

Dr Paramjit Wasu

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



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 02/2018 – Inadequate)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Dr Paramjit Wasu's practice on 6 September 2018. We carried out this inspection to follow up on breaches of regulations we found at our previous inspection.

At this inspection we found:

- The practice had improved its systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had reviewed its handling and storage of medicines since our previous inspection and no longer held a stock of controlled medicines.
- The practice had reviewed its recruitment and training procedures but its induction processes were insufficient to ensure that new clinical staff members demonstrated all required competencies.
- The practice was routinely reviewing the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect. We received positive feedback from local nursing home managers. They consistently reported improvements in the quality of care these patients were receiving.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice did not have effective systems in place to support good governance and management.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- The provider should take action to improve its cancer screening coverage rates including cervical screening, breast cancer screening and bowel cancer screening.
- The provider should ensure that all reception staff know how to operate the induction loop system.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

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 

Our inspection team

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

Background to Dr Paramjit Wasu

Dr Paramjit Wasu's practice (also known as First Choice Medical Care) is provided from a single surgery in a residential area of Harrow in North West London.

The practice is located in an adapted residential property and is accessible to people with mobility needs on the ground floor. Consultations and treatments are provided on the ground and first floors. The first floor is accessible by stairs.

The practice has 2400 registered patients. The local area is relatively affluent as measured by published socio-economic indicators and is ethnically diverse. The practice provides primary care services to patients in three local nursing homes and a relatively high proportion of patients (13%) are aged over 75. There are below average numbers of children under four (4% of the practice population).


At the time of our inspection there was one GP (male) who provides nine sessions per week, one locum GP (female) who provides four sessions per week and a practice manager. There was also practice nurse (female), a health care assistant/phlebotomist (female) and three administrative/reception staff in post. The practice had also contracted with a social care specialist (non clinical) who was working with older patients.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available from 9am to 12pm and 4pm to 6pm daily. Extended hours surgeries are offered on Mondays and Fridays from 6.30pm to 7.30pm. In addition to pre-bookable appointments, urgent appointments are also available for people that need them.

The practice is registered to carry on the following regulated activities: diagnostic and screening procedures; family planning; treatment of disease, disorder or injury; and surgical procedures.


We have previously carried out several inspections at this practice:

- On 15 October 2015 we carried out a comprehensive inspection. The practice was rated as requires improvement overall. More specifically, it was rated as requires improvement for being safe, effective and well-led and was rated good for providing caring and responsive services.
- On 7 December 2017 we carried out a comprehensive inspection. The practice was rated as inadequate overall. We rated the practice as inadequate for being safe and well-led. It was rated as requires improvement for being effective and as good for being caring and responsive. Following that inspection, we



issued the practice with warning notices primarily in relation to failings identified in its management of medicines and controlled drugs. The practice was placed in special measures.

- On 5 May 2018 we carried out a focused inspection to check that the practice was safely managing



medicines, including controlled drugs. The practice was no longer keeping a stock of controlled drugs but its management of emergency medicines was unsafe and we issued further warning notices.

The full reports of these previous inspections can be found by selecting the 'all reports' link for Dr Paramjit Wasu on our website at .

Are services safe?

At this inspection we rated the practice as good for providing safe services

At our previous inspection on 7 December 2017, we rated the practice as inadequate for providing safe services. This was because:

- The practice did not have an effective system for learning from incidents.
- The practice did not have an effective system for ensuring it acted on patient safety alerts.
- We identified failings in the way that the practice was managing its stock of controlled drugs and other medicines, for example controlled drugs were not being monitored or stored in line with legislation.
- There were inadequate arrangements to deal with medical emergencies.

At this inspection we found that the practice had addressed these risks.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was made 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, for example of professional registration and indemnity cover at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage most risks to patient safety. The practice's induction system was not sufficiently thorough.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. At the time of our previous inspection, the practice, primarily through the principal GP, had been providing primary care services to six nursing homes. Following a capacity review, they had ceased providing this service to three of these homes.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Emergency medicines were now clearly and correctly labelled, in date and regularly checked. This was an area of improvement since our previous inspection.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- 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 reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice now stored medicines only in designated, secure areas and did not keep any controlled drugs. We

Are services safe?

were told the practice no longer accepted or re-used medicines which had been returned by patients. This was an area of improvement since our previous inspection.

- 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 which was relatively high and was taking action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- 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 had a good track record on safety.

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

- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

We saw evidence that the practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. The practice had introduced new systems to log, review and act on relevant patient safety alerts. We were shown examples of documented action the practice had taken in response to recent alerts.

Please refer to the evidence tables for further information.

Are services effective?

At this inspection we rated the practice and all of the population groups as requires improvement for providing effective services. This was because the practice did not have a comprehensive induction process to ensure that all staff were ready and competent to work in their designated role; its cancer screening coverage rates were lower than average and its systems for clinical audit were not well embedded. These issues affected care provided to all population groups.

At our previous inspection on 7 December 2017, we rated the practice as requires improvement for providing effective services. This was because:

- The practice was not using clinical audit to drive improvement.

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 otherwise vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication at least annually.
- 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. The practice had contracted with a social care specialist who worked with older

patients to assess their wider needs. We spoke with this person who was clear about their role and the limits of their competencies, for example, when they should refer patients to the GP.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The GPs used structured templates within the electronic records system to ensure they carried out appropriate monitoring of patients with long term conditions, including respiratory conditions, diabetes and prevention of cardiovascular disease.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were not offered ambulatory blood pressure monitoring at the practice but this was arranged through other local services. 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:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 63%, which was below the 80% coverage target for the national screening programme although similar to the clinical commissioning group average. The practice was aware of this and had identified cervical screening as an

Are services effective?

area for improvement. The practice was planning to send additional reminders to patients. It was also flagging patients overdue for a smear on the electronic patient records system so this would be picked up and discussed if they attended the practice for other reasons.

- The practice's uptake for breast cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The principal GP was regularly involved in supporting patients at the end of life care who were living in three local nursing homes. Care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice actively engaged patients in planning for the end of life.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or with mental health problems. Patients on these registers were called for an annual health review.
- 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, severe mental illness, and personality disorder by providing access to health checks. The principal GP regularly reviewed patients on the mental health register and followed up patients for example, who failed to attend appointments.
- 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's performance on quality indicators for mental health were in line with local and national averages.

Monitoring care and treatment

The practice was developing its programme of quality improvement activity. It routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice reviewed benchmarked data of its performance against other local practices, for example in relation to local prescribing priorities and antibiotic prescribing.
- The principal GP had initiated several clinical audits including an audit of two week wait referrals; its management of COPD (chronic obstructive pulmonary disease) and its use of echocardiogram monitoring in patients with heart failure. The GP intended to repeat these audits within the next six months to ensure good practice was being sustained. The GP could not show us completed audit cycles for the urine analysis audit which we were shown at our previous inspection in December 2017.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was participating in NHS funded research initiatives. The practice had opted in to studies which it believed could potentially benefit its patients, for example a study to improve self-management of diabetes.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff although we found this did not cover all required competencies for certain clinical roles. The induction checklist for clinical staff did not cover consent. We found that one recently recruited member of staff was unclear about consent issues in relation to younger patients. We also found that the practice had not issued the practice nurse (who had recently been recruited and was working at the practice) with up to date patient group directions (PGDs) covering their work at the practice.
- The induction and ongoing performance review process included one to one meetings and review, clinical supervision, appraisal and revalidation.
- The practice had experienced some rapid staff turnover, for example, an assistant manager had been appointed and had left within the last six months. There were policies to manage and support staff when their performance was poor or variable.
- Staff members were not always clear on where to find current practice policies aside from requesting these from the practice manager. Staff were issued with employment contracts and a staff handbook when they started at the practice containing key employment related policies and procedures. We were told that updates were discussed at practice meetings.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes such as exercise referral.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. However, one recently recruited clinical staff member we interviewed did not seem to understand consent guidelines in relation to younger patients. This member of staff had not yet carried out any consultations at the practice requiring this understanding. The principal GP told us this would be addressed immediately after the inspection.

Are services effective?

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. For example it recorded patients' written consent before undertaking minor surgical procedures.

Please refer to the evidence tables for further information.

Are services caring?

At this inspection, we rated the practice as good for caring.

At our previous inspection on 7 December 2017, we also rated the practice as good for providing caring services.

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.

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, translation facilities were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.
- Patients told us they valued the continuity of care they received at the practice and this helped them to understand and feel involved in their care.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They told us they would challenge behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At this inspection, we rated the practice, and all of the population groups, as good for providing responsive services .

At our previous inspection on 7 December 2017, we also rated the practice 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. For example, consultations could be provided on the ground floor.
- 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 or supported living scheme. The practice was able to provide patients with continuity of GP care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- We obtained feedback from three local care homes for which the practice provided primary care services. All three told us that patients received a good service from the practice and the principal GP was responsive to requests to visit. They also told us that the service had improved over the last six months with the principal GP being less rushed when visiting patients in the care homes. They also reported that the practice's response to prescription requests had improved.

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 liaised regularly with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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 12 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, the practice offered extended opening hours two evenings each week.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had developed a "carers' passport" to ensure that carers understood and felt able to request flexible appointments and health checks for themselves. We were told that other practices in the area had adopted this idea.
- The practice had installed an induction loop in the reception as an aid for patients with hearing difficulties. We noted that not all the receptionists knew how to operate this although the practice did not currently have any patients who had requested it.

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

Are services responsive to people's needs?

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

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with 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 treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At this inspection, we rated the practice as requires improvement for providing a well-led service because governance systems and processes were not always effective.

At our previous inspection on 7 December 2017, we rated the practice as inadequate for providing well-led services.

Leadership capacity and capability

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

- The principal GP was knowledgeable about issues and priorities relating to the quality and future of services. We saw evidence that the practice was providing clinically safe and effective care and the service was valued by patients. The practice had addressed previously identified risks, for example in relation to the management of medicines.
- The practice team had sought and engaged with local sources of advice and support whilst the practice was placed in special measures.
- The principal GP was visible and approachable. They worked closely with staff and others (for example, local nursing home managers) to prioritise compassionate care.

The practice was considering the future including succession planning.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. For example it was considering a merger with another local practice to secure the service for patients in the longer term.
- Staff were aware of and understood the vision, values and strategy and their role in achieving these.
- The strategy was in line with health and social care priorities across the area. The practice planned its services to meet the needs of the practice population.
- Since our previous inspection, the practice had reduced the number of nursing and care homes to which it provided primary care services. It had met with one of the care home teams to review the quality of care. We

received feedback from the care home managers which noted marked improvement for example in the timeliness of repeat prescribing for patients living in this home.

- The practice monitored progress against delivery of the strategy.

Culture

The practice aimed to provide high-quality sustainable care. As a small practice there was a family-friendly ethos, with many patients well known to the staff and good continuity of care.

- The practice displayed its mission statement in the waiting area.
- 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. 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 said 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.
- The practice promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

The practice did not have effective systems in place to support good governance and management.

- We were concerned that the practice had recently developed a large library of policies. A number of policies and procedures were not specific to the practice, for example the business continuity plan was generic in nature and of limited practical use. Some staff members did not know how to access current policies.

Are services well-led?

- Governance in the practice was supported by various systems and information tools. However these systems were sometimes poorly implemented or operated to ensure management information was available in a timely manner.
- The practice had a designated member of staff to deal with referrals and they were clear about their role and responsibilities.
- The practice held regular monthly clinical meetings which were documented. These now included consideration of any recent incidents and safety alerts.

Managing risks, issues and performance

There were improved processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address most current and future risks including risks to patient safety.
- However, the practice had allowed parallel processes to develop to govern home visits. Consequently the provider was unable to monitor that all home visit requests had been actioned.
- Practice leaders had improved oversight of safety alerts, incidents, and complaints.
- The practice was developing its programme of clinical audit and other quality improvement work.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings with all staff.
- The information used to monitor performance and the delivery of quality care was accurate and useful. For example, the practice had identified its cervical screening performance as an area for improvement.

- The practice had invested in new electronic software to support its governance systems.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- At the time of our previous inspection, the practice had a virtual (on-line) patient participation group. At this inspection, we were told that the practice intended to restart face to face meetings with the group and had recently held its first meeting. This was confirmed by patient members of the group. Group members we spoke with were not able to identify any improvements as a result of their feedback yet.
- The practice was keen to recruit younger members to the patient participation group to try and obtain a more representative range of views but had not yet had success with this.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning and improvement.

- The practice was increasingly involved in NHS-funded research projects. It selected projects which it felt could directly benefit its patients.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met Governance systems and processes were not always effective and compliant with the requirements of the fundamental standards of care.</p> <p>In particular:</p> <ul style="list-style-type: none">• Induction procedures did not ensure that newly recruited staff were competent or ready to carry out their roles;• Some key policies were not tailored to the practice and were of limited practical use;• The practice had allowed parallel processes to develop to govern home visit requests;• The practice did not have an established programme of clinical audit to drive improvement;• Some staff did not know how to access current policies. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>