

The Practice Feltham Centre

Inspection report

Feltham Health Centre
The Centre, High Street
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous rating 11/2014 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at The Practice Feltham Centre on 10 July 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems for appropriate and safe handling of medicines. However, improvements in monitoring patients taking methotrexate and warfarin, and managing uncollected prescriptions were required.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. However, clinical audits demonstrated minimal improvements in outcomes for patients.
- Performance for mental health indicators and uptake rates for child immunisations, and cervical, breast and bowel cancer screening was below average.

- The practice organised and delivered services to meet patients' needs.
- Patient feedback on the service was mixed. Most patients found the appointment system easy to use and were satisfied with GP consultations. Some patients reported low satisfaction with accessing care when they needed it and consultations with nursing staff. The practice did not act on all patient feedback.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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.

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

- Improve uptake rates for child immunisations, and cervical, breast and bowel cancer screening.
- Review and improve clinical staff training in consent to care and treatment.
- Continue to improve patient outcomes through continuous clinical audit.
- Review and improve the systems for monitoring emergency medicines and prescription stationery.

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

Population group ratings

Older people	Good	
People with long-term conditions	Good	
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	Good	
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 practice manager adviser.

Background to The Practice Feltham Centre

The Practice Feltham Centre is an NHS GP practice and is part of 'The Practice Group', a large provider of NHS primary care services. The practice is located in Feltham, Middlesex and is part of NHS Hounslow Clinical Commissioning Group (CCG). The practice provides GP led primary care services through an Alternative Provider Medical Services (APMS) contract to approximately 10,100 patients. (APMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

Services are provided from:

- Feltham Health Centre, The Centre, High Street, Feltham, Middlesex, TW13 4GU

Online services can be accessed from the practice website:

- www.thepracticefeltham.nhs.uk

The practice is led by a salaried GP (female) and a practice manager (the CQC registered manager) who are supported by: two assistant practice managers; five long

term GP locums (four male and one female); two advanced nurse practitioners (a salaried female and male long-term locum); two practice nurses (female); two health care assistants (female); a clinical pharmacist; an administrator; and six receptionists.

The age range of patients is predominantly 15 to 44 years. The practice has a higher percentage of patients aged zero to four, and a lower percentage of patients over 65 years when compared to local and national averages. The practice population is ethnically diverse with 63% white; 24% Asian; 7% black; 4% mixed race; and 2% from other ethnic groups. The practice area is rated in the fifth deprivation decile (one is most deprived, ten is least deprived) of the Index of Multiple Deprivation (IMD).

The practice is registered with the Care Quality Commission to provide the regulated activities of: diagnostic and screening procedures; maternity and midwifery services; family planning; surgical procedures; and treatment of disease disorder and Injury.

Are services safe?

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

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

- There were gaps in the recruitment files for some staff.
- There were shortfalls in the systems for monitoring patients taking warfarin and methotrexate, managing uncollected prescriptions, and monitoring prescription paper and emergency medicines.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We were told the practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, we noted there were no references for a receptionist.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice had some systems for appropriate and safe handling of medicines. However, the systems for managing patients taking some high-risk medicines, uncollected prescriptions, and the monitoring of prescription paper and emergency medicines needed to be improved.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Although, there were errors on the checklists used to monitor emergency medicines stored in the emergency bag.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, the practice did not have a safe system for monitoring patients taking warfarin and methotrexate. For example, blood tests were not always carried out in line with current national guidelines prior to prescribing.

Are services safe?

- The practice took action to support good antimicrobial stewardship in line with local and national guidance.
- Patients were involved in regular reviews of their medicines. However there was no system to ensure prescriptions were collected in a timely manner, particularly for vulnerable patients and those with complex health needs.
- Prescription stationery was stored securely and there was a system to monitor their use. However, staff completing the log sheets did not understand the system as there were errors in logging the serial numbers of prescription paper distributed through the practice.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and for the following population groups: families, children and young people; working age people; and people experiencing poor mental health. We rated the following population groups as good: older people; people with long-term conditions; and people whose circumstances make them vulnerable.

The practice was rated as requires improvement for providing effective services because:

- Uptake rates for childhood immunisations, and cervical, breast and bowel cancer screening were below target percentages.
- Published data for 2016/17 showed overall performance for mental health indicators was below the CCG and England average.
- The results from clinical audits demonstrated minimal improvements in outcomes for patients.
- A GP we spoke with did not have a clear understanding of Fraser guidelines.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good for effective.

- 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:

This population group was rated good for effective.

- 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.
- Weekly chronic disease clinics were offered to help patients manage their condition. For example, for patients with asthma, COPD, and diabetes.
- 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 most long-term conditions was in line with local and national averages.

Families, children and young people:

This population group was rated requires improvement for effective because:

- Childhood immunisation uptake rates were below the target percentage of 95%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Are services effective?

- The practice provided family planning including Intrauterine Contraceptive Device (IUCD) fittings.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 54%, which was below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was below the England average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated good for 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 registers of patients living in vulnerable circumstances.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated requires improvement for effective because:

- In 2016/17 overall performance for mental health indicators was below the CCG and England average.
- 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.
- 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.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The most recent published QOF results (2016/17) were 93% of the total number of points available compared with the clinical commissioning group (CCG) and national averages of 96%.
- Overall exception reporting was 10% (CCG average 5%; national 8%) and clinical exception reporting was 12% (CCG average 8%; national 10%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- The practice used information about care and treatment to make improvements.
- There was evidence of quality improvement activity and where appropriate, clinicians took part in local and national improvement initiatives. Continuous clinical audits were undertaken, however they demonstrated minimal improvements in outcomes for patients.

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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, 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 and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation. Although some staff were not clear on specific guidance.

- Clinicians did not always understand the guidance when considering consent and decision making. For example, a GP we spoke with did not have a clear understanding of Fraser guidelines, which are used specifically for young people under the age of 16 requesting contraceptive or sexual health advice and treatment.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- The national GP patient survey 2017 showed the practice was below average for patient satisfaction on consultations with the nurses, and we did not see evidence of how the practice was addressing this.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Although results from the national GP patient survey showed patient satisfaction with nurse consultations was below average.

- Feedback from patients we spoke with and comment cards 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.
- Results from the national GP patient survey 2017 showed patients had mixed responses to questions about how they were treated. The practice was below average for its satisfaction scores on consultations with the nurses, when compared to the CCG and England averages. There was evidence of a recent practice survey, however this did not address areas of low satisfaction as highlighted by the national GP patient survey.

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.) However, results from the national GP patient survey showed patient satisfaction with nurse consultations was below average.

- 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.
- Results from the national GP patient survey 2017 showed patients had mixed responses to questions relating to their involvement in decisions about care and treatment. The practice was below average for patient satisfaction on consultations with the nurses, when compared to the CCG and England averages.

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 GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice utilised a text messaging service to confirm appointments and send appointment reminders to patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good for responsive.

- 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.
- An emergency bypass number was given to key healthcare partners such as the ambulance service, out-of-hours service and palliative care team to enhance patient care.

People with long-term conditions:

This population group was rated good for responsive.

- 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:

This population group was rated good for responsive.

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

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

This population group was rated good for responsive.

- 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:

This population group was rated good for responsive.

- The practice held registers of patients living in vulnerable circumstances including 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):

This population group was rated good for responsive.

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

Timely access to care and treatment

Are services responsive to people's needs?

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 national GP patient survey results 2017 were mixed for questions relating to access to care and treatment. Patients responded positively to the overall experience of making an appointment, but were less satisfied in getting an appointment when they needed one. The practice acted on this feedback and increased the number of same day appointments. They also ensured more nurse practitioner appointments were available for patients with minor ailments and to free up GP appointments for more complex issues.

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.

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

- There was a lack of governance in managing risks relating to medicines management.
- The results from clinical audits demonstrated minimal improvements in outcomes for patients.
- The practice had not acted on patients' low satisfaction with nurse consultations.

Leadership capacity and capability

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

- Leaders at the local level were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills.

Vision and strategy

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

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, we noted the practice did not have references for a receptionist.

Managing risks, issues and performance

There were some processes for managing risks and issues but those related to medicines management were not always effective.

Are services well-led?

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, we found that they were failing to provide care and treatment in a safe way. For example, the practice did not have a clear system in

place for monitoring patients on high risk medicines or managing uncollected prescriptions.

- The practice had processes to manage current and future performance. Practice leaders at the local level had oversight of safety alerts, incidents, and complaints.
- Continuous clinical audits were used to monitor quality of care and there was evidence of action to change practice. However, the results demonstrated minimal improvements in outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The practice was taking action to improve performance in some areas, but uptake rates for child immunisations, and cervical, breast and bowel cancer screening was below average. Performance for mental health indicators was also below the CCG and England average.
- Performance information was not always combined with the views of patients. For example, the practice did not act on patients' low satisfaction with nurse consultations.
- 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.

- The practice used information technology systems to monitor and improve the quality of care. For example, new templates had been created for patients under 16 years registering with the practice, two week wait referrals, and identifying vulnerable patients.
- 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' 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 were 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 had expanded their clinical team to include a diverse skill mix. For example, GPs, practice nurses, advanced nurse practitioners, a clinical pharmacist, and healthcare assistants.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures 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>The registered person had not done all that was reasonably practicable to ensure the proper and safe management of medicines. In particular: There were shortfalls in the systems for monitoring patients taking methotrexate and warfarin. There was no clear system to manage uncollected prescriptions. This was in breach of regulation 12 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>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in carrying on of the regulated activities; and they failed to improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). In particular: There were no references for a receptionist. The practice had not acted to address low patient satisfaction with nurse consultations as published in the national GP patient survey 2017. Outcomes for mental health patients was below the CCG and England average. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>