

The Surgery - Dr Mangwana and Partners

Inspection report

Palace Surgery
510 Fulham Palace Road, Fulham
London
SW6 6JD

Tel: <xxxx xxxxx xxxxxx>
<www.xxxxxxxxxxxxxxxxx>

Date of inspection visit:
Date of publication: 13/12/2018

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?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall.

(Previous rating 18 July 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? – *Good*

Are services well-led? – *Requires improvement*

We carried out an announced comprehensive inspection at The Surgery - Dr Mangwana and Partners on 25 September 2018 as part of our inspection programme to follow up on breaches of regulations identified during an announced focused inspection carried out on 18 July 2017 to check whether the practice had carried out their plan to address the requirements.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to safeguarding and arrangements to deal with emergencies.

- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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.

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

- Consider ways to improve child immunisation uptake rates.
- Ensure that actions from the recent fire risk assessment are completed and recommendations complied with.
- Continue to monitor the National GP Patient Survey results and take steps to improve performance.
- Continue to identify and support patients who are carers.

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 second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to The Surgery - Dr Mangwana and Partners

Dr Mangwana and Partners, The Surgery provides GP primary medical services to approximately 5,500 patients living in the London Borough of Hammersmith and Fulham. The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services).

The practice is situated in an affluent part of the borough with a high percentage of working age people and it is situated within walking distance of Charing Cross hospital. The practice is a member of a network of 11 practices which has a combined population of approximately 50,000 patients.

The practice team consists of a male GP partner and a female GP partner providing five clinical sessions each. The partners are supported by locum GPs (12 sessions), practice nurse (12 hours), healthcare assistant (24 hours), practice manager (23 hours) and a small team of administrators / receptionists.

The practice opening hours were between 8am and 8pm on Monday, Tuesday, Wednesday and Friday and between 8am and 6.30pm on Thursdays. Appointments

were from 8.30am to 1pm daily and from 4.30pm to 8pm on Monday, Tuesday, Wednesday and Friday and 8.30am to 1pm and 4.30pm to 6.30pm on Thursday. The practice was open throughout the opening hours. For out of hours care patients are directed to the local out of hours provider.

The practice is registered with the Care Quality Commission to provide the regulated activities of;

- Maternity and midwifery services
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The practice provides a range of services including maternity care, childhood and travel immunisations, chronic disease management, 24-hour blood pressure monitoring, spirometry, phlebotomy and wound care.

The information published by Public Health England rates the level of deprivation within the practice population area as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. 81% of people in the practice area are from White European ethnic group.

Are services safe?

At our previous inspection on 18 July 2017, we rated the practice as requires improvement for providing safe services.

When we undertook a comprehensive follow up inspection on 25 September 2018 the arrangements for monitoring patients on high risk medicines was not adequate. The practice remains rated as requires improvement for providing safe services.

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

- Patients on medicines that required monitoring were not always effectively monitored.
- Receptionists were issuing repeat prescriptions from secondary care without the oversight of the GP's.
- Recommendations from a recent fire risk assessment had not been implemented.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis, however they were unable to provide evidence of this or that they had a system in place to regularly monitor this.
- There was an effective system to manage infection prevention and control.
- 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 adequate 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 most staff were suitably trained in emergency procedures. However, some administrative staff were unsure what to do if an acutely ill patient came to the surgery.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- We looked at nineteen patients who had been prescribed medicines that needed monitoring and reviewed the records of three patients. These patients had blood samples taken and dose monitoring had been completed at another surgery. Receptionists had

Are services safe?

issued these prescriptions to patients for these medicines, and GP's had not reviewed the patient records prior to prescriptions being issued, and in one case had failed to take note of dose recommendations.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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.

Track record on safety

The practice did not always have a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues, however, actions identified in the services recent fire risk assessment had not been completed, this included fire doors on the ground floor being held open by wedges which we observed on the day.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were 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 acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 18 July 2017, we rated the practice as good for providing effective services.

When we undertook a comprehensive follow up inspection on 25 September 2018 we found the practice requires improvement for providing effective services.

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

- The low uptake for cervical screening.
- Childhood immunisation rates were below local and national averages.

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 requires improvement for effective because:

- 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.
- The practice worked with the community Independent Service (CIS) in order to support and manage patients at risk of unplanned hospital admissions.
- 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 requires improvement for effective because:

- 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.
- 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'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 requires improvement for effective because:

- Childhood immunisation uptake rates were below the target percentage of 90%, the practice were aware of this and were looking at ways to improve performance.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered family planning, contraception and maternity advice services.
- 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):

This population group was rated requires improvement for effective because:

Are services effective?

- The practice's uptake for cervical screening was 59%, which was below the 80% coverage target for the national screening programme.
- The practice's uptake for breast cancer screening was 66% compared to the national average of 70% and the bowel cancer screening uptake was 46% compared to the national average of 55%.
- The practice told us that they offered late evening appointments throughout the week to enable working age people and they could also use the local weekend service offering GP and nurse appointments to patients who are unable to attend at their own practice at weekends.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) was 29% compared to the CCG average of 46% and the national average of 52%.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because:

- 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.
- The practice worked with other healthcare professionals including the Community Independent Service (CIS) to support patients who had been identified at-risk of unscheduled hospital admissions.

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

This population group was rated requires improvement for effective because:

- 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 had a dedicated Primary Care Mental Health Worker assigned to them to support their GPs with specific patients or mental health issues and had carried out an environmental survey to ensure that their premises were dementia friendly.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

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.

- Data from the latest Quality and Outcomes Framework (QOF) 2016/2017 showed overall patient outcomes were in line with the local and national average in most areas. Overall exception reporting was also in line with the local and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Are services effective?

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.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and 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. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who 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.
- 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 appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

At our previous inspection on 18 July 2017, we rated the practice as good for providing caring services.

When we undertook a comprehensive follow up inspection on 25 September 2018 we found the practice was providing caring services and therefore remains good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.
- Feedback on the day of inspection showed patients felt they were treated with kindness, respect and compassion. However, results from the latest National GP Patient Survey published in August 2018 showed patient satisfaction was below local and national averages.
- 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 and easy read materials were 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.
- One of the practices administrators had taken a course in caring and led in the identification and support of carers. However, the practice had identified less than 1% of its practice population as carers.
- 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.
- The percentage of respondents to the national GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them was 75% which was lower than the CCG average of 86% and the national average of 89%.

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.

Are services responsive to people's needs?

At our previous inspection on 18 July 2017, we rated the practice as good for providing responsive services.

When we undertook a comprehensive follow up inspection on 25 September 2018 we found the practice was providing responsive services and therefore remains 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.
- The practice offered extended hours on Monday, Tuesday, Wednesday and Friday from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- Telephone and web 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, this included a hearing loop, and interpretation services were available.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good for responsive because:

- 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 offered patient-specific care plans which supported elderly patients and those with long-term conditions to manage and improve their health.
- The practice worked collaboratively with the community Independent Service (CIS) to support and manage patients at risk of unplanned hospital admissions.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice met on a daily basis with the nearby community pharmacist to ensure that medicines were delivered for housebound and elderly patients.

People with long-term conditions:

This population group was rated good for responsive because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice produced specifically tailored care plans for patients with long-term conditions to enable patients, their families and carers to better manage their health needs.
- The practice worked in collaboration with the local Clinical Commissioning Group (CCG) to run specific diabetes clinics with the support of a specialist diabetes nurse practitioner.

Families, children and young people:

This population group was good for responsive because:

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice provided early morning appointments as well as late extended hour appointments to enable children who are studying or at nursery to attend at a time convenient to parents and carers.

Are services responsive to people's needs?

- The practice offered an electronic prescription service (EPS) which enabled patients to have their medication collected directly from their nominated pharmacy without the need to come to the practice to collect their prescription.

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

This population group was rated good for responsive because:

- 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, early morning appointments from 08:30am and the last evening appointment was 7:50pm.
- The practice provided various in-house services to enable patients to be seen at the practice rather than visiting hospitals or clinics services such as phlebotomy, wound care/management, spirometry was all offered on site.
- The practice provided a SMS texting service to remind patients of their appointments.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- 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.
- The practice worked with their local safeguarding team to discuss any concerns regarding patients who may be vulnerable.
- There were longer appointments available for patients with a learning disability.

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

This population group was rated good for responsive because:

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

- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice underwent a dementia friendly environment survey to ensure that they had appropriate signs, seating, and lighting.
- The practice had a dedicated Primary Care Mental Health Worker assigned to their practice who supported the GPs with specific patients or mental health queries.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. For example, the percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone was 83% compared to the CCG average of 74% and the national average of 70%.

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.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 18 July 2017, we rated the practice as good for providing well led services.

When we undertook a comprehensive follow up inspection on 25 September 2018 we found the practice requires improvement for providing well-led services.

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

- We found that the practice had not acted on previous concerns, regarding the proper and safe management of medicines that required monitoring.
- Child immunisation uptake rates had not improved and the uptake for cervical screen was lower than national averages.
- Recommendations from a recent fire risk assessment had not been implemented.

We found some systems and processes required strengthening. For example, at the time of inspection, the practice was unable to provide us with evidence that action identified in their fire risk assessment had been undertaken, also the arrangements for the monitoring of patients on high risk medicines had not improved from the last inspection.

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, including planning for the future leadership of the practice.

Vision and strategy

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

- The practice had a clear strategy which reflected the vision and values however it had not been formalised and there were no supporting business plans to deliver it.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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. For example, one member of the administration team had recently received training in phlebotomy with a view to becoming a Health Care Assistant (HCA).
- 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.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out,

Are services well-led?

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

- 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 ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance in most areas.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, at the time of inspection the practice was unable to demonstrate that issues highlighted in the recent fire risk assessment had been addressed.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice did not always have appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was not always accurate and useful. For example, patients on medicines that required monitoring were not always being effectively monitored and receptionists were issuing repeat prescriptions from secondary care without the oversight of the GP's. After the inspection the service advised us that they had stopped receptionists issuing the prescriptions and all patients on medicines that required monitoring would be reviewed.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings 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 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.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 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 ensure proper and safe management of medicines. In particular: The management of patients on high risk medicines, including methotrexate. Not all risks relating to fire safety at the premises had been adequately addressed