Alexandra Surgery

Quality Report

39 Alexandra Road
Wimbledon
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Website: https://alexandra.gpsurgery.net/

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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?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires improvement overall.

(Previous inspection 1 December 2015 the practice was rated as Good.)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive/focused inspection at Alexandra Surgery on 18 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out in line with our next phase inspection programme.

At this inspection we found:

- The practice had some well-managed systems in place to keep people safe and reduce risk so that safety incidents were less like to happen. When incidents did happen, the practice learned from them and improved their processes.
- Not all safety systems were operating effectively; including health and safety and emergency risk management.
- Some staff had not received mandatory training in safeguarding children, the Mental Capacity Act and information governance.
- Patients' needs were effectively assessed and care and treatment was in line with evidence- based guidance.
- Performance data, particularly for people with long-term conditions was lower than local and national averages.

Summary of findings

- Due to some inaccuracies in the performance data, the medical record system used was not able to assist the practice in monitoring patients effectively enough.
- Although there was evidence of some measures to review the effectiveness of the care, there was limited evidence that the practice was auditing medicines and antimicrobial use.
- There were many examples where staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. The practice offered a flexible range of appointments and services.
- There was a strong culture of support, openness and transparency among staff and leaders.
- Governance processes and systems for business planning, risk management, performance and quality improvement were not always operating effectively.
- Systems for engaging with patients and acting on concerns were not well-established.

We saw areas of outstanding practice:

The practice provided timely care in response to specific patient needs.

- Practice nurses visited housebound patients who lived out of area if they required blood tests, but were unable to access phlebotomy services in their area.
- GPs took urgent blood samples from patients during consultations to reduce delays in patients getting care and treatment.
- GPs worked closely with mental health teams. There was evidence of joint assessments with a consultant psychiatrist to get urgent mental health support for patients.
- GPs provided structured, regular appointments with some patients with complex, severe mental health needs on a fortnightly basis.

There was evidence of the practice showing kindness, respect and compassion to vulnerable patients and families.

- We saw examples of the practice providing individualised care provided to support vulnerable patients who were anxious about attending hospital appointments.
- One of the GPs provided out of hours support to patients' families for those patients with severe mental health needs.
- We received 41 comments cards; all but one were highly positive about the level of care experienced.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care with regards to: clinical governance, risk management, quality improvement, monitoring care and treatment for patients and patient engagement.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Ensure there is an effective system for monitoring prescriptions that have been issued but not collected.
- Review the criminal records checks procedure for the practice.
- Ensure business continuity and skill mix if the practice manager is absent for a significant period of time.
- Improve uptake for screening programmes.

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

Alexandra Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice manager specialist advisor, a second CQC inspector and an expert by experience.

Background to Alexandra Surgery

The registered provider of the service is Alexandra Surgery. The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, family planning services, maternity and midwifery services and treatment of disease, disorder or injury. Regulated activities are provided at one location.

The address of the registered provider is 39 Alexandra Road, Wimbledon, London, SW19 7JZ. The practice website is https://alexandra.gpsurgery.net. Alexandra Surgery provides primary medical services in Wimbledon to approximately 5350 patients and is one of 23 practices in Merton Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The practice population has a lower than CCG average representation of income deprived children and older people. The practice population of children and older people are slightly below local and national averages and

the practice population of those of working age are above local and national averages. Of patients registered with the practice, 25% are White or White British, 41% are Asian or Asian British, 7% are Black or Black British, 15% are mixed British and 12% are Other.

The practice operates from an adapted residential property. Most patient facilities are on the ground floor and are wheelchair accessible. The practice has access to four doctors' consultation rooms and one nurses' treatment room. The practice team at the surgery is made up of one full time male lead GP who is a partner and one full time female GP who is a partner and regular use of two locum male GPs. There are two part time female practice nurses and one part time female health care assistant. The practice team also consists of a practice manager and five part time reception and administrative staff members.

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

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

- Some staff had not received mandatory training in safeguarding children.
- Not all safety systems were operating effectively; including health and safety and emergency risk management.
- There was limited evidence that the practice was auditing antimicrobial use.
- There was limited evidence that prescriptions issued but not collected were being monitored effectively.

Safety systems and processes

The practice had a number of systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All clinical staff had received up-to-date safeguarding children training appropriate to their role. They knew how to identify and report concerns. However, two reception staff members and the health care assistant had not received training in safeguarding children. The practice did not have evidence of safeguarding children's training for the two locum GPs.
- One clinical staff member and most non-clinical staff had not received any training in safeguarding adults, however staff spoken to were aware of their responsibilities in relation to safeguarding adults.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis, however a signed confidentiality agreement was not available for one of the locum GPs.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (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 who acted as chaperones were trained for the role and had received a DBS check. It was practice policy that where possible, a practice nurse or the practice manager acted as chaperones. However DBS checks for two non-clinical staff who had been recruited within the last two years who occasionally chaperoned, were from previous employers.
- The practice had conducted some safety risk assessments following the last inspection but there was not full assurance of that all premises and safety risks had been mitigated.
- A legionella risk assessment was in place and the practice reported they were carrying out daily checks of water outlets, but there was no evidence that these had been documented. The practice commenced a log system following the inspection.
- There was no evidence that computer and printer equipment had been tested for safety, although other portable equipment had been tested and calibrated appropriately. The practice had started to review this following the inspection.
- An assessment of asbestos risk had been undertaken, which had been highlighted at the last inspection, however there was no evidence of a fixed wiring check of the premises.
- A health and safety risk assessment had been undertaken in December 2017, however this did not record if the actions had been completed and did not give a comprehensive picture of what the risk assessment entailed.
- There was an effective system to manage infection prevention and control and a number of actions to improve infection control had been undertaken. There were systems for safely managing healthcare waste.
- Staff received safety information for the practice as part of their induction and refresher training.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had a shortage of practice nursing sessions including one day

Requires improvement

Are services safe?

a week with no nursing input, but systems were in place to ensure safety was maintained. The practice employed locum GP staff; however these were long-term staff, familiar with the running of the practice.

- There was an effective induction system for both permanent and temporary staff tailored to their role. Locum induction packs were clear, detailed and thorough. However, induction checklists had not always been fully completed.
- 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, for example, sepsis.
- Equipment and medicines were available for medical emergencies and appropriate checks were in place. This had improved since the previous inspection.
- Staff had not received annual basic life support training; this was overdue for all staff by three months, however training was undertaken shortly after the inspection. We found that some staff were not familiar with how to work the defibrillator in the practice.
- There was a system for managing fire risk, however staff were not clear who the fire marshals were for the practice and if they had received the correct level of training to carry out this role.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. A business continuity plan was in place, however there was no system to ensure safety could be maintained if the practice manager was absent for an extended period.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Management of correspondence in the practice was safe. The practice had systems to deal with incoming information from other organisations including hospital letters and results.
- Referral letters included all of the necessary information and the practice monitored urgent referrals sent to ensure they had been received and actioned.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines although antibiotic audits were infrequent.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks and there was evidence this had improved since the last inspection. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There was minimal evidence that the practice had audited antimicrobial prescribing. Data from the Clinical Commissioning Group (CCG) had been shared for a rolling 12 months to December 2016 demonstrating that the practice were one of the highest prescribers of broad spectrum antibiotics in the CCG area, although their prescribing had dropped from the previous year 2014/15. The practice told us that the CCG medicines team carried out medicines audits for the practice, but the practice did not have copies of these. The practice could not show us any prescribing data for the last 12 months during the inspection, however this was located after the inspection.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. There was a system in place to ensure patients on high risk medicines were monitored.
- Repeat prescribing systems in the practice were safe, however we found a backlog of prescriptions waiting to be collected by patients, dating back to October 2017. The practice reported they were checked regularly but we found no evidence to support this.

Track record on safety

Requires improvement

Are services safe?

The practice had a mixed safety record.

- There were some risk assessments in relation to safety issues which had been carried out following the previous inspection.
- There were some risk assessments that had not been completed or not recorded clearly enough to demonstrate that risks had been mitigated.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and 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 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. For example, following an incident where a patient had been given a copy of another patient's medical records, the practice implemented a safe system to obtain written consent where medical records were requested. There was clear evidence that the practice applied the duty of candour in dealing with this incident. All staff we spoke to were aware of this incident and the changes made.
- The practice had identified a high risk medicine error where a patient had been discharged from hospital with the wrong medicine. The practice acted quickly to ensure the patient received the correct treatment and raised an alert to the local hospital.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and the following population groups: older people, people with long-term conditions, working age people (including those recently retired and students) and people whose circumstances make them vulnerable, as requires improvement for providing effective services.

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

- Quality and Outcomes Framework (QOF) data, particularly for people with long-term conditions was significantly lower than local and national averages indicating that a large proportion of patients had not been monitored effectively.
- Due to data inputting issues and some inaccuracies in the performance data, the patient information and medical record system used was not able to assist the practice in monitoring patients effectively enough.
- Although there was evidence of some measures to review the effectiveness of the care provided through audit, there was no evidence that medicines audits had been carried out by the practice.
- There were examples where uptake for screening programmes were below local and national averages.
- Some staff had not received mandatory training in safeguarding children, safeguarding adults, Mental Capacity Act training and information governance.

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, although antimicrobial prescribing rates were high.

- From medical records we viewed, patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. However we noted infrequent use of care plans for patients. This was because the GPs had a good awareness of their patient list, and the needs of complex patients were known. Advance care plans were used for those at the end of life.
- The practice offered 'near patient testing' for those on high risk medicines, testing for cholesterol and heart screening using equipment to support treatment and monitoring of conditions.
- Clinicians were able to directly contact hospital specialists for best practice advice using an online system. This was a local initiative.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We saw no evidence of discrimination when making care and treatment decisions.
- Antimicrobial prescribing was not clearly monitored. The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones for 2015/16 was 8.05% compared to a Clinical Commissioning Group (CCG) average of 5.8% and national average of 4.71% indicating that the practice were higher prescribers. Data from the Clinical Commissioning Group (CCG) had been shared for a rolling 12 months to December 2016 demonstrating that the practice were one of the highest prescribers of broad spectrum antibiotics in the CCG area. The practice were unable to locate prescribing data for the last 12 months or evidence of prescribing audits during the inspection, however a medicines optimisation action plan was shared after the inspection which showed practice performance and CCG targets for 2016/17.
- Average daily quantity of Hypnotics prescribed for 2016/17 was1.52 compared with a CCG average of 0.66 national average of 0.9.

Older people

This population group was rated requires improvement for effective because:

- The practice did not have accurate data to identify if patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, were treated with an appropriate bone-sparing agent. The practice told us they did not have any patients identified as having osteoporosis.
- We saw limited use of care plans for older people.

However we also saw examples of effective care for this population group. For example:

Requires improvement

Are services effective?

(for example, treatment is effective)

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice identified these patients using the frailty index.
- Patients aged over 75 were invited for a health check with a named GP. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- All patients over 75 were coded as vulnerable to ensure staff were aware of their needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The number of patients aged 65 and over who had received a flu immunisation for 2017/18 was 68%.

People with long-term conditions

This population group was rated requires improvement for effective because:

- Performance data indicated that the practice had not reviewed patients with some long term conditions to ensure they were receiving effective, high quality care. This included those with atrial fibrillation, high blood pressure, stroke, asthma and diabetes.
- The partners and practice manager told us that the data may not be reflective of the practice's performance, due to data inputting issues.
- Processes were in place to invite patients for reviews with a clinician although we were told that a large number of patients did not attend. The practice had a recall processes in place, however this system was not working effectively.
- The GPs also reported their population consisted of a large number of patients with language barriers, cultural barriers and frequent overseas visits which impacted on patients attending for reviews.
- The practice had a high number of diabetic patients on their register, at almost seven per cent of the practice list.

- Data from the Quality and Outcomes Framework (QOF) 2016/17 showed:
  - The percentage of patients with atrial fibrillation in whom stroke risk has been assessed in the preceding 12 months was 27.3% compared to a Clinical Commissioning Group (CCG) average of 95.5% and national average of 96%.
  - Additionally, in those patients with atrial fibrillation with a higher risk record, the percentage of patients who are currently treated with anticoagulation therapy was 60% (CCG 86.2%; national 88.4%).
  - The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 66.6% (CCG 78.9%; national 83.4%).
  - The percentage of patients with a history of stroke or mini-stroke in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 68.4% (CCG 85%; national 88%).
  - The percentage of patients with a stroke or mini-stroke who have a record in the preceding 12 months that an anti-platelet agent, or an anti-coagulant is being taken (where indicated) was 81.8% (CCG 96.9%; national 97.3%)
  - The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 75.4% (CCG 90.4%; national 92.5%).
  - The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 61.4% (CCG 73.4%; national 76.4%).
  - The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 55.6% (CCG 71.8%; national 78.2%).
  - The percentage of patients newly diagnosed with diabetes, on the register, in the preceding year who have a record of being referred to a structured education programme was 70.6% (CCG 93%; national 93%). Exception reporting was high at 26.1% compared to the local average.

However we also saw examples of effective care for this population group. For example:

- Staff who were responsible for reviews of patients with long term conditions had received specific training. There was a lead nurse in place for long-term conditions reviews.
- Patients with long-term conditions had a structured annual review to check their health and medicines

Requires improvement

Are services effective?

(for example, treatment is effective)

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.
- Patients with COPD were provided with a winter self-management plan, and rescue medication in line with a CCG initiative.
- The number of 'at risk' patients aged between 16 and 65 who had received a flu immunisation for 2017/18 was 48%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Uptake rates for the childhood vaccines given were in line with the target percentage of 90% or above in three out of four target areas.
- Data for 2016/17 showed that the practice was one of the highest achievers in the CCG for children aged 12 months.
- Data for 2016/17 showed that the practice achievement for MMR immunisations for children aged 5 were in line with other CCG practices.
- The number of pregnant women who had received a flu immunisation for 2017/18 was 44%.

Working age people (including those recently retired and students)

This population group was rated requires improvement for effective services because:

- The practice's uptake for cervical screening was 66.8% which was below the CCG average of 68.2% and national average of 72.8% and below the 80% coverage target for the national screening programme.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 72.1.% (CCG 79.2%; national 80.8%).
- Staff were not aware of the performance data and reported that they thought cervical screening rates were good due to the uptake of cervical screening when it was promoted opportunistically in the practice.
- The uptake of screening services for bowel and breast cancer were lower than local and national averages.

However we also saw examples of effective care for this population group. For example:

- 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.
- Of 129 invitations sent out for the NHS heath check, 51 patients had attended for a review which was 40%.

People whose circumstances make them vulnerable

This population group was rated requires improvement for effective services because:

- There were 11 patients on the learning disabilities register. Five (45%) had received a health check in 2016/17.
- The practice had identified 51 patients acting as carers, which was 1% of the practice list. 36% of patients acting as carers had received a flu immunisation in 2016/17.

However we also saw examples of effective care for this population group. For example:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- All patients over 75 were registered as vulnerable to alert staff to their needs.

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

- Performance data indicated that the practice had not reviewed some patients with mental health conditions to ensure they were receiving effective, high quality care. However, the practice had small numbers of patients listed as having mental health conditions and it was evident from reviewing records that patients were being monitored appropriately but this had not been reflected in the data inputted onto the patient record system.
- For example:
  - 58.8% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is lower than the CCG average of 81.7% and national average of 83.7%. The practice had two patients registered with dementia and both patients had been reviewed.

Requires improvement

Are services effective?

(for example, treatment is effective)

  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months was 78.7% (CCG 88.2%; national 90.4 %). Exception reporting was 0%.
  - The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months was 50% (CCG 88.8%; national 91.5 %). Exception reporting was high at 33.3% (CCG 6.5%; national 9.3%). The practice had very small number of patients on lithium; from reviewing records patients had been monitored appropriately.
- 93.5% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the CCG average of 87.2% and national average of 90.3%. Exception reporting levels were low compared with the local and national averages indicating that the practice had reviewed a high percentage of patients on their register.
- The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 99.1%; CCG 96.1%; national 96.7%).
- For patients with the most complex mental health needs, the GP worked with other health and care professionals to deliver a coordinated package of care. For example, they met regularly with a consultant psychiatrist.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were below average at 75.3% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 91.9% and national average of 95.5%.

The overall exception reporting rate was 5.9% compared with a CCG average of 8.26% and a national average of 9.95%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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 partners and practice manager told us that the data may not be reflective of the practice's performance, due to data inputting issues.

Reviewing records confirmed there were some inconsistencies with data input onto the patient record system. This indicated that the patient record system was not accurate enough to be used to identify where patients needed to be reviewed.

The practice had a recall processes in place, however this system was not always working effectively. The GPs also reported their population consisted of a large number of patients with language barriers, cultural barriers and frequent overseas visits which impacted on patients attending for reviews.

The practice did not have a structured programme of quality improvement activity but there was evidence of some measures to review the effectiveness and appropriateness of the care provided through clinical and procedural audit.

- The practice kept a written log of cervical screening results and inadequate rates to ensure there was an audit trail to monitor the safety and effectiveness of cervical screening.
- The practice used information about care and treatment to make improvements. Two completed clinical audits had been carried out over the last year. For example, the practice had undertaken a mental health audit to check if patients' with schizophrenia had a full physical examination and blood test in line with guidance and had been offered cognitive behavioural therapy. The practice escalated those patients who had not been offered CBT to the local mental health team.
- There was limited evidence that the practice conducted medicines audits. The practice reported that these were carried out by the CCG, but no medicines audits could be located during the inspection.

Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles although there were gaps identified in mandatory training.

- Staff undertook role specific training, such as clinical update courses. Nurses had received specialist training in diabetes, asthma, immunisations and taking samples for the cervical screening programme.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Records of skills, qualifications and training were kept but this was not always up to date. There was no evidence of training records for two locum GPs.
- We found that not all staff had completed mandatory training but the practice put some processes in place for staff to undertake training after the inspection:
  - All staff were due to undertake annual basic life support training. This had been booked and was completed shortly after the inspection by all staff and a locum GP.
  - Three staff members had not completed child safeguarding training.
  - One clinical staff member and most non-clinical staff had not received any training in safeguarding adults.
  - Most staff had not undertaken information governance training but this was commenced after the inspection.
  - There was no evidence of Mental Capacity Act training for clinical staff.
  - Fire training and infection control training had been completed by all staff.
  - During the inspection there was no evidence of mandatory training for the locum GPs, however a fire training certificate for one of the GPs was provided after the inspection.
- The practice provided staff with on-going support. This included inductions, one-to-one meetings and appraisals. Copies of appraisals for locum staff were not kept.
- The held structured clinical meetings for GPs and nurses. This provided opportunities for staff to share best practice and provide peer support.
- There was a process for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- The practice's systems for managing referrals, results and correspondence were safe.
- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 followed up frequent A and E attenders, unplanned admissions and where children failed to attend hospital appointments.
- 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.
- A three-monthly meeting was held for patients receiving palliative care and those nearing the end of life. As well as a range of external health professionals, the non-clinical staff also attended these meetings which they found helpful, for identifying how they could meet the needs of these most vulnerable patients.
- The practice also met quarterly with a mental health team psychiatrist.

Helping patients to live healthier lives

Staff were 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 health.
- Of 129 invitations sent out for the NHS heath check, 51 patients had attended for a review which was 40%.
- The practice were below national averages for bowel and breast cancer screening and below local and national averages for cervical screening.
- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway for 2015/16 was below average at 40% (CCG 56.66%; national 50.35%). The practice reported that they had a number of patients who were referred to private services for treatment.
- The practice supported national priorities and initiatives to improve the population's health, for example, staff could refer to local wellbeing services for mental health support and advice for smoking and alcohol cessation.
- However, QOF data for 2016/17 indicated that the smoking status of young people registered at the practice was not always known or recorded:

Requires improvement

Are services effective?

(for example, treatment is effective)

- The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months was 46.4% (CCG 87.1% and national 89.8%).

- Uptake rates for the childhood vaccines given were in line with the target percentage of 90% or above in three out of four target areas. Data for 2016/17 showed that the practice were one of the highest achievers for immunisation rates for children aged 12 months.

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. Although clinicians had not completed Mental Capacity Act training, they were clear regarding their responsibilities associated with this.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for providing caring services except for people whose circumstances make them vulnerable which was rated outstanding.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- A member of the reception team described instances when patients wanted to discuss sensitive issues or were distressed and were offered a private room to privately speak with a member of staff.
- The practice had a significant number of patients who had been with them for over 20 years, with some over 50 years who travelled from outside the borough to maintain their relationship with the practice.
- All but one of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice. Some patients specifically commented on practice staff going beyond their expectations to provide a caring service. For example, patients described exceptional care, being treated as an equal, receiving "everything they need and more", true professionalism from staff and patients reported that they would "highly recommend" the surgery. We were also shown four thank you cards indicating patients were highly satisfied with the level of care provided. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- We spoke with a member of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 384 surveys sent out and 103 returned. This represented about 1.9% of the practice population. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 86% and the national average of 89%.
- 85% of patients who responded said the GP gave them enough time; CCG -82%; national average - 86%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average – 86%.
- 92% of patients who responded said the nurse was good at listening to them; CCG - 88%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 89%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 86%; national average - 91%.

Patient survey findings demonstrated that patients found receptionists treated them with dignity and respect:

- 92% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

There was evidence of the practice showing outstanding kindness, respect and compassion to vulnerable patients and families:

- We saw examples of the practice providing individualised care provided to support vulnerable patients who were anxious about attending hospital appointments.
- One of the GPs provided out of hours support to patients' families for those patients with severe mental health needs.

Involvement in decisions about care and treatment

Good

Are services caring?

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Information leaflets were available in easy read format, providing details of local services for people experiencing dementia, depression and bereavement.
- Interpretation services were available for patients who did not have English as a first language. However, the notice was only displayed in English. The practice had a large registered cohort of Asian patients who had access to a doctor who spoke Urdu, if required.
- Staff communicated with patients in a way that they could understand; for example, communication aids were available, such as a hearing loop.
- Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by their doctor and had sufficient time during consultations.
- 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 patients who were carers. They were identified opportunistically and there was information in the waiting area. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (1% of the practice list).

- Reception staff acted as a carers' champions to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 83% say the last nurse they saw or spoke to was good at explaining tests and treatments compared with the Clinical Commissioning Group (CCG) average of 83% and the national average of 86%.
- 85% say the last GP they saw or spoke to was good at involving them in decisions about their care; CCG - 76%; national average - 82%.
- 88% say the last nurse they saw or spoke to was good at explaining tests and treatments; CCG - 86%; national average - 90%.
- 84% say the last nurse they saw or spoke to was good at involving them in decisions about their care; CCG - 82%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. However, the size of the reception area meant that there was a lack of privacy when patients spoke with reception staff. Staff were aware of this and made efforts to maintain privacy and confidentiality.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- From our observations during the inspection, there was evidence that the practice stored and used patient data in a way that maintained its security, complying with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services except for people experiencing poor mental health (including people with dementia) which was rated outstanding.

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. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, they had a cohort of patients that had been registered at the practice for some time, who lived out of area. Due to cultural and language barriers to accessing services for these patients, the practice agreed to provide care and treatment to enable continuity of care and provided home visits if required.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- All elderly patients had alerts on their records to say that they are vulnerable. This allowed staff to be sensitive to their needs.
- 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.
- As well as a twice-weekly phlebotomy clinic, there was evidence that the GPs took blood samples during appointments if required. This enabled care to be provided more quickly for those with the most urgent needs.
- The practice provided 'near patient testing' to enable proactive identification of health needs and convenient monitoring of long-term conditions, reducing hospital visits. Testing included monitoring of those on high risk medicines, heart screening, diabetic monitoring and cholesterol monitoring.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice worked with the Clinical Commissioning Group (CCG) to provide an increase in same day appointment availability specifically for children under 18. In addition, the practice saw children with urgent needs at any time of day if a GP was on site.

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, the practice provided three extended hours' commuter clinics per week.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had developed their own bi-monthly cryotherapy service with one of the regular locum GPs.
- A twice weekly walk-in phlebotomy service was offered at the practice with the health care assistant.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- One of the practice nurses frequently approached patients in the waiting area who were already booked to see a GP, if they were due for cervical screening. This proactive approach enabled patients to been seen by the GP and nurse during one visit which suited the needs of those of working age.
- The practice were able to refer patients to a local hub for evening and weekend appointments with a nurse or GP, available for patients from Merton CCG.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a cohort of patients that were victims of torture; double appointments were always provided for these patients.
- Practice nurses visited housebound patients who lived out of area if they required blood tests, but were unable to access phlebotomy services in their area.

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.
- During 2017 the practice hosted a staff member from the local Dementia Hub to sit in the surgery once a month as a visible presence, and point of contact, for patients, or families of patients, with dementia.
- There was evidence the GPs worked to provide responsive care for patients with severe mental health needs. The practice held a three monthly meeting with a consultant psychiatrist to ensure patients' needs were met.
- One of the GPs had arranged a community mental health team assessment with a psychiatrist at the practice for a patient with severe mental health needs to gain consent and compliance with treatment.
- There was evidence that GPs provided regular scheduled fortnightly appointments with patients to ensure continuity of care, where patients' ongoing mental health needs were complex.

Timely access to the service

The practice provided a range of appointments and access options which allowed patients to access care and treatment within an acceptable timescale for their needs:

- Routine appointments could be booked up to six months in advance for nurses and GP consultations could be booked up to two weeks ahead. The next available routine appointment was within two days.
- Emergency appointments were accessible daily during two 'emergency hours'. All patients requiring an emergency were booked face to face appointments.
- Same day appointments and telephone consultations were also available daily.
- Patients felt they were easily able to contact the practice by telephone.
- The appointment system was easy to use and patients felt they were able to get appointment when they needed it, however some patients reported their appointment times could often be delayed.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and feedback from patients in the 41 completed CQC comment cards. 384 surveys were sent out and 103 were returned. This represented about 1.9% of the practice population. Results showed:

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 87% of patients who responded said they could get through easily to the practice by phone; CCG - 62%; national average - 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 81% of patients who responded said their last appointment was convenient; CCG - 77%; national average - 81%.
- 75% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average -73%.
- 50% of patients who responded said they don't normally have to wait too long to be seen; CCG - 50%; national average - 58%.
- 75% usually get to see or speak to their preferred GP; CCG - 47%; national average 56%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 81% describe their overall experience of this surgery as good; CCG - 80%; national average 85%.
- 78% would recommend this surgery to someone new to the area; CCG - 74%; national average 77%.

The results showed the practice was significantly above average for the ability to speak to their preferred GP and the ease of contacting the practice by telephone.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed seven complaints and found that they were satisfactorily handled in a timely way.
- 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. For example, following an incident where late home visit could not be fulfilled, the patient was not advised to contact emergency or out of hours services. Reception staff were re-reminded of the procedure.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice, and all of the population groups, as requires improvement providing a well-led service.

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

- There was some evidence of processes for managing risks, issues and performance; however these were not always effective.
- Governance processes were not always clear.
- Systems for engaging with patients, obtaining patient feedback and acting on concerns were not well-established.

Leadership capacity and capability

Leaders had the skills to deliver the service, but had faced challenges in providing consistent high quality care:

- The practice benefited from a long-term stable partnership and leadership team.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they were supportive to staff, compassionate and inclusive.
- The partners prioritised providing high quality care to patients, but were not fully aware of all challenges facing delivery of the service long-term. For example, Quality and Outcomes Framework (QOF) achievements and other practice performance data.
- The practice manager had the experience and skills to manage and oversee the service, however there was limited capacity to do so due to the management workload.
- There was some evidence that leaders did not work cohesively enough to address the business challenges in relation to performance of the practice and oversight of risks.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- There was a clear vision. There was no business plan or formal strategy to set out the priorities for the practice.
- Leaders had informal discussions about priorities including the premises, patient engagement, finance and recruitment but these were not clearly documented.
- The practice worked with the Clinical Commissioning Group (CCG) who undertook audits of appointments and the practice population. The CCG suggested improvements to align with health and social priorities across the region.

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.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Clinical meetings included the practice manager, GPs and practice nurses.
- There was a strong emphasis on the safety and well-being of all staff.
- All staff were given paid overtime to attend practice meetings so that the majority of staff could attend. There was evidence that staff meetings occurred regularly and actions were followed up.
- All staff attended the three monthly multidisciplinary team meeting where complex end of life patients were discussed. This provided an inclusive culture for non-clinical staff and assisted in providing a quality service to patients.

Are services well-led?

Requires improvement

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

- The practice actively promoted equality and diversity and staff had received training in this. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

Governance arrangements

There were some responsibilities, roles and systems of accountability to support good governance and management, however there were also gaps in governance arrangements which impacted on the practice's ability to provide high quality, sustainable care.

- Structures, processes and systems to support good governance and management were not always clearly set out or effective. Most governance duties and responsibilities were undertaken by the practice manager, so it was not clear what contingencies were in place during periods of their unplanned absence.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Policies and procedures were easy to understand and accessible.
- The practice had effective workflow processes in place although there was a reliance on written rather than computer systems for some processes.
- One of the partners was the Quality and Outcomes Framework (QOF) lead; however they did not have a clear awareness of the current practice performance.
- Although clinical meetings were set weekly, these did not focus on clinical governance issues including monitoring and addressing performance of the practice and quality improvements.

Managing risks, issues and performance

There was some evidence of processes for managing risks, issues and performance; however these were not always effective.

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety were not fully established. We found that some risk assessments had not been either properly documented, outcomes were not clearly actioned or were not comprehensive enough. There were some gaps where risk had not been assessed or mitigated including risks relating to electrical testing and wiring, however the practice had put plans in place to address these issues after the inspection.
- The practice had business continuity plans in place but there was no indication that staff had been trained to prepare for major incidents.
- The practice leaders were aware of significant events and complaints, and there was a process for acting on medicines and patient safety alerts.
- Systems for monitoring mandatory training were not working well enough. Training was recorded in a log and certificates we kept, however safeguarding children training had not been undertaken by three staff, there were gaps in information governance training for most staff, basic life support training was overdue at the time of inspection although completed shortly afterwards and there was no evidence that mental capacity act training had been adopted by the practice. However fire training and infection control training had been completed. One clinician working mainly with adults had not completed safeguarding adults training. The practice had put processes in place for staff to undertake training after the inspection
- The practice did not have records of mandatory training undertaken by the regular locum GPs or a comprehensive staff file for these staff, including confidentiality agreements. Some training certificates were provided after the inspection for one locum GP.
- Recruitment processes were effective.
- Quality and Outcomes Framework (QOF) data for 2016/17 demonstrated a low achievement overall which had reduced from the previous year. Staff reported this was due to patients not responding to three invitations for a review due to cultural barriers and overseas visits. Additionally there was limited practice nurse capacity to undertake long-term conditions reviews and recall processes were not working in a timely way. We also found that there were inconsistencies with data input in to the patient record system. It was unclear if the practice had an action plan in place to address these issues.
- Clinical audits were conducted to improve quality of care and outcomes for patients. There was some evidence of action to change practice to improve quality. Prescribing audits had not been undertaken by the practice; we were told these were done by the Clinical Commissioning Group (CCG), however the practice were not able to provide evidence of these or actions following the audits.
- Practice leaders had a limited awareness of the performance of the practice in terms of QOF data,

Are services well-led?

Requires improvement

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

benchmarking and prescribing data. The practice could not show us any prescribing data for the last 12 months during the inspection, however this was located after the inspection.

Appropriate and accurate information

The practice had some process in place to act on appropriate and accurate information.

- The practice used information from a range of sources including Quality and Outcomes Framework (QOF) data, public health data, and patient satisfaction data to ensure and improve performance. However there was evidence that QOF data was not always accurate enough to ensure and improve performance.
- Quality and sustainability were discussed in practice meetings where staff had sufficient access to information and all staff attended these meetings.
- The practice used some information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required, for example quality alerts.
- 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 had some systems to involve patients, the public, staff and external partners to improve the service delivered.

- There was evidence that some patients', staff and external partners' views and concerns were acted on to shape services. The Patient Participation Group (PPG) reported they had improved waiting room notices and signage which was a suggestion made and taken on board by the practice.
- The PPG consisted of 12 members, however this group was largely inactive and no practice surveys had been carried out. The last formal meeting occurred in September 2016. The practice leaders met with the PPG chair in September 2017 with plans and ideas to 'relaunch' the group as the practice were aware that this was an area of challenge. Staff informed us that they were actively trying to encourage participation to the PPG by promoting the group, particularly to people between the ages of 18 – 45 years.
- They were also working with the local Clinical Commissioning Group (CCG) to identify how they could improve the patient group and had invited the PPG representative for the CCG to the next planned meeting in March 2018.
- The NHS Friends and Family Test was analysed by the practice. Patients could complete this online, via text message or in writing. Results from July 2017 to January 2018 showed that of 390 responses, 90% of patients would recommend the practice. Comments related to appointments delays and waiting times were known.

Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation.

- Significant events and complaints were shared with all staff during practice meetings and there was some evidence that learning was shared and used to make improvements.
- There was evidence that leaders addressed quality issues and incidents involving external organisations.
- Leaders and managers encouraged staff to take time out to review individual areas for development.

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 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • There was limited evidence that the practice was undertaking medicines audits including auditing antimicrobial use. • Quality and Outcomes Framework (QOF) data, particularly for people with long-term conditions was significantly lower than local and national averages indicating that a large proportion of patients had not been monitored effectively. • Practice leaders had a limited awareness of the performance of the practice in terms of QOF data, benchmarking and prescribing data. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • Not all safety systems were operating effectively; including health and safety and emergency risk management. We found that some risk assessments had not been either properly documented, outcomes were not clearly actioned or were not comprehensive enough. • There was no clear process to indicate that practice had oversight of risks related to staff training. The registered person had systems or processes in place that operating ineffectively in that they failed to enable

This section is primarily information for the provider

Requirement notices

the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- The Patient Participation Group was largely inactive. There had been one meeting in September 2016 and no practice surveys had been carried out since the last inspection.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- Due to data inputting issues and some inaccuracies in the performance data, the patient information and medical record system used was not able to assist the practice in monitoring patients effectively enough.

This was in breach of regulation 17(1) 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 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: • Systems for monitoring mandatory training were not working well enough. Some staff had not received mandatory training in safeguarding children, safeguarding adults, Mental Capacity Act training and information governance. • The practice did not clear have records of mandatory training undertaken by the regular locum GPs

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.