

Windmill Health Centre

Inspection report


Mill Green View
Leeds
West Yorkshire
LS14 5JS
Tel: 0113 273 3733

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

Ratings

Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as inadequate overall. (Previous rating January 2016 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Windmill Health Centre on 2 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents and significant events were less likely to happen. However, when incidents or significant events did happen, the practice did not have a consistent, effective process in place to review learning or implement improvements.
- The provider did not maintain oversight of staff training and could not be assured that all staff had undertaken safeguarding training relevant to their role. Not all relevant staff had a DBS check on file, including a GP. However, the GP had undertaken a DBS check in the past, in order to join the performers list.
- The system to manage infection prevention and control (IPC) was not effective.
- Prescription stationery was not monitored by the provider in line with national guidance for audit and security purposes.
- Patient Group Directions (PGDs) were not correctly authorised.
- The practice 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. However, some patients told us it was sometimes difficult to access a convenient routine appointment with their preferred clinician.

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

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

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

- Continue to address and improve the uptake of childhood immunisations across the patient population.

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
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to Windmill Health Centre

The Windmill Health Centre, is located at Mill Green View, Leeds, West Yorkshire, LS14 5JS. The practice provides services for 8,771 patients under the terms of a Personal Medical Services (PMS) contract. The patient list is currently closed to new registrations due to building constraints. The practice buildings are accessible for those with a physical disability or mobility issues. In addition, the practice has on-site parking available for patients, with designated spaces for disabled patients who require them.

The practice population catchment area is classed as within one of the second most deprived areas in England on a scale of one to ten, with a rating of one being the most deprived and ten the least deprived. The National General Practice Profile states that 89% of the practice population is from a White or mixed British background. The remaining patients are from an African, Polish, South Asian or Chinese ethnicity.

The Windmill Health Centre is registered with the Care Quality Commission to provide the following regulated activities; surgical procedures, diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice offers a range of enhanced local services including those in relation to:

- childhood vaccination and immunisation
- travel vaccinations
- Influenza and Pneumococcal immunisation
- Joint injections
- Contraceptive services, including the fitting of coils and implants.

As well as these enhanced services the practice also offers additional services such as those supporting long-term conditions management including spirometry for lung conditions, ECG and blood pressure monitoring, advice and support for alcohol misuse, weight loss and social prescribing; including help in accessing welfare benefits.

The clinical team consists of six part-time GPs (three male and three female), two practice nurses and two health care assistants (all female). The provider is also an accredited training practice. The clinical team is supported by a practice manager and a team of administrative and management support staff. Allied with the practice is a team of community health professionals that includes health visitors, community matrons, midwives and members of the district nursing team.

The practice offers:

- Pre-bookable appointments
- Urgent and on the day appointments

- A walk-in clinic
- Telephone consultations
- Home visits

Appointments can be made in person, online or by telephone. Practice opening times are:

Monday - 8am to 6pm

Tuesday – 7am to 8.30pm

Wednesday – 8am to 6pm

Thursday – 7am to 6pm

Friday – 8am to 6pm

Out of hours care is provided by Local Care Direct, reached by dialling 111.

The previously awarded ratings are displayed as required in the practice and on the practice's website.

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- The provider did not maintain oversight of staff training and could not be assured that all staff had undertaken safeguarding training relevant to their role. Not all relevant staff had a DBS check on file or evidence of references, including a GP. Staff joining the practice since 2016 had not been offered fire safety training.
- Locum staff were sourced through recognised agencies. However; there was no practice policy for what information and checks were required prior to appointment. Information supplied by the agencies that we reviewed during the inspection, did not consistently evidence safeguarding training or professional indemnity.
- The safeguarding policies were undated and limited in scope.
- The system to manage infection prevention and control (IPC) was not effective.
- There was no occupational health policy or lone working policy available for staff.
- Patient Group Directions (PGDs) were not correctly authorised.
- Prescription stationery was not monitored by the provider for audit and security purposes.
- Resuscitation guidance stored with emergency equipment was out of date.
- Recommended monitoring checks for the risk of legionella were not undertaken.
- Weekly fire alarm tests had not been undertaken for a period of six months, but had recently resumed.
- There was a backlog of patient records that required summarising.
- Significant event recording was ineffective as records lacked sufficient detail to allow for improvements to be identified and shared.

Following the inspection, the provider gave the CQC an assurance that these issues would be addressed.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- The practice had a process to safeguard children and vulnerable adults from abuse. However, not all staff had

received up-to-date safeguarding and safety training appropriate to their role. The safeguarding policies were undated and limited in scope; training requirements were not specified or adapted for use by this provider. Staff we spoke with knew how to identify and report concerns and there were appointed clinical leads for safeguarding. However, not all of the staff we spoke with knew who the designated safeguarding leads were. 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 a range of staff checks at the time of recruitment and on an ongoing basis. However, in two recruitment files we reviewed, there was no recorded DBS check on file and proof of satisfactory conduct in previous employment was not consistently sought and retained.
- The system to manage infection prevention and control (IPC) was not effective. There was no overarching IPC policy. A clinical member of staff we spoke with who had been in post for six months had not received any IPC training and could not recall their last update. A comprehensive IPC audit had not been carried out. Monthly IPC checks were limited in scope and did not highlight or act on issues. For example; we saw several instances of floors being worn, damaged painted woodwork and dirty windows. The cleaning cupboard, where chemicals were stored was disorganised and unlocked. The building was not rodent proof as a large gap under a bristle strip had not been filled, despite being identified during an external pest controller site visit in March 2018.
- There was no occupational health policy or lone working policy available for staff.
- Appropriate arrangements for managing waste and clinical specimens were in place.

Risks to patients

Are services safe?

- 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.
- Locum staff were sourced through recognised agencies. However; there was no practice policy for what information and checks were required prior to appointment. Information supplied by the agencies that we reviewed during the inspection did not consistently evidence safeguarding training or professional indemnity.
- The practice was equipped to deal with medical emergencies and most staff were suitably trained in emergency procedures. However, resuscitation guidance stored with the medical emergency equipment had been printed in 2009 and contained guidance issued in 2001. These have been reviewed and reissued several times, most recently in 2015. Fire training had been offered in 2016. However, none of the staff who had joined the practice since that time had been offered fire safety training.
- 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

- 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. However, we saw that there were 214 outstanding full patient records, some marked with a red priority flag, that had not been summarised and added to the patient record. The practice gave us assurance that this would be progressed by staff with the appropriate skills without delay.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- 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. However, we reviewed a number of Patient Group Directions (PGDs) currently in use at the practice. (PGDs allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription.) We identified issues with two of the PGDs we reviewed and saw that they did not meet legal requirements. A PGD we examined had expired and a second was not properly authorised.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Prescription stationery was not monitored by the provider in line with national guidance for audit and security purposes.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

- There were several risk assessments seen during the inspection, including those for fire safety and health and safety. However, we saw that weekly fire alarm checks had lapsed between 15/02/18 to 15/08/18, but had subsequently resumed.
- A legionella risk assessment had been undertaken in 2016, which included a number of recommendations. We reviewed an undated legionella policy stating that monthly monitoring checks would be undertaken in line with the recommendations made. However, the provider confirmed that no subsequent monitoring checks had been carried out.

Lessons learned and improvements made

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, we saw that the records made of these events were sometimes redacted and did not contain sufficient detail of the event to allow for an effective review or implementation of learning.
- The practice acted on and shared patient and medicine safety alerts across the staff team.

Are services safe?

Please refer to the Evidence Tables for further information.

Are services effective?

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

- The provider could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles.
- Staff induction and appraisal was undertaken informally and was not consistently documented across the team.

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 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 an annual clinical review including a review of medication.
- Housebound patients were referred to a local home visiting service which supported people at home to reduce unplanned hospital admissions.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- 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.

Families, children and young people:

- The provider had seen a slight decrease in performance in childhood immunisation in data for 2017/18 published following the inspection; to between 80-89.7% uptake. The provider told us this was partly attributable to new patient registrations whereby the immunisation records were incomplete due to being patients born outside the UK.
- 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):

- Data published for 2017/18 show that the provider had improved rates of cervical screening to 79.8% of eligible women, which is 3% higher than the local average and 5% higher than the national average.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice continued to actively encourage patients to participate in the screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 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 offered annual health checks to patients with a learning disability.

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

- The provider had identified clinical leads for both patients with poor mental health and 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. Eligible patients were referred to a local social prescribing service.
- 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. A register of patients with dementia was in place.

Monitoring care and treatment

The practice had a 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 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. For example, the provider had worked in close partnership with their colleagues in paediatric secondary care to develop an effective referral template to ensure children were signposted to the most appropriate clinicians.

Effective staffing

The provider could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles.

- The provider did not maintain oversight of staff training and could not be assured that all staff had undertaken safeguarding training relevant to their role or had undertaken fire training, IPC or information governance.
- Staff had appropriate clinical 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 clinical learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. However, we saw that staff induction and appraisal was undertaken informally and was not consistently documented across the team.

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

Are services effective?

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, for example through social prescribing schemes.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. The provider had also participated in a local scheme to identify patients at risk of atrial fibrillation and hypertension (high blood pressure).

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 good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were above 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, by providing health information in a range of languages used by the patient population.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above 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.

- Staff told us that if 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?

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, however there were issues relating to IPC that had not been addressed. The building was now in need of refurbishment and had reached capacity. As a result, plans for new premises had been approved and the patient list was currently closed to new registrations, with the agreement of the CCG.
- 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:

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

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. 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.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child 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, extended opening hours, online booking access and telephone consultations.

People whose circumstances make them vulnerable:

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

People in vulnerable circumstances were easily able to access services as the provider had developed a daily walk-in 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 patients living with dementia.
- There were dedicated clinical leads for both mental health and dementia.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- 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, although several patients told us it was not always easy to get an appointment with a preferred clinician. However, 47% of patients who responded in

Are services responsive to people's needs?

the most recent GP patient survey said they were usually able to see their preferred GP. This is in line with the local average of 48% and slightly lower than the national average of 50%.

Listening and learning from concerns and complaints

- The complaints policy and procedures we reviewed during the inspection was in need of review. The leaflet contained some out of date contact information and patients were not routinely advised of their right to take their complaint to the Parliamentary and Health Service Ombudsman. The provider told us that they did not keep a record of verbal complaints. Immediately

following the inspection, the provider sent us evidence of an updated policy and information leaflet for patients with the correct contact information. The provider also told us they would record all verbal complaints in future.

- We reviewed two complaints and saw that they were responded to in a compassionate and timely way. Written complaints were recorded and we were told that trends were identified and learning shared. However, the provider could not demonstrate an effective review of trends and sharing of learning from complaints across the staff 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.

The practice was rated as inadequate for well-led because:

- Incidents and written complaints were recorded by the provider. However, there were insufficient methods for recording the incidents in detail to ensure meaningful review and learning.
- Not all required training had been undertaken in areas such as safeguarding, IPC, health and safety, equality and diversity and fire safety by all staff that required this. The provider could not confirm the extent of unmet training as no central register was maintained.
- The provider had failed to identify that the resuscitation guidance stored with emergency equipment was out of date.
- There was no system in place to support the recommended monitoring checks for the risk of legionella.
- Weekly fire alarm tests had not been undertaken for a period of six months, but had recently resumed.
- There was an inconsistent approach to staff recruitment. Not all staff had had references on file or evidence of a DBS check. This included a GP. However, the GP had undertaken a DBS check in the past, in order to join the performers list.
- Staff did not have a documented induction plan and some staff were overdue their annual appraisal.
- There was no protocol for required checks for locum staff prior to appointment.
- The provider did not have a policy on occupational health or lone working. Adult and child safeguarding policies were undated and limited in scope. There was no overarching policy for IPC.
- There was no system in place to ensure that prescription stationery was monitored by the provider for audit and security purposes.
- The system in place to ensure that Patient Group Directions (PGDs) were correctly authorised was not effective.
- Outcomes and discussions of staff and clinical meetings were not always documented. Those that were taken were limited in scope and did not provide assurance that matters raised had been addressed or carried forward.

- There was a backlog of 214 full patient records that required summarising and the provider had not sufficiently prioritised this work to ensure effective continuity of care.

Leadership capacity and capability

- Leaders were knowledgeable about clinical issues and priorities relating to the quality of patient care. However, they did not have in place an effective governance system to be assured that services were safe. Following our visit, the provider has been open and transparent in responding to the issues raised during the inspection and has set about responding to the issues raised and had sought support from the CCG.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. This included the development of new premises to meet the needs of the patient population.
- Some staff we spoke to were generally aware of and understood the vision, values and strategy and their role in achieving them. However, a lack of effective induction for new staff and informal ways of sharing information did not ensure that all staff were kept informed.
- 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

- Staff stated they felt respected, supported and valued.
- Incidents and written complaints were recorded by the provider. However, there were insufficient methods for recording the incidents in detail to ensure meaningful review and learning.
- 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, but staff did not always receive feedback from issues they had raised.

Are services well-led?

- Staff were able to access clinical development when they needed to.
- There were positive relationships between staff and teams.

Governance arrangements

- The management of partnerships, joint working arrangements and shared services with external agencies promoted co-ordinated person-centred care. However, internal governance arrangements within the provider were inconsistent and insufficient. For example in recruitment, induction and fire alarm testing.
- The provider could not assure themselves that all staff were aware of their roles and accountabilities including in respect of safeguarding and infection prevention and control. We saw that not all required training had been undertaken in areas such as safeguarding, IPC, health and safety, equality and diversity and fire safety by all staff that required this.

Managing risks, issues and performance

The systems in place to support the provider to manage risks, issues and performance were not operating effectively.

- Resuscitation guidance stored with emergency equipment was out of date.
- Recommended monitoring checks for the risk of legionella were not undertaken.
- Weekly fire alarm tests had not been undertaken for a period of six months, but had recently resumed.
- There was an inconsistent approach to staff recruitment. Not all staff had had references on file or evidence of a DBS check.
- There was no protocol for required checks for locum staff prior to appointment.
- Staff did not have a formal documented induction plan upon appointment. A staff member we spoke to was unaware of the safeguarding lead or how to summon help in an emergency as they had not been made aware of how to do this.

- The provider did not have a policy on occupational health or lone working.

Appropriate and accurate information

- Quality and operational information was used to ensure and improve performance in patient care.
- Performance information was combined with the views of patients.
- 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.
- The practice submitted data or notifications to external organisations as required.
- However, there was a backlog of 214 full patient records that required summarising and the provider had not sufficiently prioritised this work to ensure effective continuity of care.

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. The patient group had recently been disbanded due to circumstances beyond the provider's control. However, they were in the process of promoting the group and had undertaken a comprehensive patient survey and were acting on the findings by increasing telephone appointment availability.
- The service was transparent, collaborative and open with stakeholders about 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: The provider did not ensure that recruitment checks including the completion of DBS and confirmation of satisfactory conduct in previous employment were consistently completed for permanent and locum staff. This was in breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:Resuscitation guidelines stored with your emergency equipment were out of dateThere was no overarching policy on infection prevention and control (IPC). Monitoring checks to safeguard against the risk of legionella had not been undertaken. A cold chain incident had not been appropriately recorded or acted upon. IPC checks had not acted on issues identified. COSHH data sheets were not available for products in the cleaning cupboard.Patient Group Directions (PGDs) were not correctly authorised.Weekly fire alarm testing had lapsed for a period of six months between February to August 2018.Significant events were not consistently recorded or acted upon.This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:The registered person had systems or processes in place that were 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:There was no tracking system or appropriate security safeguards for the management of prescription stationery.There was no oversight of staff training and you were not assured that all staff had undertaken</p>

This section is primarily information for the provider

Enforcement actions

training essential to their role; including safeguarding. Staff inductions were not formalised and appraisals were overdue. Notes of staff and clinical meetings were not always made and those that were taken were limited in scope and did not provide assurance that matters raised had been addressed or carried forward. There was a backlog of patient summarising, comprising of 214 full patient records dating back to March 2017. Some of these were marked as a 'red flag' but had not been prioritised. The provider did not have a policy for occupational health or lone working. Patients who complained were not consistently advised of their right to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO). This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.