

# Greengates Medical Group

## Inspection report

The Surgery  
25 Greenwood Avenue  
Beverley  
Humberside  
HU17 0HB

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Date of inspection visit: 21 November 2018  
Date of publication: 08/01/2019

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

**This practice is rated as Requires improvement overall.** (Not previously rated)

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at Greengates Medical Group on 21 November 2018. This was done as part of our inspection programme.

At this inspection we found:

- The practice lacked clear systems to manage risk and safety incidents.
- 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 treated patients with compassion, kindness, dignity and respect. Patients told us they were happy with the care they received.

- Patients reported that they were able to access care when they needed it.
- There was a lack of overarching governance within the organisation.

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

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

The areas where the provider should make improvements are:

- Review and improve the locum GP pack, to enable locum GPs to effectively carry out their duties at the practice.

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

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a second CQC inspector and a CQC inspection manager.

## Background to Greengates Medical Group

Greengates Medical Group, Beverley, HU17 0HB is a group of five GP surgeries across Beverley and Cottingham (East riding of Yorkshire) providing a general medical services contract, through NHS England, to approximately 21,000 patients. The main location which is registered with the Care Quality Commission (to provide; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury) is at 25 Greenwood Avenue, Beverley, HU17 0HB.

The branch sites are located at; Minstergate Surgery, Lincoln Way, Beverley HU17 9RH, Walkergate Surgery, 117/119 Walkergate, Beverley HU17 9BP, Cottingham Medical Centre, 17-19 South Street, Cottingham HU16 4AJ, and Molescroft Surgery, 30 Lockwood Road, Beverley HU17 9GQ. Patients from the practice list can be seen and treated at any of these five surgeries.

The practice scored eight on the Index of Multiple Deprivation. The Index of Multiple Deprivation (2015) is the official measure of relative deprivation for small areas in England. The Index of Multiple Deprivation (IMD) ranks every area in England from one (the most deprived area)

to ten (the least deprived area). In England, people living in the least deprived areas of the country live around 20 years longer, in good health, than people in the most deprived areas.

The practice is able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The dispensary is based at the Walkergate surgery and was inspected by a CQC Medicines Inspector three working days after our inspection. The findings of the CQC Medicines inspector are also included in this report.

The practice offers some out of hours care to patients within the CCG area, on a fair-share basis via the local federation. When the surgeries are closed, patients can access out of hours care via telephoning NHS 111. Patients can also attend one of the Urgent Treatment Centres from 7am – 11pm, seven days per week.

There are nine GP partners and six salaried GPs (a mix of males and females). The practice group also employs ten nurses (including four nurse practitioners) which equates to 6.5 whole time equivalent nurses. In addition, there is a pharmacist, a dispenser and two health care assistant/phlebotomists. There are 15.5 whole time equivalent

reception staff, plus three secretaries and four administrators. There is an overarching group manager across all five sites as well as a finance manager and an assistant practice manager.

# Are services safe?

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

**We rated the practice as requires improvement because:**

- Recruitment files lacked information
- Infection and prevention control standards were not adequate
- Equipment testing was not consistent
- We saw evidence of delays in urgent referrals
- Safety alerts were not being recorded and actioned sufficiently
- Blank prescriptions were not being stored securely

## Safety systems and processes

The practice did not have 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. Learning from safeguarding incidents was available to staff. There were several lead members for safeguarding which some staff found confusing and did not always know which lead to go to, in the first instance.
- The provider told us that only clinicians acted as chaperones and had received a Disclosure and Barring Service (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, discrimination and breaches of their dignity and respect.
- The practice mostly, but not always, carried out appropriate staff checks at the time of recruitment and on an ongoing basis. For example, some staff files were lacking key recruitment information.
- We looked at four recruitment records. There was some information missing from each of the four files. Two records did not contain an application form or CV. Two did not contain a full employment history. Two did not contain proof of identity (including a recent photograph). One file contained no evidence of satisfactory conduct in previous employment.

- There was no effective system to manage infection prevention and control (IPC). Infection control audits were not regularly undertaken and lacked action plans and review dates. The IPC policy lacked detail and was not room specific. Some of the premises were visibly dusty and dirty; this was in relation to areas used by patients.
- The practice lacked arrangements to ensure that facilities and equipment were safe and in good working order. Some equipment had not been PAT tested (for electrical safety) and medical equipment had not been calibrated for since 2016. There was no register or inventory of equipment that should be put forward for annual testing.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

Systems to assess, monitor and manage risks to patient safety were not adequate.

- 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 induction system for temporary staff but this was not tailored to their role.
- The practice was equipped to deal with medical emergencies, however, the emergency medicines at the main location lacked accessibility when the nurse's room was locked. Staff told us how they would effectively respond during emergency procedures.
- 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.
- The practice did not routinely assess and monitor impacts on safety. There were very few risk assessments undertaken.

## Information to deliver safe care and treatment

Staff mostly 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.

## Are services safe?

- There was a locum GP pack for temporary GPs but this did not contain local medical protocols which would have outlined the way the role should be undertaken within the individual GP practice.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made referrals in line with protocols, however, we saw two clinical incidents which outlined a delay in making a two-week-wait referral for patients with suspected malignancy.

### Appropriate and safe use of medicines

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

The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Temperatures of refrigerators storing medicines were not always being recorded in line with national guidance, and we found gaps in records. This meant we could not be assured that medicines stored in the refrigerators were safe for use. The provider told us they had a system in place to receive and act on medicines alerts, medical device alerts and other patient safety alerts. The practice did not keep any records relating to recent safety alerts and actions taken in response to them. The practice did not store prescription stationary securely or monitor its use in accordance with national guidance.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed their 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 on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.

### Track record on safety

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

- There were no comprehensive risk assessments in relation to safety issues.
- The practice did not monitor or review safety using information from a range of sources.

### Lessons learned and improvements made

The practice encouraged the reporting and recording of incidents.

- 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. The practice learned and shared lessons, but did not always identify themes or take action to improve safety in the practice.
- The practice did not record how it acted on, and learned from, external safety events as well as patient and medicine safety alerts. Alerts were not always saved and stored, or documented as being actioned.

**Please refer to the evidence tables for further information.**

# Are services effective?

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

## 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.
- The practice used technology and equipment to improve treatment and to support patients' independence, for example some of the GPs had a portable ECG monitor which required only the patient's two index fingerprints to record a heart trace. The results could then be uploaded to a smartphone application and recorded into the patient record.
- The impact of this technology had not yet been evaluated by the practice, as it had only recently been implemented.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### 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)
- The practice's performance on quality indicators for long term conditions was above in line with local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%. The practice actively rang parents and liaised with the health visiting team to try to improve immunisation uptake.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 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 above the national average.
- 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:



# Are services effective?

- 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 refugees, asylum seekers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Patients had access to a social prescribing practitioner within the practice.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The 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 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 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 understood the learning needs of staff and provided protected time and training to meet them. We saw that clinicians were given opportunities to train and develop. However, records of skills, qualifications and training showed some gaps in up-to-date mandatory training, mostly for non-clinical staff.
- There was an induction programme for new staff. This included one to one meetings, appraisals, clinical supervision and revalidation. Some annual reviews of appraisals were out-of-date.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

## 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, 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.



## Are services effective?

- 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. There was a dedicated social prescribing practitioner employed by the local authority, and hosted by the practice. The work carried out by the practitioner had made a positive impact upon patients, and the workload of the practice.

- 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 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 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.
- 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. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone 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, although some of the buildings were in need of general maintenance and redecoration.
- 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.
- The practice provided dispensary services for people who needed additional support with their medicines.

Older people:

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

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:

- 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 supported breastfeeding mothers with a welcome poster.

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 and Saturday appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including asylum seekers, refugees and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- However, the practice did not have a system in place to follow-up or monitor patients who did not attend for mental health appointments, or collect prescriptions for mental health medicines (including 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.
- The practice's GP patient survey results were in line with, and sometimes above, local and national averages for questions relating to access to care and treatment. For

## Are services responsive to people's needs?

example, 92% of patients who responded to the survey were satisfied with the type of appointment they were offered, compared with the local CCG average of 78% and the England average of 74%.

### **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?

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

**We rated the practice as requires improvement because:**

- Appraisals were not up-to-date
- There was a lack of overarching governance
- Incident investigation needed improvement
- Fire risks had not been sufficiently addressed

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of their service. They understood the challenges and were trying to address them.
- Leaders were visible and approachable. They worked closely with staff and others to deliver compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

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

- There was a vision and a set of values. The practice had a supporting business plan to achieve priorities.

## Culture

The practice had a culture of high-quality 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 staff with the development they need. This included appraisal and career development conversations. However, not all staff had received an annual appraisal in the last year. There were gaps in the records of up-to-date mandatory training.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the well-being of all staff.
- The practice 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 was a lack of clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were ineffective.
- Staff were clear on their roles and accountabilities in respect of safeguarding, but not for infection prevention and control.
- Practice leaders had failed to establish policies, procedures and activities to ensure safety, or assure themselves that they were operating as intended.
- It was the individual responsibility of staff to ensure their mandatory training was up-to-date. There was no oversight or regular review of the training matrix, and we saw that some training was not up-to-date.
- Not all safety alerts were recorded, or marked as 'actioned' when completed.

## Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was no effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Practice leaders had oversight of safety alerts, incidents, and complaints. However, these did not always indicate themes and trends. We saw no evidence that lessons learned were effectively shared with staff, or lead to any regular changes in policy and protocol.

## Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality. However, there was no plan for scheduling re-audit (second cycles) for further quality improvement.
- The practice had plans in place for major incidents. There was a business continuity plan which was accessible from several sites.
- However, the risk to staff and patients with regard to fire had not been addressed. There was no appropriate fire policy, no fire marshals, no 'break glass' points and fire drills and tests of battery-operated smoke alarms were not being recorded.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- 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 information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were 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 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 some 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 complaints. Learning was shared and used to make improvements.
- Internal reviews of incidents lacked significant learning points and there was a lack of evidence of action and sustained change, for example, the two separate incidents regarding two-week-wait referrals.
- 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 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>The registered persons 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:</p> <p>Significant events and incidents were not sufficiently analysed (indicating themes, trends and root causes) which could have prevented repeated incidents occurring.</p> <p>Recruitment information in personnel files was incomplete, within the four files we examined.</p> <p>Mandatory training was not up-to-date. Individuals were given responsibility for ensuring this was up-to-date, without oversight from managers.</p> <p>There was no system to record actions taken in response to recent safety alerts.</p> <p>There were no fire safety procedures; including training for all staff, local evacuation protocols, fire marshals, and recording, monitoring and testing of fire equipment.</p> <p>Blank prescription forms were not being stored securely, or tracked through the practice in accordance with national guidance.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>



This section is primarily information for the provider

## Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The registered persons 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:

Significant events and incidents were not sufficiently analysed (indicating themes, trends and root causes) which could have prevented repeated incidents occurring.

Recruitment information in personnel files was incomplete, within the four files we examined.

Mandatory training was not up-to-date. Individuals were given responsibility for ensuring this was up-to-date, without oversight from managers.

There was no system to record actions taken in response to recent safety alerts.

There were no fire safety procedures; including training for all staff, local evacuation protocols, fire marshals, and recording, monitoring and testing of fire equipment.

Blank prescription forms were not being stored securely, or tracked through the practice in accordance with national guidance.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.