

# Violet Lane Medical Practice

## Inspection report

231 Violet Lane  
Croydon  
Surrey  
CR0 4HN  
Tel: 020 8688 0333  
[www.violetlanemedicalpractice.nhs.uk](http://www.violetlanemedicalpractice.nhs.uk)

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection 13 October 2014 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Violet Lane Medical Practice on 5 April 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. However, the provider did not have a clear system in place to manage medicines and safety alerts and had not undertaken risk assessments to ensure safe care for staff and service users.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Some of the patients we spoke to reported that the appointment system was not easy to use and reported that they were not able to get appointments.
- There was a focus on learning and improvement.

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

- Ensure care and treatment is provided in a safe way for service users including implementing and monitoring effective systems and processes for; managing medicines and safety alerts and undertake risk assessments to ensure the safety of staff and service users.
- Ensure staff receive training relevant to their role including infection control, basic life support, information governance and Mental Capacity Act training.

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

- Review practice procedures to ensure details of fire drills are recorded to ensure learning.
- Improve uptake of childhood immunisations, learning disability health checks, breast and bowel cancer screening.
- Continue to improve outcomes for patients with long-term conditions.
- Review practice procedures to improve access to appointments and telephone access to the practice.
- Improve communication for patients with hearing impairments.
- Review practice procedures to ensure the Patient Participation Group (PPG) is re-established.

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

## Population group ratings

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

## Our inspection team

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

## Background to Violet Lane Medical Practice

Violet Lane Medical Practice provides primary medical services in 231 Violet Lane, Croydon CR0 4HN to approximately 10,600 patients and is one of 52 practices in Croydon Clinical Commissioning Group (CCG). The practice could be accessed by the following link .

The clinical team at the surgery is made up of two full-time male GP partners, one full-time and two part-time female salaried GPs, two part-time male salaried GPs, one female nurse practitioner/manager, three female practice nurses and a female phlebotomist. The non-clinical practice team consists of a practice manager and ten administrative or reception staff members.

The provider was in the process of building three new consulting rooms; the provider informed us that this will improve access for patients.

The practice population is in the fourth most deprived decile in England. The practice population of children is above the CCG (Clinical Commissioning Group) and national averages and the practice population of older people is below the CCG and below the national average.

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

# Are services safe?

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

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse; however, they did not have a child safeguarding policy in place. The practice informed us that they follow local guidelines and we saw evidence to support this. After we raised this issue with the provider they sent us a detailed adult and child safeguarding policy. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and we saw evidence to support this. The GPs attend safeguarding meetings when needed. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control; however, many clinical staff had not undertaken infection prevention and 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.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, we found that the non-clinical staff had not had an update of their basic life support training since November 2016.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice did not always assess and monitor the impact on safety. The provider was in the process of building three new consulting rooms; however, the provider had not undertaken a risk assessment to ensure safety of staff and service users. After we raised this issue with the provider they completed a risk assessment for building works and sent us evidence the day following the inspection.

## 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 had 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. The service had emergency medicines to deal with a range of medical emergencies; however, the service did not have atropine (a medicine used to increase heart rate) to use in an emergency if the patients reacted adversely to the insertion of an intra uterine device (IUD/coil) and did not have rectal diazepam (medicine used to stop a seizure)

# Are services safe?

and had not considered the risk of not having these medicines. After we raised this issue with the provider they informed us they ordered these medicines and sent us evidence to support this.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The provider had a system in place to monitor patients on high risk medicines; however, we saw one patient had been prescribed methotrexate (a medicine used to suppress the immune system) without the signing doctor having sight of the most recent blood result. We reviewed five other patients using this medicine and 18 other patients using high risk medicines and they were found to be monitored and prescribed appropriately. We also reviewed a sample of patients on other high risk medicines and found they were monitored appropriately. When we raised this issue with the provider they immediately investigated this issue and found that the patient was monitored in a hospital. The practice informed us they recorded this issue as a significant event and discussed with staff to prevent this from happening again. They also informed us that regular searches would be undertaken for all patients on high risk medicines to ensure they were monitored appropriately.
- The practice kept prescription stationery securely, however they did not monitor its use. When we raised this with the provider informed us that the serial numbers in the prescriptions were not synchronous and did not allow them to record and monitor them. We saw evidence that the provider was historically monitoring the use of prescriptions when the serial numbers were synchronous.
- 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 comprehensive fire risk assessment and had not undertaken a health and safety and premises risk assessments. When we raised this issue with the provider they informed us that risk assessments would be undertaken once the building works are completed.
- The provider undertook regular fire drills; however, details of the fire drills were not recorded. After we raised this issue with the provider they created a log to record fire drills and sent us evidence the day following the inspection.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice had a significant event protocol which was not detailed. After we raised this issue with the provider they sent us a detailed incident reporting policy the day following the inspection. However, there were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice did not have a clear system for receiving, acting and monitoring the implementation of medicines and safety alerts. We did not see any evidence of any recent alerts being acted on. After we raised this issue with the provider they put a system in place and sent us evidence the day following the inspection.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services overall except for the population group people whose circumstances may make them vulnerable which we rated as requires improvement in effective.**

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

## Effective needs assessment, care and treatment

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

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

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had set up alerts in their patient management system for high risk patients.
- The practice GPs provided support for 76 residents in a local nursing/residential home.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. The practice had a nurse practitioner who was responsible for long-term conditions reviews.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension). The nurse practitioner had completed a course in spirometry and interpretation and undertook all the COPD reviews. The patients were actively encouraged to engage with the pulmonary rehabilitation programme.
- Only 59% of patients had well-controlled diabetes, indicated by specific blood test results which was significantly below the CCG (Clinical Commissioning Group) average of 74.2% and the national average of 79.4%. Unverified results for 2017/18 provided by the practice indicated that the practice had slightly improved in this area.
- One of the practice nurses had recently completed a diabetes health course and was working with the nurse practitioner in running diabetic clinics. The practice informed us that this would improve outcomes for patients with diabetes.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were significantly below the target percentage of 90% for three out of four indicators. The unverified results for 2017/18 provided by the

## Are services effective?

practice indicated that they had improved on three out of four indicators; however, they were still below the target percentage of 90% in all four indicators. The practice informed us

- The practice provided same day appointments for all children under 12 months.
- The practice patients had access to antenatal care (weekly clinics) and postnatal care and they provided eight-week checks for babies.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 73.6% (CCG 70.5%; national 72.1%), which was below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was below the national average.
- 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. The practice had 3928 eligible patients of which 63 were provided the NHS health checks in the last year. The practice informed us that had not signed up to provide this service and they informed us that they opportunistically performed these health checks.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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.

- There were 54 patients on the learning disabilities register. Only six had received a health check in 2016/17. The practice informed us that they had not signed up to provide this service and they informed us that they opportunistically performed these health checks.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, 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 medicines.
- 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.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the local and national averages.
- 60.2% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is significantly below the local and national averages.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 76.1% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was below the local and national averages. Unverified results for 2017/18 provided by the practice indicated that the practice had improved in this area.
- 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 GPs provided support for 54 patients in four local care homes for residents with learning disability and mental health conditions.

### 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, a



# Are services effective?

clinical audit was undertaken to ascertain if nitrofurantoin (an antibiotic used to treat urinary tract infection) is prescribed and monitored according to evidence based guidelines. In the first cycle the practice identified 19 patients over the age of 65 had been prescribed this medicine of which three patients (16%) were not appropriately monitored. In the second cycle, after changes had been implemented the practice identified 34 patients over the age of 65 had been prescribed this medicine of which three patients (9%) were not appropriately monitored. This is an improvement when compared to the first cycle; however, the practice identified the need for further improvement and discussed the results with the practice team.

- The most recent published Quality Outcome Framework (QOF) results were below average at 87.2% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 95.8% and national average of 95.5%.
- The overall exception reporting rate was 8.4% compared with a CCG average of 8.4% and a national average of 10%.
- Unverified QOF results for 2017/18 provided by the practice indicated that the practice had achieved 91.5% of the total number of points available which is an improvement when compared to 2016/17 results.
- The practice used information about care and treatment to make improvements.

## Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, we found that many clinical staff had not undertaken information governance training.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

## Coordinating care and treatment

Staff worked 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 held weekly multidisciplinary GP huddles co-ordinated by the local Clinical Commissioning Group (CCG).
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

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



## Are services effective?

- 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/did not obtain 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. However, we found that many clinical staff had not undertaken Mental Capacity Act training.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

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

## **Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

## **Privacy and dignity**

The practice respected/did not respect patients' privacy and dignity.

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

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

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

## 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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services; however, the practice did not have a hearing loop to improve communication with patients with hearing impairments. When we raised this issue with the provider they informed us that they communicate with these patients in writing.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.

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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

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

## Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some of the patients we spoke to reported that the appointment system was not easy to use and reported that they were not able to get appointments.
- Many patients we spoke to reported difficulty in accessing the practice by phone.
- Comments cards also indicated that some of the patients had difficulty in getting through the surgery by phone and in accessing appointments.
- The provider was aware of the telephone access issue and they informed us that they had installed a

## Are services responsive to people's needs?

telephone system two years ago and had doubled the number of lines; however, they said that due to increased patient demand this had not resolved this issue.

### **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. The practice performed an annual review of the complaints received and discussed the lessons learned with the practice staff.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders 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 effective processes to develop leadership capacity and skills.

## Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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. 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 received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. Clinical staff were given protected time for professional development and evaluation of their clinical work.

- The practice promoted equality and diversity. However most staff had not received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

The systems for accountability to support good governance and management required improvement.

- Structures, processes and systems to support good governance and management were not always clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control. However, accountability was not clear in other areas of the practice for example the practice did not have leads allocated to manage long term conditions.
- The practice had policies and procedures; however, some of the policies were not detailed and were not practice specific. For example, the practice did not have a child safeguarding policy and did not have detailed significant event policy. However, this issue was addressed the day following the inspection and the practice sent us evidence to support this.

## Managing risks, issues and performance

There was no clarity around processes for managing risks; however, issues were addressed and performance was monitored.

- The systems in place to identify, understand, monitor and address current and future risks including risks to patient safety required improvement.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had an oversight of incidents, and complaints; however, they did not have an oversight of medicines and safety alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. However not all staff had up to date basic life support training.

## Appropriate and accurate information

## Are services well-led?

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- 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.
- There were 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 obtained feedback from patients.
- The practice did not have an active patient participation group (PPG). The practice informed us that they had a virtual PPG with 50 patients and they sent their

newsletter to these patients. During the inspection we spoke with two members of their PPG; they said that they have not had any meetings and the practice did not share any information with them other than the newsletter.

### **Continuous improvement and innovation**

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

- There was a focus on learning and improvement.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider was in the process of building three new consulting rooms; the provider informed us that this will improve access for patients.

**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 provider had not ensured that effective systems and processes are in place to ensure good governance in accordance with the fundamental standards of care. The provider did not assess, monitor and mitigate risks relating to the health, safety and welfare of service users and other who may be at risk which arise from carrying on the regulated activity. The provider did not have effective systems and processes for implementing and monitoring for; managing medicines and safety alerts and undertake risk assessments to ensure the safety of staff and service users. The provider did not ensure staff received training relevant to their role. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.