Merton Surgery

Quality Report

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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 service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Merton Surgery on 18 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 18 August 2016 inspection can be found by selecting the 'all reports' link for Merton Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 15 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 18 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice continues to be rated Requires Improvement.

Our key findings were as follows:

- Arrangements for identifying, recording and managing risks had improved but were not always effective.
- Significant events had been actioned but not consistently recorded.
- The provider had carried out a fire risk assessment to minimise the risks to patients in the event of a fire. However, fire tests were not being carried out.
- The provider had carried out a legionella risk assessment to minimise the risk of infection to staff and patients. (Legionella is a bacterium which can contaminate water systems in buildings).
- The provider had obtained appropriate emergency medicine to treat possible complications associated with the insertion of specific intrauterine contraceptive devices.
- Some improvements had been made in the recruitment of new staff. However, not all of the required documentation had been obtained.
- The cleaning schedule had been extended to include non-clinical areas of the premises.

Summary of findings

- A system to track prescriptions had been introduced to monitor their use. The practice had moved to the electronic prescription service (EPS), allowing prescriptions to be sent directly to pharmacies electronically.
- The provider had updated the business continuity plan to include current arrangements but not staff contact details.
- The provider had reviewed the arrangements of formalised meetings with other healthcare professionals to ensure coordinated patient care was maintained.
- Patient consent was recorded in accordance with nationally recognised guidelines.
- Most staff had received an appraisal of their work.
- Staff felt supported in their work by the management team and felt partners were open and approachable.
- Governance arrangements were not sufficient to ensure effective governance within the practice.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Complete recruitment checks in accordance with schedule three of the Health and Social Care Act 2008 (Regulated Activities).
- Complete a risk assessment or criminal records check for all staff who chaperone.
- Introduce effective processes for ensuring all significant events, incidents and near misses are recorded, discussed and audited to maximise learning.
- Implement a consistent system to review, discuss and act on patient safety alerts.

In addition the provider should:

- Review and improve governance arrangements within the practice.
- Ensure clinical meetings include discussions and actions taken to address safety incidents (significant events, complaints, NICE guidelines etc.).
- Update the register of vulnerable children in conjunction with external agencies and implement a system to monitor and follow up children who do not attend hospital appointments.
- Consider a documented business plan to support the practice vision and future strategy.
- Include staff contact details in the business continuity plan.
- Undertake a regular analysis of significant events and complaints to identify and evaluate any trends.
- Review policies and procedures to ensure they are in place and are relevant to the practice, to include a policy for significant events, recruitment and health and safety.
- Carry out tests on the fire system and emergency lighting system at the required frequency.
- Document and date completed actions in relation to the legionella risk assessment.
- Consider holding more regular practice and clinical meetings.
- Ensure all staff receive training in information governance at the earliest opportunity.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The provider is rated as requires improvement for being safe.

- Arrangements for identifying, recording and managing risks had improved but were not always effective.
- Significant events had been actioned but not consistently recorded. Regular reviews of significant events had not been carried out to identify trends.
- The practice had carried out a fire risk assessment to minimise the risks to patients in the event of a fire. However, fire tests were not being completed at the required frequency.
- The practice had carried out a legionella risk assessment to minimise the risk of infection to staff and patients. (Legionella is a bacterium which can contaminate water systems in buildings).
- The practice had obtained appropriate emergency medicine to treat possible complications associated with the insertion of specific intrauterine contraceptive devices.
- Some improvements had been made in the recruitment of new staff. However, not all of the required documentation had been obtained.
- The provider had updated the business continuity plan to include current arrangements but the plan did not include staff contact details.
- The cleaning schedule had been extended to include non-clinical areas of the premises, however there were gaps in records maintained.
- A system to track prescriptions had been introduced to monitor their use. The practice had moved to the electronic prescription service (EPS), allowing prescriptions to be sent directly to pharmacies electronically.

Are services effective?

Good

The provider is rated as good for being effective.

- Most staff had received an appraisal of their work.
- Meetings were held with other healthcare professionals to ensure coordinated patient care was maintained.
- Patient consent was recorded in accordance with nationally recognised guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, however, not all staff had received

Summary of findings

training in information governance and the organisation structure, of the combined practice manager and medical secretarial role, did not effectively support the administration requirements.

Are services well-led?

Requires improvement

The provider is rated as requires improvement for being well led.

- The provider had not sufficiently strengthened their governance arrangements or developed their awareness of the Health and Social Care Act Regulations.
- Policies were not always seen as governing practice.
- Systems and processes for assessing and monitoring the service were not established or operated effectively to improve the practice.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and post secondary care discharge reviews.
- Clinical reviews and a falls assessment were undertaken for patients with severe frailty.
- Patients identified as being at risk of hospital admission had a written care plan.
- The practice was accessible to less mobile patients and a wheelchair provision was available if needed.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients diagnosed with long-term conditions and had a system to recall patients for an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had introduced home visits by the nursing staff to provide improved support.
- The practice provided quarterly or six monthly checks for patients whose chronic disease management was unstable.
- Patients with long-term conditions were offered an annual flu vaccination.
- The practice provided an in house diabetic retinal screening service.

Families, children and young people

Requires improvement

Summary of findings

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Same day appointments were offered to children to avoid unplanned admissions to secondary care and the practice provided childhood illness books to support patients..
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were screening and vaccination programmes in place for children to include nasal flu vaccines.
- Weekly access to antenatal clinics were available at the practice.
- The practice provided a family planning service and contraceptive implants and intrauterine contraceptive device (coil) fitting.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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, they had increased the opening hours to accommodate working age patients.
- The practice was proactive in offering online services that reflected the needs for this age group to include booking of appointments and repeat ordering of prescriptions.
- Telephone consultations were available.
- The practice had recently moved to the electronic prescription service (EPS), which allowed for prescriptions to be sent directly to pharmacies electronically providing greater convenience for working age people.
- NHS Health checks were available for patients aged 40-74.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of vulnerable children and adults living in vulnerable circumstances for example, those with a learning disability who were offered an annual review of their health and wellbeing. However, the register of vulnerable children required updating.
- The practice offered longer appointments for patients with a learning disability.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Home visits were available for vulnerable patients.
- The practice had extended the role of the practice nurse to help assist vulnerable patients in the management of their long-term condition.
- A translation service was available for non-English speaking patients and one of the GP partners spoke Hindi and Urdu to assist communication.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients with a mental health condition and dementia and offered annual reviews.
- Patients who presented with an acute mental health crisis were offered same day appointments.
- Patients were signposted to external agencies for support such as Healthy Minds and Dove Bereavement service.
- The practice had a system to follow up patients who had attended accident and emergency where they may had been experiencing poor mental health.
- The practice conducted prevalence audits on patients identified as having dementia.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Complete recruitment checks in accordance with schedule three of the Health and Social Care Act 2008 (Regulated Activities).
- Complete a risk assessment or criminal records check for all staff who chaperone.
- Introduce effective processes for ensuring all significant events, incidents and near misses are recorded, discussed and audited to maximise learning.
- Implement a consistent system to review, discuss and act on patient safety alerts.

Action the service SHOULD take to improve

- Review and improve governance arrangements within the practice.
- Ensure clinical meetings include discussions and actions taken to address safety incidents (significant events, complaints, NICE guidelines etc.).
- Update the register of vulnerable children in conjunction with external agencies and implement a system to monitor and follow up children who do not attend hospital appointments.
- Consider a documented business plan to support the practice vision and future strategy.
- Include staff contact details in the business continuity plan.
- Undertake a regular analysis of significant events and complaints to identify and evaluate any trends.
- Review policies and procedures to ensure they are in place and are relevant to the practice, to include a policy for significant events, recruitment and health and safety.
- Carry out tests on the fire system and emergency lighting system at the required frequency.
- Document and date completed actions in relation to the legionella risk assessment.
- Consider holding more regular practice and clinical meetings.
- Ensure all staff receive training in information governance at the earliest opportunity.

Merton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Merton Surgery

Merton Surgery is registered with the Care Quality Commission (CQC) as a GP partnership and is located in the town of Longton, one of the five towns that are part of the city of Stoke-on-Trent. The practice holds a General Medical Services contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is a member of the NHS Stoke On Trent Clinical Commissioning Group (CCG).

The practice was established in 1972 and moved to a purpose built premises in 1989. The building is single storey and owned by the partners. There are two treatment rooms and two consulting rooms. The practice provides a small car park.

The practice is managed by two full-time GP partners (one male and one female). The partners are assisted by one practice nurse and one healthcare assistant. Members of the clinical team are supported by a practice manager and a team of reception staff and administrators. The practice employs the services of a care coordinator for half a day each week.

The practice serves a population of 4,241 patients. There are patients living in deprived areas and the overall level of deprivation for the patient list is higher than the national average. The population distribution is broadly in line with local and national averages with a higher numbers of patients aged 50-69. The practice has 5% of unemployed patients compared to the local average of 7% and the national average of 4%. Sixty six percent of patients have a long-standing health condition, which is higher than the local average of 57% and the national average of 53%. These statistics could mean an increased in demand for GP services.

The practice is open from 7.30am to 7pm, Monday, Tuesday, Wednesday and Friday, and from 7.30am to 5pm on a Thursday. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the surgery. The out-of-hours service provider is Staffordshire Doctors Urgent Care Limited. Patients may also call 111 or 999 for life threatening emergencies.

Consulting times with a GP are available from 9.20am to 12.20pm each day except on a Thursday when they finish at midday and from 3.30pm to 6.30pm each day with the exception of a Thursday when there is no afternoon surgery. The out-of-hours service provider is Staffordshire Doctors Urgent Care Limited. Patients may also call 111 or 999 for life threatening emergencies. The nearest hospital with an A&E unit and a walk in service is The Royal Stoke University Hospital.

Consultation times with the practice nurse are available from 9.00am to 3pm on a Monday, 9am to 2.30pm alternative Tuesdays, 7.30am to 7pm on a Wednesday and from 9am to 3pm on a Thursday.

Detailed findings

Why we carried out this inspection

We carried out an announced comprehensive inspection at Merton Surgery on 18 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Merton Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Merton Surgery on 15 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out an announced focused inspection on 15 May 2017. During our visit we:

- Spoke with a range of staff to include the two GP partners, the practice nurse, the healthcare assistant, practice manager and three reception and administrative staff.
- Spoke with three patients who used the service.
- Looked at the recruitment records for a newly appointed member of staff.
- Reviewed risk assessments and certificates for servicing of equipment.
- Reviewed a number of policies and procedures and minutes of meetings.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed protocols and looked at information the practice used to deliver care and treatment.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 18 August 2016 we identified a number of issues affecting the delivery of safe services to patients. At that time we rated the practice as requires improvement and issued a requirement notice. We found the provider did not have an effective process for assessing, monitoring and mitigating the risks to the health, safety and welfare of patient and others. This was because:

- The provider had not carried out a fire risk assessment to minimise the risks to patients in the event of a fire.
- The provider had not carried out a legionella risk assessment to minimise the risk of infection to staff and patients.
- The provider had not assessed the risk in the absence of an emergency medicine associated with minor surgery and fitting specific contraceptive devices.
- The provider could not demonstrate that appropriate recruitment checks had been completed on staff employed.

We also identified some areas where the practice should make best practice improvements to ensure the delivery of safe services.

When we undertook a follow up inspection on 15 May 2017 we found some arrangements had improved but not significantly to change the rating from requires improvement for providing safe services.

Safe track record and learning

- At the previous inspection we found there was a system in place for reporting and recording significant events and no concerns were identified. However, accident records we reviewed during this inspection and discussions held with staff identified two incidents that had been acted on but had not been recorded or investigated as significant events.
- The practice had not completed a review of significant events to identify patterns or trends and improve processes to prevent the same thing happening again.
- At the previous inspection we reviewed safety records, incident reports and national patient safety alerts and found there was no formal arrangement to share learning but staff told us that information was distributed. There was no system that ensured action was taken to improve safety in the practice. During this inspection we found that alerts provided by the Medicines and Healthcare products Regulatory Agency (MHRA) had been obtained and maintained in a file but there was no documented evidence of searches undertaken to identify any affected patients. However, the searches we completed on the day of the inspection did not identify patients that had been placed at significant risk of harm.

Overview of safety systems and process

- At the previous inspection we saw the practice had systems, processes and practices in place to keep people safe and safeguarded from the risk of abuse. During this inspection we saw arrangements continued to be in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and safeguarding policies were accessible to all staff and staff had received the relevant safeguarding training for their role and demonstrated an understanding of safeguarding procedures. We found the register of vulnerable children required updating in conjunction with external agencies and a system to monitor and follow up children who failed to attend hospital appointments required implementing and monitoring.
- The previous inspection had identified that staff who acted as chaperones had not been Disclosure and Barring (DBS) checked or risk assessed. 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. At this inspection we saw a DBS check had been obtained for the latest staff member but not for all staff that occasionally chaperoned. No risk assessment had been completed in the absence of a DBS check.
- At the previous inspection we saw the practice maintained appropriate standards of cleanliness and hygiene. Cleaning schedules had been implemented for all treatment rooms following some concerns raised about the standard of cleanliness but these did not include non-clinical areas of the premises. At this inspection we found the cleaning schedules had been extended to cover all areas of the practice, however, there were some gaps in the recording to evidence

completion of identified work. We observed the practice was clean and tidy during this inspection and patients we spoke with shared no concerns about the cleanliness of the practice.

- At the previous inspection we saw prescription pads and forms for use in computers were stored securely but there was no system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to help minimise the risk of fraud). At this inspection we saw the provider had introduced a system to track prescriptions to monitor their use. However, the practice was not recording the name of the clinician whom prescription pads were being issued to. The practice had recently moved to the electronic prescription service (EPS), allowing prescriptions to be sent directly to pharmacies electronically.
- At the previous inspection the provider could not demonstrate that appropriate recruitment checks had been completed on staff employed. During this inspection we reviewed the records of the last member of staff employed prior to the last inspection. We found all of the required documentation had since been obtained with the exception of proof of identification and a health assessment. However, we were unable to review documentation held for locum GPs who provided occasional cover in the event of sickness, holidays etc. Although the practice manager told us they had requested the information from one locum GP and recorded this on a staff check-list, the documentary evidence had not been retained. For example, proof of identification, evidence of satisfactory qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). No documentary evidence had been obtained for another locum GP. Although they had not provided any cover since the last inspection they were identified on the business continuity plan as one of the locum GPs to be used in the event of GP sickness or holiday.

Monitoring risks to patients

- At the previous inspection we found that the provider had trained staff and had a number of policies and procedures in place to deal with environmental factors, occurrences or events that may affect patient or staff safety. However, the health and safety risk assessments were incomplete and did not minimise risks to staff and patients. At this inspection we found the health and safety lead had still not completed any role specific training to equip them in this area of work. However, they had carried out a fire risk assessment to minimise the risks to patients in the event of a fire. A review of records found that
- A legionella risk assessment had since been undertaken by an external company and the water storage tank had since been removed from the premises to minimise the risk of infection to staff and patients. The practice manager agreed to document and date completed actions in relation to the legionella risk assessment.
- Records evidenced that electrical checks had been undertaken and ensured equipment was safe to use and clinical equipment was checked and calibrated annually.
- A detailed health and safety audit had been completed by the practice manager and one of the GP partners since the last inspection. Areas covered included the organisation and administration, external areas, clinical waste, security measures, fire safety and first aid.
- We saw the practice had a health and safety policy in place but it was not relevant to this practice and there was no policy in place for significant events.

Arrangements to deal with emergencies and major incidents

- At the previous inspection we found the provider had emergency medicines to treat a range of sudden illnesses that may occur within general practice. However, they did not have medicine in stock to treat possible complications associated with the insertion of insertion of specific intrauterine contraceptive devices and had not assessed the risk of not having the medicine. We saw the provider had since obtained this medicine and it was stored securely with the other emergency medicines and that it was in date.
- We found the provider had updated the business continuity plan to include contingency plans but had not included staff contact details.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 18 August 2016 we identified issues affecting the delivery of providing an effective service to patients. At that time we rated the practice as requires improvement. We found the provider had not carried out any recent staff appraisals and there were no regular formalised meetings being held with other health professionals. Patient consent was not recorded in accordance with national guidelines. The combined practice manager and medical secretary role did not support the administration requirements. We did not issue a requirement notice but advised the provider of the areas they should make improvements.

Most arrangements had improved when we undertook a follow up inspection on 15 May 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

We found the practice continued to assess patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, minutes of clinical meetings held did not evidence discussion and actions taken to address these guidelines.

Effective staffing

At the previous inspection although staff demonstrated the skills and knowledge to deliver effective care and treatment, the organisational structure did not support the completion of necessary tasks. The practice manager role was combined with the role of a medical secretary. The practice manager told us that the majority of their time was used to fulfil the secretarial duties. At this inspection we saw there had been no changes to this role.

During this inspection we saw staff were up to date with their essential training with the exception of eight reception/administrative staff requiring training in information governance. We were advised this was being sourced. We saw all but three staff had received an appraisal of their work and reviewed their learning and development needs. Dates were due to be scheduled for the remaining staff shortly. Patients we spoke with on the day of the inspection considered there were sufficient staff available to attend to their care and treatment needs.

Coordinating patient care and information sharing

At the previous inspection we identified there were no regular formalised meetings being held with other health professionals for example, the health visitor. During this inspection we saw the practice had increased the frequency of meetings held with the palliative care team and also attended the Integrated local care team (ILCT) meetings when care plans were reviewed and updated for patients with complex needs. Copies of meeting minutes were retained by the practice. The practice manager told us they were in regular contact with the health visitor who visited the practice on a weekly basis but meetings were not formalised. The practice had a communication file in place that was used to document any new referrals or concerns identified.

Consent to care and treatment

At the previous inspection we found staff sought patients' consent to care and treatment but there was no template to record consent had been obtained verbally or in writing, for example, when carrying out a coil insertion. During this inspection we found a template had been developed and written consent had been obtained and scanned onto the patient records we reviewed.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 18 August 2016, we rated the practice as requires improvement for providing well-led services. We found governance arrangements were not always effective.

- Some of the policies were not current and actions carried out were not always in accordance with the policy.
- There was no overarching system in place to identify, mitigate and manage potential risks to patients and staff.

We issued a requirement notice in respect of these issues and found some arrangements had improved when we undertook a follow up inspection of the service on 15 May 2017 but not significantly to change the rating from requires improvement for providing well-led services.

Governance arrangements

The previous inspection identified some shortfalls in governance arrangements. These included the practice not having a co-ordinated approach to health and safety and a lack of awareness of the required staff recruitment checks. Some policies and procedures did not govern activity, there was a lack of formalised multidisciplinary meetings and the administrative management of the practice had not been addressed.

At this inspection we found some areas had improved however, there was no clear oversight of governance arrangements being effective.

- The practice manager had obtained a copy of the required recruitment checks needed on staff and had obtained most of the required documentation for the latest staff member but had not retained copies of checks made on a locum GP. No records had been obtained for another locum GP who had not worked at the practice for some time but was identified in the business contingency plan as being available to cover.
- A disclosure and barring (DBS) check had been obtained for the latest staff member but not for all staff that occasionally chaperoned. No risk assessment had been completed in the absence of a DBS check.
- The cleaning schedules had been extended to cover all areas of the practice, however, there were some gaps in the recording to evidence completion of identified work and no oversight of this shortfall.
- Accident records and discussions held with staff identified two incidents that had been acted on but not recorded as significant events.
  Policies and procedures were in the process of being updated. However, there was no policy in place for significant events, the health and safety policy was not relevant to this practice and the practice was not working in accordance with other policies such as their staff recruitment policy.
- Some health and safety checks for example, tests on the fire and emergency lighting were not being carried out at the required frequency and monitored.
- Meetings were being held with the palliative care team and the Integrated local care team (ILCT) and copies of meeting minutes were retained by the practice.
- Information was being regularly shared with team members informally but there was a lack of practice and clinical meetings being held with all staff on a regular basis. The last practice meeting being 31 August 2016 where the outcome of the last inspection was shared. Clinical meetings did not include discussions and actions taken to address safety incidents (significant events, complaints, NICE guidelines etc.).
- The administrative management arrangements had not been addressed. The practice manager continued to have a combined role of a medical secretary.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not operate an effective system to ensure that they had taken appropriate action on alerts issued by the Medicines and Healthcare Regulatory Agency about medicines. Not all significant events had been recorded. Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Systems and processes for assessing and monitoring the service were not established or operated effectively to improve the practice. There was no overarching system in place to identify, mitigate and manage potential risks to patients and staff. Regulation 17 (1)(2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

The provider had not obtained all of the required information as outlined in Regulation 19 and Schedule 3 (Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) for all staff employed by the practice.

Regulation 19 (2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.