

# Dr Winifred Helen McManus

## Inspection report

118 Albert Road

Jarrow

Tyne and Wear

NE32 5AG

Tel: 0191 300 9659

Website: [www.albertroadsurgeryjarrow.nhs.uk](http://www.albertroadsurgeryjarrow.nhs.uk)

Date of inspection visit: 27/09/2018

Date of publication: 07/11/2018

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

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

## **This practice is rated as Requires Improvement overall.** (Previous rating 06 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at Dr Winifred Helen McManus (also known as Albert Rd Surgery) on 27 September 2018, as part of our inspection programme, and to follow up on breaches of regulations.

At a previous follow up inspection in December 2017 we found regulatory breaches around the areas of infection control and staff appraisals, and the practice was rated as requires improvement for providing safe services, with an overall rating of good.

At this inspection we found:

- The practice had some systems in place to manage risk so that safety incidents were less likely to happen, however not all risks had been identified and risk assessments were not kept sufficiently under review.
- Staff knew how to report incidents and safety concerns and felt confident doing so, however there was insufficient documented learning and action points to show improved processes to prevent the same incident happening again.
- The practice carried out some monitoring around the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Due to staffing difficulties, the practice had become heavily reliant on locum cover. Whilst this was managed effectively, we did identify some areas with a need for increased oversight, such as receipt of test results.
- Staff were proactive in supporting people to live healthier lives.
- Staff involved and treated patients with compassion, kindness, dignity and respect. The majority of patient feedback was very complimentary.
- Patients found the appointment system easy to use and on the whole reported that they were able to access care when they needed it.

- The arrangements for governance and performance management did not always operate effectively. Risks were not always dealt with appropriately or in a timely fashion. Ongoing staffing difficulties meant that service delivery was reactive and focused on short-term issues. There was no clear strategic plan.
- Staff and other stakeholders told us that where they had raised concerns or feedback, this was dealt with in an open and transparent fashion, and changes made where possible.

We saw one area of outstanding practice:

- The practice had a longstanding system for weekly open-access baby clinics, which catered for both well and sick babies. Parents could choose to have their baby seen by the nurse, GP or both without the need for an appointment. Services offered at the clinics included well baby checks, immunisations, children under 5 who were unwell, and postnatal checks. Childhood immunisation uptake rates were above the target percentage of 90%.

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

- The provider must ensure that staff receive the immunisations that are appropriate to their role, and be able to demonstrate that staff have received occupational health assessment or pre-employment assessment which includes review of their immunisation needs.
- The provider must develop assurance and auditing systems and processes, to effectively assess, monitor and mitigate risks. This includes demonstrating learning and action points from safety incidents or risk assessments, and ensuring practice policies and procedures are comprehensive and regularly reviewed.

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

- Instigate process to ensure urgent results are actioned and checked before the end of the day.
- The provider should ensure the secure storage of medicines.
- Continue to develop a programme of two cycle clinical audit which is clearly linked to driving improvement in patient outcomes.

# Overall summary

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

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

## Population group ratings

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

## Our inspection team

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

## Background to Dr Winifred Helen McManus

Dr Winifred Helen McManus is registered with the Care Quality Commission (CQC) to provide primary care services. The practice provides services to around 3,143 patients from one location, at 118 Albert Rd, Jarrow, NE32 5AG. We visited this location as part of our inspection. The practice website is [www.albertroadsurgeryjarrow.nhs.uk](http://www.albertroadsurgeryjarrow.nhs.uk).

The practice is in a converted end terraced house with adapted disabled access at the front entrance and a platform lift to assist patients to and from the first floor. There is on street parking.

The practice is part of NHS South Tyneside clinical commission group (CCG). Information from Public Health

England placed the area in which the practice is located in the third more deprived decile. In general, people living in more deprived areas tend to have greater need for health

services. The practice consists of a GP provider (female), a practice manager and deputy practice manager, a practice nurse, a healthcare assistant and administrative and reception staff. The practice also uses a number of locums on a regular basis. When the practice is closed patients are directed to the NHS 111 service.

# 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:

- Not all risks had been identified and assessed. Some identified risks had not been actioned.
- There was insufficient learning and action points documented following safety incidents to provide assurance that the same incident would not happen again.
- The provider had not checked the immunisation status of staff or carried out a review of their immunisation needs.

## Safety systems and processes

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

- The practice had 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. There was no practice specific safeguarding policies at the time of inspection, however these were produced before the end of the day. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control issues within the premises, however the provider had not ascertained the immunisation status of clinical staff nor offered any required vaccinations in accordance with infection control guidance.
- 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

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, and busy periods.
- There was an effective induction system for temporary 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, although awareness of sepsis scoring systems was low among some clinical staff.
- 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.
- 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 systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, a fridge containing medicines in a patient accessible area was not secure.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

## Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice did not have sufficient information to demonstrate a good track record on safety.

- There were risk assessments in relation to safety issues, but these were not always comprehensive or kept under review. Some identified risks, such as in relation to fire safety, had not been actioned. Not all risks had been identified.

### Lessons learned and improvements made

The practice did not demonstrate sufficient learning and improvement 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 in place for reviewing and investigating when things went wrong, however these were not always documented or followed. Meetings to discuss safety incidents had become sporadic, and we could not find evidence of sufficient learning from incidents. The GP and practice manager did meet and discuss incidents informally.
- The practice acted on 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 and all of the population groups as good for providing effective services.**

## Effective needs assessment, care and treatment

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

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

### Older people:

- Older patients who were frail or may have been 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 linked with a named care home and provided fortnightly ward rounds and six monthly reviews to these patients.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific additional training, this allowed multiple health conditions to be

reviewed at one appointment. Records seen indicated a holistic approach to disease management including attention given to stressors in the patient's life which may impact on their condition.

- Patients received home visits by clinical staff when they were unable to attend the practice.
- Patients diagnosed with cancer had an alert placed on their record which meant they could access direct nurse advice by telephone on request, and also had free access to the telephone triage system to discuss any concerns.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

### Families, children and young people:

- The practice had a longstanding system for weekly open-access baby clinics, which catered for both well and sick babies. Parents could choose to have their baby seen by the nurse, GP or both without the need for an appointment. Services offered at the clinics included well baby checks, immunisations, children under 5 who were unwell, and postnatal checks.
- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had effective arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 77%, which was below the 80% target for the national

## Are services effective?

screening programme, although was slightly above the local and England averages. The practice had a system to flag up non-attendance and offer alternative flexible appointments and discuss possible barriers to testing.

- The practice's uptake for breast and bowel cancer screening was in line with national averages. The practice had produced a list of patients who had not responded to letter invites to contact by phone directly.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74, including routine spirometry testing for patients who are smokers. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, by providing access to health checks, and assessment of long term conditions. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with or above average

compared to local and national averages. The practice was above average at recording alcohol consumption in patients with some mental health conditions, and in carrying out face to face reviews for patients suffering from dementia.

### Monitoring care and treatment

The practice was able to provide some evidence of quality improvement activity, and where appropriate, clinicians took part in local and national improvement initiatives.

- The Quality and Outcome Framework (QOF) score for the practice for 2016-17 was 92.2%, below the CCG average of 97.7%, and the England average of 96.6%.
- There was not a comprehensive programme of two cycle clinical audit to continuously drive improvement. The practice was able to show some evidence of monitoring and improvement activity, for instance antibiotic prescribing monitoring and review of the use of inhalers in asthma sufferers.

### 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.
- 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. Clinical staff were given protected time each day for tasks such as reading new guidance. Records of skills, qualifications and training were maintained.
- The practice provided staff with ongoing support. There was an induction programme for new staff. Staff had access to a yearly appraisal, which they described as a useful process where they could raise training needs. Staff told us the practice was supportive in allowing them to access identified training. Clinical staff were supported with clinical supervision and revalidation.
- There were procedures for supporting and managing staff when their performance was poor or variable, although staff were at times unsure of how to access these.



# Are services effective?

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice held multi-disciplinary meetings with other health professionals such as health visitors, palliative care consultant and the practice pharmacist. However these monthly meetings had become sporadic due to the practice staffing difficulties, with four in the last 12 months. We were able to view minutes for three of these meetings.
- The practice shared 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.
- 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 instance, at new patient health checks all smokers were offered spirometry testing.
- QOF figures for 2016-17 showed that 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of their alcohol consumption in the preceding 12 months, significantly higher than local and national averages.
- Staff discussed changes to care or treatment with patients and their carers as necessary, and we received positive feedback from patients around this.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.

## 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.

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

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP Patient Survey results were in line with local and national averages for questions relating to kindness, respect and compassion. The majority of patient feedback we received on the day was very complimentary towards the staff and described them as caring and empathetic.

## **Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand, for example, 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 identified carers and supported them.
- The practice's GP Patient Survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect and were sensitive to maintaining patient privacy, for instance by not repeating patient details over the telephone.

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

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Clinical staff 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. Patients could also access advice on their condition over the phone. We received positive feedback from patients on how their conditions were managed.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, before work appointments for blood tests. These patients could access early morning, evening or weekend appointments at other practices within the area through the South Tyneside Health Collaboration.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were not currently able to register with the practice, due to the list closure for the practice following long term staffing issues.

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. These patients had care plans in place and were offered annual reviews, and referred where necessary to other services such as memory clinics.
- QOF figures for 2016-17 showed 100% of patients diagnosed with dementia had been reviewed in the preceding 12 months, significantly above local and national averages.

## Timely access to care and treatment

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

- Extended hours service at the practice had been discontinued due to a shortage of GP available hours.

## Are services responsive to people's needs?

However the practice is part of South Tyneside Health Collaboration meaning patients can access early morning, evening or weekend appointments at other practices within the area.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. We did receive a minority of negative patient feedback over how easy it was to get an appointment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice's GP Patient Survey results were in line with local and national averages for questions relating to access to care and treatment.

### **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 knew how to help people who wished to raise a complaint.
- There was one complaint for us to review, which had been managed and responded to appropriately.
- The complaint policy and procedures were in line with recognised guidance.

**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 providing a well-led service because:

- There was no detailed strategy or vision for how the practice was going to address staffing concerns and improve its resilience.
- The structures, processes and systems to support good governance and management did not always operate effectively and lacked oversight.
- Systems to identify and manage risk were not always sufficiently robust or reviewed.
- There was limited focus on improvement activity and stakeholder engagement.

## Leadership capacity and capability

Leaders had the skills to deliver high-quality, sustainable care, but long-term absence and staffing difficulties meant the practice struggled to maintain capacity for this.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and had made attempts to address them, however the practice recognised there remain concerns about the capacity of leadership and the overall resilience of the practice in securing permanent or long-term staffing solutions.
- Leaders at all levels were visible and approachable, and staff said they felt well supported within the workplace.
- The practice had not managed to embed effective processes to develop leadership capacity, including planning for the future leadership, skill set and resilience of the practice. They had made several unsuccessful attempts to recruit GP's, and continued to try to attract GP's on an ongoing basis. They had secured on a short-term basis a part-time advanced nurse practitioner.

## Vision and strategy

The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice had aims and objectives contained within their statement of purpose. They had developed some values which staff had a basic awareness of.
- The practice had not managed to develop a realistic strategy and supporting business plans to achieve priorities. The service was run in a reactive fashion

focussed on short term issues. The practice had been unable to develop longer term resilience and was heavily reliant on the use of locums on a week by week basis, albeit comprehensive attempts had been made to recruit.

- The practice planned its services to meet the needs of the practice population, and was aware of the needs of their particular population, such as levels of aged patients and those with a long-term condition.

## 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints, although learning points from these were not always clearly documented. 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 needed. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice did not actively promote equality and diversity, for instance within their recruitment policy, and not all staff had received equality and diversity training.
- There were positive relationships between staff and teams.

## Governance arrangements

There were not clear responsibilities, roles and systems of accountability to support good governance and management.

- The structures, processes and systems to support good governance and management did not always operate effectively. There was no strategic oversight or recent review of governance arrangements.

## Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, but did not always know how to access procedures and policies.
- The practice had established some policies and procedures to ensure safety, but these were not always kept under review, and the practice had not assured themselves that they were operating as intended. For instance, an up to date fire risk assessment was not in place and identified actions had not been completed. Staff had not been offered appropriate immunisations or had their status recorded, and leaders were unaware of this requirement.
- There was no up to date policy to cover the prescribing and repeat prescribing of high-risk medicines, and the lead GP was at times unsure of whether the practice was fulfilling its responsibilities in maintaining up-to-date searches and reviews of these patients, although we did subsequently find sufficient evidence that these patients were being managed appropriately.

### Managing risks, issues and performance

There was not always a clear process for managing current and future risks, issues and performance.

- There were systems in place to receive and disseminate information around safety alerts, incidents, and complaints, although the meetings at which these were discussed had become sporadic, and the practice could not demonstrate effective oversight or learning from these. The practice manager and lead GP did meet informally.
- There were some areas where systems, processes and practice were not always reliable or appropriate to keep people safe. Monitoring of whether safety systems were implemented and effective was not always robust.
- There was some evidence of clinical audit and improvement activity, but this did not always show a clear positive impact on quality of care and outcomes for patients. Subjects were generally driven by external requests, for instance via the clinical commissioning group (CCG) rather than through an internal programme of internal need or interest areas.
- The practice had plans in place for major incidents, although staff understanding of procedures varied according to scenario.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice had some oversight of quality and operational information through QOF reporting and local quality schemes. We did not find that this was always used to ensure and improve performance, or to create plans to address any identified weaknesses.
- We did not see that quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information, although the practice had made some attempt to keep staff up to date with the issues the practice was facing and plans for the future.
- 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 had some involvement with patients, the public, staff and external partners to support high-quality sustainable services.

- There had previously been a Patient Participation Group, however membership and activity of this had lapsed and the practice was not prioritising recruitment to this due to their current staffing difficulties. Patients could give feedback through the Friends and Family Test, and this was reviewed on a regular basis, however there was no real evidence of change and improvement activity following patient feedback.

### Continuous improvement and innovation

There was insufficient evidence of systems and processes for learning, continuous improvement and innovation.

- There was no clear focus on continuous learning and improvement. There was not always sufficient documented evidence to show learning from safety incidents.
- Staff were encouraged and given time to complete internal and external training, where specific areas for development were identified.

**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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The provider had not ensured that staff had received the immunisations that are appropriate to their role, and had not ensured that staff had received occupational health assessment or pre-employment assessment which included review of their immunisation needs. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Systems to assess, monitor and mitigate risks to service users and others who may be at risk were not sufficient. Some identified risks around fire safety and use of DSE equipment had not been actioned. There was insufficient evidence of learning from safety incidents. Policies relating to health, safety and welfare had not been kept sufficiently up to date and under review. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.