

Dr Robinson & Partners

Inspection report

Kidsgrove Medical Centre
Mount Road, Kidsgrove
Stoke On Trent
Staffordshire
ST7 4AY
Tel: 01782 777991
www.kidsgrovegps.co.uk

Date of inspection visit: 27 Nov 2018
Date of publication: 10/01/2019

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

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

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

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Dr Robinson & Partners on 27 November 2018 as part of our inspection programme.

At this inspection we found:

- There were processes for managing risks but they were not always effective. Risk assessments to mitigate risks from legionella or staff immunity to healthcare acquired infections had not been completed. All of the required recruitment checks had not been completed.
- A backlog of patient note summarisations and coding in patient records had occurred. The practice had put measures in place to address this.
- Not all staff had received up-to-date training. For example, safeguarding, chaperoning and fire safety.
- When incidents happened, the practice responded to them however, there was minimal evidence of learning from significant events and complaints.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. However, there was little evidence of multidisciplinary working to deliver safe care and treatment.
- An overarching system to monitor staff compliance with appraisals and required training was not in place.
- Staff were consistent and proactive in helping patients to live healthier lives.
- The practice organised and delivered services to meet patients' needs. The elderly care facilitator supported older patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice offered 15-minute consultations and extended clinics when required. However, patient satisfaction with the appointment system was below the national average.

- The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.
- The arrangements for governance and management did not always operate effectively. Policies did not always reflect up-to-date guidance.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training and appraisal necessary to enable them to carry out their duties.

Please refer to the requirement notice section at the end of the report for more detail.

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

- Continue to monitor and improve the backlog of patient note summarisations and coding in patient notes.
- Update consent forms so they fully reflect the latest changes in legislation.
- Explore ways of obtaining the views of people who used the service.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP

Overall summary

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

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 Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Dr Robinson & Partners

Dr Robinson & Partners is registered as a partnership provider. It is located in Kidsgrove, Stoke-on-Trent and provides care and treatment to approximately 6,848 patients of all ages. The practice is a member of the NHS North Staffordshire Clinical Commissioning Group (CCG) and provides regulated activities from this location only. It holds a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. It delivers services from one location which we visited during our inspection:

- Dr Robinson & Partners, Kidsgrove Medical Centre Mount Road, Kidsgrove, Stoke-On- Trent, Staffordshire, ST7 4AY.

The practice is in an area of low deprivation in the country. Demographically its practice age profile is comparable with local and national averages. The percentage of patients with a long-standing health condition is 60.2% which is above the local average of 55.6% and the national average of 53.7% meaning there could be additional demand on the service. The practice is a training practice for GP registrars and undergraduate medical students from a nearby university.

The practice staffing comprises:

- Two male GP partners and a female salaried GP.
- A female GP registrar.
- Two advanced nurse practitioners and two practice nurses.
- Two health care support workers.
- An elderly care facilitator
- A practice manager.
- 10 members of administrative staff working a range of hours.

GP telephone consultations are available for patients who are unable to attend the practice within normal opening hours. During the out-of-hours period services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

The practice offers a range of services for example, immunisations for children, contraceptive services, minor surgery, travel vaccinations, lifestyle advice and management of long-term conditions such as diabetes. Further details can be found by accessing the practice's website at www.kidsgrovegps.co.uk

Are services safe?

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

- Not all staff had received up-to-date safeguarding training for children or vulnerable adults appropriate to their role. There was no evidence that all staff who chaperoned had received training for this role. The practice's safeguarding policy for vulnerable adults did not reflect updated categories of abuse.
- The practice had not always carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- An effective employee immunisation programme was not in place. Risk assessments to mitigate risks to patients and staff had not been completed. A legionella risk assessment had not been completed.
- There was no documented evidence that clinical staff employed at the practice had received fire safety training.
- A backlog of patient note summarisations and coding in patient records had occurred due to staff leaving the practice and staff sickness. The practice had identified this and were taking measures to address the potential risk of patients being seen with incomplete records.
- There was little evidence of sharing information with other agencies through multidisciplinary team meetings to deliver safe care and treatment.
- A system to track prescription stationary used in printers throughout the practice was not in place.
- There were missed opportunities to raise significant events within the practice. There was no evidence the practice learned and shared lessons or identified themes to improve safety in the practice.

Safety systems and processes

Safety systems were not fully embedded into practice to keep people safe and safeguarded from the risk of abuse.

- Staff took steps, including liaising with other agencies, to protect patients from the risk of abuse, neglect, discrimination and breaches of their dignity and respect.
- 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.

However,

- Not all staff had received up-to-date safeguarding training for children or vulnerable adults appropriate to their role. Staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check however, there was no evidence that two members of staff who chaperoned were trained for this role. (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's policy for safeguarding vulnerable adults did not reflect updated categories of abuse.
- The practice had not always carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The practice's recruitment policy did not reference all of the legal requirements.
- There were some systems in place to manage infection prevention and control however, an effective employee immunisation programme was not in place. Risk assessments to mitigate risks to patients and staff had not been completed.
- There was no documented evidence that clinical staff employed at the practice had received fire safety training.

Risks to patients

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

- Staff understood their responsibilities to manage medical 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.
- There was an effective induction system for temporary staff tailored to their role.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

However,

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, busy periods and epidemics. However, this was not always timely. For example, a backlog of patient note summarisations and coding in patient records had

Are services safe?

occurred due to staff leaving the practice and staff sickness. The practice had identified this and were taking measures to address the potential risk of patients being seen with incomplete records.

- The practice was equipped to deal with medical emergencies however, there was no documented evidence that all staff were suitably trained in cardiopulmonary resuscitation (CPR). The practice had arranged for staff to attend this training in December 2018.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that they were written and managed in line with current guidance and relevant legislation.
- Clinicians made timely referrals in line with protocols.

However,

- There was little evidence of sharing information with other agencies through multidisciplinary team (MDT) meetings to deliver safe care and treatment.
- When MDT meetings had been held minutes were not recorded to demonstrate the decisions made.
- The practice did hold MDT meetings for patients nearing the end of their lives and details discussed were recorded in a spreadsheet. However, these details were not transferred into patients' records.
- Monitoring and discussion of children at risk were carried out with other agencies through telephone conversations. However, records of the discussions were not maintained and there was no evidence of discussion in a multidisciplinary forum to review the support a family needed.

Appropriate and safe use of medicines

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

- The practice's prescribing of sleep enhancing medicines was significantly below the local and national prescribing averages.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

- Staff prescribed and administered 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.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Patients were involved in regular reviews of their medicines.

However:

- A system to track prescription stationary used in printers throughout the practice was not in place.

Track record on safety

The practice had a limited track record on safety.

- There were comprehensive risk assessments in relation to safety issues such as, fire and Control of Substances Hazardous to Health (COSHH). However, risk assessments for legionella and immunisation against healthcare acquired infections had not been completed.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice took action when things went wrong however, there was no formal system in place to share learning.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong and action was taken.
- The practice received and discussed external safety events as well as patient and medicine safety alerts.

However:

- There were missed opportunities to raise significant events within the practice.
- There was no evidence the practice learned and shared lessons or identified themes to improve safety in the practice.
- Actions taken following medicine safety alerts were not documented.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as requires improvement for providing effective services overall except for older people and working age people which we rated as good. This was because:

- The practice did not work with all appropriate staff, including those in different teams and organisations, such as the local Integrated Local Care Team ILCT, in assessing, planning and delivering care and treatment for people with long-term conditions.
- The practice liaised with the Health Visiting and Hospital at Home teams regarding the care of children at risk however, these conversations were not recorded in patients' records.
- The practice worked with the palliative care team in assessing, planning and delivering care and treatment. However, decisions made were not recorded in patients' notes.
- A system for following up patients experiencing poor mental health who failed to attend for administration of long-term medicines was not in place. Uncollected prescriptions were destroyed by non-clinical staff with no clinical input to determine the level of risk.
- The practice did not have a system in place to understand the learning needs of staff. Staff appraisals were not carried out in a timely manner and an overarching system to monitor staff compliance with required training was not in place.
- The practice used consent forms when patients required minor surgery. However, they did not fully reflect the latest changes in legislation.

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:

- Older patients who were 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 75 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of their medicines.
- The practice followed up 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 employed an elderly care facilitator (ECF) to support the care of patients over 75 years old. The ECF also signposted patients to appropriate avenues of support.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicine needs were being met. The practice told us they no longer met with the Integrated Local Care Team (ILCT), a team that included health and social care professionals to discuss complex cases due to the non-attendance of outside agencies. No action had been taken by the practice to address this issue.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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 had signed up to the NHS Diabetes Prevention Programme to support those identified at being at risk of diabetes.

Are services effective?

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was in line with national guidelines was above the local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. 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. However, details of conversations held with other agencies in relation to these issues were not minuted or documented in patients' records.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was in line with the national average. All staff at the practice had received training in screening for bowel cancer to ensure that from the receptionist through to the GP, every contact counts.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

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. Minutes from these meetings were maintained however, details were not recorded in patient records.
- The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability. The practice

told us that alerts were added to the records of vulnerable adults. However, when we checked the records of one vulnerable adult there was no alert present.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with 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. However, a system for following up patients who failed to attend for administration of long-term medicine was not in place. Uncollected prescriptions were destroyed by non-clinical staff with no clinical input to determine the level of risk.
- 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 by either the GPs or ECF 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 percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was below the local and national average. The practice told us this was improving due to the involvement of the ECF.

Monitoring care and treatment

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

- The practice's overall exception rate was below the CCG or national averages.
- The practice used information about care and treatment to make improvements.

Are services effective?

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

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 did not have a system in place to understand the learning needs of staff. Staff appraisals were not carried out in a timely manner and an overarching system to monitor staff compliance with required training was not in place.
- The practice provided staff with ongoing support. There was an induction programme for new staff.

Coordinating care and treatment

Staff did not work together effectively with other health and social care professionals to deliver care and treatment.

- The practice worked with patients to develop personal care plans.
- 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. The practice worked with the palliative care team in assessing, planning and delivering care and treatment. However, decisions made were not recorded in patients' notes.
- The practice did not work with all appropriate staff, including those in different teams and organisations, such as the local Integrated Local Care Team ILCT, in assessing, planning and delivering care and treatment for people with long-term conditions.

- They liaised with the Health Visiting and Hospital at Home teams regarding the care of children at risk however, these conversations were not recorded in patients' records.

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.
- 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 used consent forms when patients required minor surgery. However, they did not fully reflect the latest changes in legislation.

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 treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

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, for example, communication aids were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They signposted them to support services such as The Carer's Hub. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The Elderly Care Facilitator (ECF) provided safety and social support to older patients and their carers. For example, support with benefits and referral to advocacy services.
- The practice's GP patient survey results were in line with local and national averages for questions 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.

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 requires improvement for providing responsive services. This was because:

- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment.
- The practice did not always acknowledge complaints within specified timeframes. It was not clear what learning was achieved from individual concerns and complaints to improve the future quality of the service offered. There was no evidence of analysis of trends or how learning was shared or discussed amongst the practice team.
- Two out of four care homes expressed concerns that the practice was not responsive to requests for home visits and found it difficult to speak with a GP. They told us they were often referred to other services or the GP hub meaning there was a lack of continuity of care for their residents.

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 GP 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.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for 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.
- The practice told us they were responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice employed an Elderly Care Facilitator (ECF) to

support patients over 75 years of age. The ECF carried out 260 visits a year and provided safety and social support to older patients. For example, support with benefits and falls prevention assessments. However, two care homes expressed concerns that the practice was not responsive to requests for home visits and found it difficult to speak with a GP. They told us they were often referred to other services or the GP hub meaning there was a lack of continuity of care for their residents.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultation and online services to book appointments and request repeat prescriptions.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The ECF identified patients over 75 years old who were socially isolated through an emotional and social loneliness screening tool and raised awareness of befriending groups and the door to door transport service.

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

Are services responsive to people's needs?

patients living with dementia. The ECF used a nationally recognised tool to screen older patients for dementia and when appropriate referred them to the GP for further investigation and support.

- The practice offered daily telephone consultations for patients who were too anxious to attend the practice.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs however, patient satisfaction was below the national average.

- Patients had access to initial assessment, test results, diagnosis and treatment.
- The practice provided 15-minute consultations to ensure the needs of patients were fully assessed.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice's GP patient survey results were below local and national averages for questions relating to access to

care and treatment. However, on the day of our inspection we saw there were adequate appointments available and that GP surgeries were extended if additional appointments were required.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- There was a system for receiving and acting on complaints which was supported by the practice's complaints policy. However, the practice did not always acknowledge complaints within timeframes as stated in their own policy. It was not clear what learning was achieved from individual concerns and complaints to improve the future quality of the service offered. There was no evidence of analysis of trends or how learning was shared or discussed amongst the practice team.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as inadequate for providing a well-led service because:

- Leaders had the skills to run the practice but did not always demonstrate how they ensured high quality care was being provided by all staff.
- The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.
- The practice aspired to develop a culture of high-quality sustainable care however, effective systems were not always in place.
- The arrangements for governance and management did not always operate effectively.
- There were processes for managing risks, issues and performance but they were not always effective.
- There was minimal evidence of learning from significant events and complaints.
- The practice's most recent CQC rating was not on display on the day of our inspection.

Leadership capacity and capability

Leaders had the skills to run the practice but did not always demonstrate how they ensured high quality care was being provided by all staff.

- Leaders were knowledgeable about issues relating to the quality and future of services. For example, a backlog of patient note summarisations and coding in patient records had occurred due to staff absence. The practice had identified this as an issue and were taking measures to address the potential risk of patients being seen with incomplete records.
- Leaders were visible and approachable.

However:

- Staff meetings did not take place to ensure key information and learning was shared throughout the whole team.
- Challenges to engaging with outside agencies were not addressed by the practice.

Vision and strategy

The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice did not have a clear vision and set of values.
- Staff we spoke with were unaware of a practice vision.

- There were limited systems in place for the practice to monitor progress.

Culture

The practice aspired to develop a culture of high-quality sustainable care however, effective systems were not always in place.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- There was a strong emphasis on the well-being of all staff. One member of staff spoke extremely positively as to how the practice had supported them.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were positive relationships between staff and teams.
- 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.

However:

- There was no evidence of learning from significant events or complaints to improve the future delivery of the service.
- Adequate processes for providing all staff with the development they needed were not in place. For example, staff, including key members of the management team, had not had an appraisal in the previous 12 months and an overarching system to monitor staff compliance with required training was not in place.
- Staff had not received equality and diversity training to support them in their role.

Governance arrangements

The arrangements for governance and management did not always operate effectively.

- There were structures, processes and systems to support good governance and management however, they were not always effective. The governance and management of partnerships with other agencies did not promote co-ordinated person-centred care. Where discussions had taken place, these were not minuted or recorded in patient records.

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to promote safety however, there was no system in place to ensure they were operating as intended. For example, review dates of policies or that policies reflected up-to-date guidance.
- Practice meetings were not held at the practice to support learning, development or sharing of important information or changes.

Managing risks, issues and performance

There were processes for managing risks, issues and performance but they were not always effective.

- Clinical audit had an impact on quality of care and outcomes for patients. There was some evidence of action to change practice to improve quality.
- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety however, it was not always effective. For example, risk assessments had not been completed for legionella or the lack of monitoring of staff for healthcare associated infections.
- Practice leaders had oversight of incidents and complaints. Safety and medicine alerts were discussed informally. However, these discussions were not documented and there was no evidence of how learning from them was embedded into practice.
- The practice's business continuity plan did not support all major incidents. For example, loss of domestic services, flooding or staff shortages. There was no evidence that clinical staff had received training in fire safety.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. For example, Quality and Outcomes Framework (QOF) and Public Health England data. However, quality and sustainability was not discussed in relevant meetings where all staff had sufficient access to information.

- 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. There were plans to address any identified weaknesses.
- 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

There was a limited approach to obtaining the views of people who used the service and staff members.

- The practice carried out the friends and family test to determine if patients would recommend the practice to their friends and family. However, in-house patient surveys had not been completed and a patient participation group had not been established to encourage, listen to and act on patient views.
- Staff told us that the practice was supportive however, systems were not in place to encourage staff feedback. For example, there were no staff meetings and staff had not received recent appraisals.
- The practice's most recent CQC rating was not on display on the day of our inspection. It was placed in the reception area before the end of our inspection.

Continuous improvement and innovation

There was some evidence of systems and processes for continuous improvement and innovation, however there was minimal evidence of learning from significant events and complaints.

- There was a focus on continuous learning and improvement. For example, the elderly care facilitator, a proactive approach to screening for cervical and bowel cancer and the Diabetes Prevention Programme.
- The practice did not make use of internal and external reviews of incidents and complaints. Learning was not shared or used to make improvements.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met.</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate training and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• Not all staff had received training in safeguarding children, safeguarding vulnerable adults, fire, cardiopulmonary resuscitation and equality and diversity.• Reception staff had not received training in sepsis awareness.• There was no evidence that two non-clinical members of staff who chaperoned had received appropriate training to carry out this role.• Staff had not received regular appraisals. The practice manager could not recall when they last received an appraisal. <p>This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>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:</p> <ul style="list-style-type: none">• There was no formal system in place to ensure important information and learning was shared throughout the whole team. Challenges to engage with outside agencies were not addressed by the practice.• The practice did not have a clear vision and set of values.• There was no evidence of learning or sharing of learning from significant events or complaints to improve the future delivery of the service. <p>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:</p> <ul style="list-style-type: none">• Risk assessments had not been completed for legionella or the lack of monitoring of staff for healthcare associated infections. <p>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:</p> <ul style="list-style-type: none">• There was a limited approach to obtaining the views of people who used the service.
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Enforcement actions

- Staff did not receive regular appraisals and there was no forum in place for staff to formally raise or discuss issues with the whole team.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- An overarching system to monitor staff compliance with appraisals and required training was not in place.
- A system was not in place to ensure all the required recruitment information was available in staff files. Specifically, explanations of gaps in employment and photographic proof of identity.
- The governance and management of partnerships with other agencies did not promote co-ordinated person-centred care. Specifically, patients with complex long-term conditions and children at risk.
- Where discussions had taken place, these were not documented in patient records. Specifically, children and patients receiving palliative care.
- Policies were not always dated or did not reflect up-to-date guidance. Specifically, the policy for safeguarding vulnerable adults did not reflect updated categories of abuse, the cold chain policy did not reflect guidance for the transportation of domiciliary immunisations and the recruitment policy did not refer to the need to explain gaps in employment histories.
- Safety and medicine alerts were discussed informally however, these discussions were not documented and there was no evidence of how learning from them was embedded into practice.
- The practice's business continuity plan did not support all major incidents. Specifically, loss of domestic services, flooding or staff shortages.
- A system to track prescription stationary used in printers throughout the practice was not in place.
- Uncollected prescriptions were destroyed without clinical input.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.