Wells Park 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	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as requires improvement overall. (Previous rating May 2017 – *Good*)

The key questions are rated as:

Are services safe? – *Requires improvement*

Are services effective? – *Requires improvement*

Are services caring? – *Good*

Are services responsive? – *Requires improvement*

Are services well-led? - *Requires improvement*

We carried out an announced comprehensive inspection at Wells Park Practice on 11 September 2018. We carried out this inspection to check if the practice had made and sustained improvements identified at previous inspections.

At this inspection we found:

- Systems to ensure that patients and others in the practice were kept safe were not consistently implemented.
- The practice had succeeded in making improvements to some aspects of performance, but there were other areas that had not been addressed effectively.
- Staff treated patients with kindness, respect and compassion.
- Staff helped patients to be involved in decisions about care and treatment, although this was not systemic.
- The practice had failed to act effectively on issues with telephone access and delays after appointment time.
- The practice was not consistently following its own policies and procedures.
- Clinical audit had had some positive impact on quality of care and outcomes for patients, but had not demonstrated improvement such that care in the areas reviewed were consistently good.

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

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

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

- Take action to improve the uptake of cancer screening.
- Take action to implement the Accessible Information Standard.

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

Population group ratings

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

Our inspection team

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

Background to Wells Park Practice

Wells Park Practice is an established GP practice in Sydenham, a suburban area of south-east London. The area is well-served by public transport, and there is parking available. The practice provides GP services under a Personal Medical Services contract, in the Lewisham Clinical Commissioning Group. They are registered to carry out family planning, maternity and midwifery services, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury.

There are three GP partners (two male and one female) and six salaried GPs (all female). Some of the GPs work part-time. Full time doctors work eight sessions per week. The practice has 51 GP sessions per week.

The (all female) nursing team is made up of five practice nurses and two health care assistants. Three of the nurses work part-time, the other two nurses and both healthcare assistants work full-time. The practice has approximately 200 nursing team hours in total per week.

The practice trains junior doctors as GPs, and takes nurse practitioners and nursing students for placements. A GP doctor in training currently works at the practice.

Reception is open from 8am to 6.30pm Monday to Friday, and offers extended hours (booked appointments only) on Mondays from 7am to 8am, on Tuesdays 6.30pm to 8.00pm and 8.30 am to 12.00pm on the 2nd Saturday of every month. Outside of these hours, patients are directed to call a co-operative that provides out-of-hours GP care.

The practice has approximately 11400 patients. Compared to other practices in England, the practice has slightly more patients aged under 18, and a slightly smaller proportion of patients aged over 65. Life expectancy of patients is slightly below local and national averages. The practice population scores highly on national measures of deprivation: 3rd most deprived decile, high on measures of income deprivation affecting older people and children. Compared to other practices in England, more patients are unemployed.

Requires improvement

Are services safe?

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

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

- *Systems to ensure that patients and others in the practice were kept safe were not consistently implemented.*

Safety systems and processes

The practice systems to keep people safe and safeguarded from abuse were not consistently implemented.

- According to information held by the practice, nearly half of all staff had not done recent training in safeguarding children from abuse and most had not done recent training in safeguarding adults. Staff we spoke to knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- The practice carried out staff checks at the time of recruitment, but these were incomplete. The practice policy said that Disclosure and Barring Service (DBS) checks would be undertaken. (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.) We noted that the practice had accepted DBS checks undertaken by other organisations, with no written risk assessment. Staff told us that this had been because staff had been needed to begin in post without waiting for the DBS check. Staff told us that candidates were asked to confirm at interview that there were no issues that would appear on a DBS check, but this was not recorded. DBS checks had not been requested by the practice for the staff we identified. The practice asked staff to declare if they had any relevant convictions at their annual appraisal. There was no evidence of checks of professional registration in any of the staff files we checked. Staff told us that registrations were checked before clinical staff began in post, but no records were kept. There were no ongoing checks. We were shown a new electronic system which would alert managers and staff when records were due to be updated. We were told that the practice was in the process of moving all staff files to this new electronic system.
- Staff who acted as chaperones were trained for their role. Practice policy was that these staff must receive a DBS check, but based on the records we reviewed the check might have been one undertaken previously by another organisation.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a system to manage infection prevention and control, but it was not sufficiently well designed or implemented. It did not address staff immunity and according to the practice training matrix most staff members had not completed recent infection control training.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, but they were not consistently implemented.

- 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. Staff told us that it was sometimes difficult to manage cover for non-clinical staff.
- There was an effective induction system for temporary staff tailored to their role.
- The practice had some equipment and medicines to deal with medical emergencies, but the practice did not hold a full range of emergency medicines and had not carried out a formal risk assessment to determine what emergency medicines to hold. Not all staff (including non-clinical staff) had been recently trained in emergency procedures.
- Clinical staff understood their responsibilities to manage emergencies on the premises and knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff and to recognise those in need of urgent medical attention. Non-clinical staff were able to describe some situations that they would consider as priorities, but there was no written

protocol to guide staff as to the actions to take in particular situations and although staff were clear that babies and very young children would be seen, it was not clear up to what age that prioritisation applied.

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.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff generally prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance, although we noted that some high risk medicines were not being consistently monitored in line with guidance to ensure that patients remained safe. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance, although the practice had not verified that changes made had resulted in improved prescribing.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice did not have a good track record on safety. We rated the practice as good for safety in 2016, but evidence showed that the systems in place at that inspection had not been maintained.

- There were risk assessments in relation to safety issues, but they had not been used to address all risks effectively and in a timely way.
- The practice monitored and reviewed activity. This helped it to understand risks, but had not ensured that all risks were accurately identified and effectively addressed.

Lessons learned and improvements made

The practice had systems to learn and make improvements when things went wrong, but they were not consistently implemented.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, not all events that would have merited review as significant events had been considered using this process and
- Recording of significant events was inconsistent, and most of those we reviewed had not been fully written up on the significant event form.
- There was evidence that the practice took action to improve safety in the practice when significant events were assessed using the practice process.
- 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.

Requires improvement

Are services effective?

We rated the practice requires improvement for providing effective services overall and across all population groups.

The practice, and all of the population groups, were rated as requires improvement for providing effective services because of overarching issues, including staff training.

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 advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated as requires improvement for effective because of overarching issues, including staff training. There was, however, good practice for this population group:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice carried out proactive home visits by practice nurses for older/house bound patients for chronic disease management and health checks, including vulnerable patients aged over 65 who had not been seen in the practice for 12 months or more.
- Older patients were invited for shingles, pneumococcal and seasonal flu immunisations, and these were also offered opportunistically. 67% of patients aged over 65 had received a flu jab.
- There were monthly multidisciplinary meeting with district nurses, social services and palliative care team were vulnerable older patients were discussed.
- 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:

This population group was rated as requires improvement for effective because of overarching issues, including staff training. There was, however, good practice for this population group:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

This population group was rated as requires improvement for effective because of overarching issues, including staff training. There was, however, good practice for this population group:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. Although the practice told us that the poor performance in childhood immunisations in 2016/17 had been caused by a coding issue and that this had been resolved, unverified evidence that the practice sent us for 2017/18 showed that immunisation rates had not substantively improved.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Requires improvement

Are services effective?

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

This population group was rated as requires improvement for effective because of overarching issues, including staff training. There was, however, good practice for this population group:

- The practice's uptake for cervical screening in 2016/17 was 72%, which was below the 80% coverage target for the national screening programme. The practice showed us the data that had been submitted for cervical screening for QOF 2017/18. This was unvalidated, but showed when calculated using QOF data that the practice performance in cervical screening had improved to 85%. The data used by Public Health England is different to that for QOF. In 2016/17, the practice had a take up rate (based on the QOF calculation) of 76%. There was therefore evidence of improvement, but the practice may still be below the 80% coverage target for the national screening programme, as this measure is calculated differently.
- The practice's uptake for breast and bowel cancer screening was below the national average (although the difference was not statistically significant). There was no documented action plan in place to address breast or bowel cancer screening rates.
- In 2016/17 fewer patients than at other practices locally and nationally were diagnosed with cancer following an urgent (two week wait) referral. The practice audited cancer referrals in June and October 2017 and identified areas for improvement. The audit had not been repeated since October 2017.
- 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:

This population group was rated as requires improvement for effective because of overarching issues, including staff training. There was, however, good practice for this population group:

- End of life 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 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):

This population group was rated as requires improvement for effective because of overarching issues, including staff training. There was, however, good practice for this population group:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 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.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice carried out quality improvement activity, but this did not always ensure that the effectiveness and appropriateness of the care provided improved. Where appropriate, clinicians took part in local and national improvement initiatives.

- Care as measured by the Quality and Outcomes Framework had improved overall since our inspections in 2016 and 2017. However the uptake of childhood immunisations was not in line with national targets in 2016/17 and data from the practice showed that it had

not improved substantively in 2017/18. Where audit identified other areas for improvement, there had not been recent re-audit to confirm that improvement had taken place.
- Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

There was not an effective system to ensure that 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 had created a matrix to monitor staff training. However, there were considerable gaps in the training recorded, which accorded with the staff files we checked. Staff were encouraged and given opportunities to develop.
- There was an induction programme for new staff, although this was not consistently documented. Support for established staff included one to one meetings, appraisals, and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff supported patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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.
- The practice monitored the process for seeking consent.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were generally in line with local and national averages for questions relating to kindness, respect and compassion. The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern was below average, although the difference was not statistically significant.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment, although this was not systemic as the practice was unaware 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 gave us examples of communication with people in a way that they could understand, for example, using larger font in letters. There were no communication aids or easy read materials available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practices GP patient survey result were in line with local and national averages for the question relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

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

The practice was rated as requires improvement for responsive because:

- *The practice had failed to act effectively on issues with telephone access and delays after appointment time.*
- *The practice was not following its complaints process.*

Responding to and meeting people's needs

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were generally appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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 for responsive because of overarching issues, including access. There was however good practice in relation to this population group:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits. The practice had a programme of proactive home visits for older patients.

People with long-term conditions:

This population group was rated as requires improvement for responsive because of overarching issues, including access. There was however good practice in relation to this population group:

- 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 other health and social care professionals to discuss and manage the needs of patients with complex medical issues.
- The practice held twice yearly open clinics for patients with diabetes and chronic obstructive pulmonary disorder.
- The practice held asthma and diabetes patient education forums.

Families, children and young people:

This population group was rated as requires improvement for responsive because of overarching issues, including access. There was however good practice in relation to this population group:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Staff told us that young children would be prioritised for same day appointments, although staff were clear that babies and very young children would be seen, it was not clear up to what age that prioritisation applied.

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

This population group was rated as requires improvement for responsive because of overarching issues, including access. There was however good practice in relation to this population group:

- 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, by offering extended opening hours and Saturday appointments, and by responding to requests for appointments by email.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement for responsive because of overarching issues, including access. There was however good practice in relation to this population group:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Requires improvement

Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Longer appointments were available for patients on the learning disability register.

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

This population group was rated as requires improvement for responsive because of overarching issues, including access. There was however good practice in relation to this population group:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who were newly diagnosed dementia patients were followed up within 6 months

Timely access to care and treatment

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

- Patient satisfaction with access by telephone and the appointment system were below average. Although the practice told us that they had made changes to telephone access to improve the percentage of calls answered, the practice was not monitoring the impact of the changes made.
- Before the inspection, the practice sent us an action plan, which included waiting times after appointment time. The action noted was for reception staff to inform patients if clinical staff were running late and for clinics to start on time. There had been no effective action to reduce the delays and there was no active monitoring in place.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded, but did not do so in line with the practice policy.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice complaints policy said that complaints received would receive a written acknowledgement within three working days and then a full written response within 21 days.
- The practice was not sending written acknowledgements. Staff were calling the patients instead.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

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

- *The practice was not consistently following its own policies and procedures.*
- *Risks identified within the practice were not sufficiently well managed.*
- *Effective action had not been taken on all areas of below average performance.*

Leadership capacity and capability

- Leaders were aware of issues relating to the quality and future of services. They had addressed some challenges effectively.
- Staff told us that leaders were visible and approachable.

Vision and strategy

- The practice had a clear vision to deliver high quality, sustainable care, but there were some areas where this was not being met.
- There was a clear vision and staff understood how their role could contribute to good patient care.

Culture

- Staff stated they felt respected, supported and valued.
- The practice told us that they focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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.
- Staff told us that there were positive relationships between staff and teams.

Governance arrangements

- Structures, processes and systems to support good governance and management were not consistently effective.
- Arrangements to ensure that staff had received were up to date as to their roles and accountabilities including in respect of safeguarding and infection prevention and control were not effective.
- Practice leaders had established policies, procedures and activities, but had not assured themselves that they were operating as intended.

Managing risks, issues and performance

- Processes to identify, understand, monitor and address risks including risks to patient safety were not consistently effective.
- The practice had processes to manage current and future performance. These had improved some areas of performance but not others. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had had some positive impact on quality of care and outcomes for patients, but had not demonstrated improvement such that care in the areas reviewed were consistently good.
- The practice had plans in place for major incidents, but had not ensured that staff had the necessary training.

Appropriate and accurate information

- Quality and operational information had been used to ensure and improve some aspects of performance. Performance information was combined with the views of patients, for example on telephone call answering, but this had not resulted in evidence of improvement.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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.
- 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, although these were not consistently effective.

Requires improvement

Are services well-led?

Engagement with patients, the public, staff and external partners

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged and heard.
- There was an active patient participation group.
- Patient feedback on difficulties with telephone access, the appointment system and delays after appointment time did not result in effective action.

Continuous improvement and innovation

- There was action to learn and improve, but it was not consistent.
- The practice made use of internal and external reviews of incidents and complaints.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: fire and electrical risks.Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular: medicines to deal with a range of emergencies which had not been formally risk assessed.There was not proper and safe management of medicines. In particular: controlled drugs and some high-risk medicines. Assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated was incomplete. In particular: staff training and staff immunity.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:Effective action had not been taken on all areas of below average performance.The complaints policy was not being followed. The registered person had systems or processes in place that operating ineffectively in that they failed to enable 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:Significant events were

This section is primarily information for the provider

Requirement notices

not being managed consistently.Risks we found had not been identified and addressed by practice systems.Premises wiring risks had not been rectified in a timely way.The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: DBS checks, checks of registration, evidence of training.The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular: feedback on telephone access, appointment systems and delays.