinician and face to face appointments, where indicated. Emergency appointments could be with a nurse practitioner or a GP.
- Appointments could be booked on the day; five morning and five afternoon appointments were allocated to same day appointments.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

However patients were not always able to access appointments within an acceptable timescale for their needs:

- Patients reported they had difficulty contacting the practice on the telephone; staff reported that demand for telephone access was high.
- The practice promoted online booking to reduce demand on the telephone; however staff told us that

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

often the same day appointments would get booked up online before the practice opened, so that when patients called the practice for a same day appointment, no appointments were available.
- This also occurred for same day appointments in the afternoon.
- Patients we spoke to confirmed that they had difficulty getting an appointment on the day, unless it was an emergency.
- All patients had one named GP who was the partner; patients found it difficult to speak to their preferred GP.
- Patients including those over 75 reported they could wait up to one month to see their preferred GP; but they could normally get an appointment with any GP within a week.
- The practice reported they experienced a high rate of unattended appointments (DNAs), of approximately 1000 per year.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages, particularly around telephone access and seeing a preferred GP. This was supported by speaking to patients on the day of inspection. We saw 303 surveys were sent out and 103 were returned. This represented about 1.8% of the practice population. Results included:

- 66% of patients who responded were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 78% and the national average of 76%.
- 58% of patients who responded said they could get through easily to the practice by phone; CCG - 75%; national average - 71%.
- 75% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 85%; national average - 84%.
- 74% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.
- 64% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average -73%.
- 43% of patients who responded said they don't normally have to wait too long to be seen; CCG - 59%; national average - 58%.
- 14% usually get to see or speak to their preferred GP; CCG - 56%; national average 56%.
- 68% describe their overall experience of this surgery as good; CCG - 86%; national average 85%.

The practice were aware of the GP survey data and had developed a project to address key areas of concern in relation to obtaining appointments and contacting the surgery, including their own patient survey. Results from September – November 2017 with 54 responses:

- 52% of patients rated how quickly they good see a particular/preferred GP as either good, very good or excellent.
- 74% reported they could get an appointment with any clinician within four working days.
- 44% of patients rated how easy it was to get through to the practice by phone as either good, very good or excellent.

The practice had provided a wide range of appointment booking options for patients including online access, a 24 hour automated telephone booking and cancellations service and mobile phone 'app' appointment booking, as well as telephone access. The practice had attempted to address the high DNA rates by increased use of the text message appointment reminder and cancellation system. The practice had conducted an appointments audit, which showed that an adequate number of appointments were offered based on their registered population. They were currently working with support from the local Clinical Commissioning Group (CCG) to identify how they could improve the patient experience.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately. However, lessons learnt and changes made in the practice from complaints was not always clear.

- Staff treated patients who made complaints compassionately.
- However, information about how to make a complaint or raise concerns was not readily available in the waiting area or online; patients had to ask reception staff how to make a complaint.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- It was not always clear how the practice learned lessons from individual concerns and complaints, but there was

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

some evidence of improvements made. For example, the daily doctor service was renamed as the 'duty clinician' service as patients could be seen by a nurse practitioner or a GP. Also following a complaint and investigation into a delayed dermatology referral, a locum GP purchased equipment to assist with identifying and diagnosing skin lesions.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice, and all of the population groups, as requires improvement providing a well-led service.

The practice was rated as requires improvement for well-led because:

- The provider was aware the requirements of the duty of candour, however there was no practice policy in place to clearly demonstrate ongoing compliance with the duty of candour.
- There was no clinical meeting structure in place; clinical staff discussed issues informally when needed. There was therefore limited evidence that clinically significant events, safety and medicines alerts, clinical performance and quality improvements and best practice guidance were discussed between the clinical team.
- Systems were in place to manage most risks; but there was no clear process to indicate that medicines and safety alerts were well-managed or that the practice had clear oversight of risks related to staff recruitment and training records.
- Systems for engaging with patients, obtaining patient feedback and acting on concerns were not well-established.
- The Patient Participation Group (PPG) felt that they were listened to but feedback provided to the practice leaders was not always acted on.

Leadership capacity and capability

Leaders had the skills to deliver the service, but had faced challenges in providing consistent high quality care:

- The partnersip consisted of two clinical partners and a non-clinical partner. Leaders in the practice included a clinical partner, a non-clinical partner with prescription management responsibilities and the practice manager. The other clinical partner had been absent from the practice for more than 12 months.
- The practice manager and two of the partners had the experience, capacity and skills to deliver the practice strategy and address risks to it. As one of the clinical partners had been absent from the practice for more than 12 months, staff recognised that this had had an impact on the management workload of the remaining clinical partner.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and pressures the practice had faced and were addressing them. For example, following previous quality and outcomes framework (QOF) achivements and high levels of exception reporting, they had worked to improve the monitoring of patients using the QOF in the current year.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had recently implemented a business plan to improve delivery of the service due to recent challenges and areas where the practice had been underperforming.

- There was a vision and set of values. The practice had a realistic business plan and objectives to achieve priorities.
- The local Clinical Commissioning Group (CCG) had been involved in business plan discussions to assure sustainability of the practices' objectives following risks that threatened the leadership capacity of the organisation over the past 12 months.
- Most staff were aware of and understood the vision, values and objectives and their role in achieving them.
- The business plan 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 their objectives.

Culture

Staff felt there was a positive culture in the practice, however the practice did not provide a clear system to openly encourage complaints.

- Staff stated they felt respected, supported and valued.
- 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

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

complaints. We found that complaints were thoroughly investigated and openly communicated to patients involved, however complaints processes were not made easily accessible to patients.

- The provider was aware the requirements of the duty of candour, however there was no practice policy in place to clearly demonstrate ongoing compliance with the duty of candour.
- Staff we spoke with told us they were able to 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 need. This included appraisal and career development conversations. All staff had received a regular annual appraisal in the last year or appraisals had been booked. A copy of appraisals for locum clinicians were kept.
- Clinical staff, including nurses, were all locum staff members. They were considered valued members of the practice team and were invited to practice staff meetings that were held monthly, however there was only evidence that one of the locum clinicians attended these meetings. Minutes were always emailed to all practice staff following staff meetings.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management, however there were some gaps in clinical governance arrangements which impacted on the practice's ability to provide high quality, sustainable care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Policies and procedures were easy to understand and accessible and the practice had robust workflow processes in place.
- Governance duties and responsibilities were shared between the clinical partner, non-clinical partner and practice manager.
- Systems were in place to support good governance and management, however as the practice employed locum doctors and nurses, all clinical governance responsibilities sat with the clinical partner including monitoring performance of the practice and quality improvements such as clinical audit.
- There was no clinical meeting structure in place; clinical staff discussed issues informally when needed. There was therefore limited evidence that clinically significant events, safety and medicines alerts, clinical performance and quality improvements and best practice guidance were discussed between the clinical team.

Managing risks, issues and performance

There were some effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice consulted with external companies to support the management of risks and used a system which alerted the practice manager when a variety of risk assessments and audits were due.
- The practice had business continuity plans in place and had trained staff to prepare for major incidents.
- The practice were aware of significant events and complaints, and they were discussed in practice meetings, but they were not regularly reviewed by the management team to identify trends. The last significant event meeting had been 18 months previously.
- The practice did not have a clear process to indicate that medicines and safety alerts were well-managed.
- The practice did not have assurance that one of the locum nurses who had been working alone during extended hours had adequate indemnity cover and up to date basic life support training appropriate to their role.
- The practice had processes to manage current and future performance. Performance of locum clinical staff and quality of the service could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Quality and Outcomes Framework (QOF) data for 2016/17 demonstrated significantly high exception reporting rates. Staff reported this was due to patients not responding to three invitations for a review. It was unclear if the practice had an action plan in place to

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

address this, however QOF performance for the current year demonstrated an improvement indicating that patients had been attending the practice for their reviews.

- Practice leaders were aware of the performance of the practice and the lead partner attended local Clinical Commissioning Group (CCG) meetings where performance was monitored and discussed.
- Clinical audits were conducted to improve quality of care and outcomes for patients. There was some evidence of action to change practice to improve quality.

Appropriate and accurate information

The practice had some process in place to act on appropriate and accurate information.

- The practice used information from a range of sources including Quality and Outcomes Framework (QOF) data, public health data, referral and prescribing performance data and patient satisfaction data to ensure and improve performance.
- The information used to monitor performance and the delivery of quality care was not always accurate. For example, although QOF achievements were at or above averages, the exception reporting rate for QOF was significantly higher than local and national averages indicating a number of patients had not been monitored effectively.
- The practice used accurate referral information to recognise that they were one of the lowest referrers in the CCG using electronic referral systems. Plans were in place with a local buddy practice to identify issues and improve use of e-referrals.
- Quality and sustainability were discussed in practice meetings where staff had sufficient access to information, however only one locum clinician attended these meetings.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required, for example quality alerts raised to a local hospital following significant events.
- 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 had some systems to involve patients, the public, staff and external partners to improve the service delivered.

- There was evidence that some patients', staff and external partners' views and concerns were acted on to shape services. The practice were aware of the national GP patient survey data and had developed a project to address key areas of concern. The practice had tried to improve appointment availability by promoting online appointment booking and use of the automated telephone booking system.
- They were also working with the local Clinical Commissioning Group (CCG) to identify how they could improve the patient experience.
- There was an active patient participation group (PPG) of four members. The PPG met quarterly. The PPG felt that they were listened to but feedback provided to the practice leaders was not always acted on. Some improvements had been made such as making waiting room signage and notice boards more eye-catching and providing more information leaflets for patients.
- Due to an ongoing concern that the practice population were difficult to engage to obtain views for improving the service, a PPG champion had been nominated to lead on patient engagement and they had been a central mechanism for gaining patient feedback via the practice survey. The practice survey from September to November 2017 resulted in 54 responses.
- There was limited evidence that the NHS Friends and Family Test was promoted by the practice; no responses had been obtained for 2017 until the practice survey was undertaken face to face with patients by the PPG champion.

Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation.

- Significant events and complaints were shared with all staff during practice meetings and there was some evidence that learning was shared and used to make improvements.
- The practice made use of internal and external reviews of incidents and complaints.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Quality and Outcomes Framework (QOF) exception reporting rates for people with long-term conditions and mental health conditions was significantly higher than local and national averages indicating that a large proportion of patients had not been monitored effectively. • Clinical governance processes with regards to sharing information with clinical staff, including clinical incidents and risks, practice performance and monitoring information, service improvements and best practice guidance were not established. There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • There was no clear process to indicate that medicines and safety alerts were well-managed or that the practice had clear oversight of risks related to staff recruitment and training records. This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.