Phoenix Family Care

Quality Report

35 Park Road
Coventry
CV1 2LE
Tel: 02476 227234
Website: www.phoenixfamilycare.nhs.uk

Date of inspection visit: 14 November 2016
Date of publication: 20/04/2017

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Phoenix Family Care on 14 November 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning was shared with staff but outcomes had not always been actioned.
- Not all appropriate recruitment checks had been carried out on staff prior to being employed by the practice. Medical indemnity checks had not always been carried out on locum GPs employed and the physical and mental health of newly appointed staff had not been considered.
- Systems were in place to monitor patients who took high risk medicines.
- An overarching training matrix and policy was in place to monitor that all staff were up to date with their training needs and received regular appraisals.
- Patients often said they found it difficult to pre-book appointments although positive comments were made regarding the availability of urgent, same day appointments.
- Feedback from patients about their care was consistently positive and this was reflected in the national patient survey results, last published in July 2016.
- The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered extended opening hours on week day evenings and at weekends.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the practice had not risk assessed the equipment and medication potentially required to respond to a medical emergency.
- The practice had an internal process to manage complaints. Although the process to receive and respond to complaints was effective, the practice had not made any significant improvements despite reoccurring, negative feedback about the appointment system.
- The practice had produced a practice development plan that documented the short-term priorities.
- The practice had visible clinical and managerial leadership but governance and audit arrangements were not always effective.

The areas where the provider must make improvement are:

- Ensure patients are protected against the risks of receiving unsafe care and treatment by:
- Ensuring learning outcomes from significant event reviews are implemented.
- Introduce a formal system to log, review, discuss and act on alerts received to minimise and mitigate risk to patient safety.
- Ensure medicines prescribed are in line with the guidelines for patients with epilepsy.
- Ensure there are sufficient arrangements in place to deal with a medical emergency.
- Implement effective systems to identify, assess and mitigate risks.
- Ensure that information is shared with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- Continuously review and adapt staffing levels and the skill mix to respond to the changing needs and circumstances of people using the service'
- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Review the systems to ensure patients receive care in line with current evidence based guidance and standards.

The areas where the provider should make improvement are:

- Minimise the risk of accidental interruption to electricity supply to the medicines fridge in accordance with Public Health England guidance.
- Review the systems to improve the coordination of regular medication reviews.
- Carry out and assess regular fire evacuation drills.
- Consider the systems to ensure patient call/recall system to invite patients over 75 years of age for an annual health check.
- Fully complete patient care plans.
- Consider how to improve on the number of patient identified as having depression.
- Explore how the number of carers identified can be increased and consider what further support for carers could be provided from the practice.
- Consider implementing a bereavement policy or protocol.
- Take action to improve patient confidentiality at the reception desk and information in the patient waiting area.

Where, as in this instance, a provider is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was a system in place for reporting and recording significant events. Lessons were shared but we found examples where appropriate actions had not been carried out to minimise risk of reoccurrence.
- The practice's system to record, review, discuss and act on alerts received that may affect patient safety was not always effective. We found that two recent alerts had not been actioned.
- Systems to mitigate risks to patients who took high risk medicines were in place but those for responding to MHRA alerts were not effective in ensuring that when appropriate, patients were recalled and reviewed. The practice had processes and practices in place to keep patients safeguarded from the risk of abuse.
- Most of the required recruitment checks had been made before a member of staff was employed to work at the practice but these did not include an assessment of their physical or mental health.
- The practice had some processes in place to respond to medical emergencies and major incidents but we found gaps in the practice's arrangements that had not been risk assessed. For example, the practice did not have any medicine to be used in the event of a patient having an epileptic fit.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average for most clinical domains but below in asthma, depression and diabetes when compared to the national average. The most recently published results for 2015/16 showed the practice had achieved 89% of the total number of points available.
- There was a structured approach to how National Institute for Health and Care Excellence (NICE) best practice guidelines and standards were disseminated but no evidence that their implementation had been monitored.
- We saw that patients had written care plans but these were not always completed comprehensively.

Summary of findings

- Clinical audits had been completed and completed audit cycles demonstrated that audit had driven improvements to patient outcomes.
- Some medication reviews were carried out on patients on repeat medicines but we found that two out of three patients on a medicine to treat epilepsy were overdue a medication review, and medicines prescribed were not always in line with national guidelines
- Staff worked with health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had not shared information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- The nurse provided smoking cessation support within the practice. Over a 12 month period they had provided support to 17 patients. Eleven of these patients (65%) had continued to stop smoking after 12 weeks.
- Childhood immunisation rates for the vaccinations given were similar to the national averages.
- An overarching training matrix and policy had been put in place to monitor that all staff were up to date with their training needs and received regular appraisals.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey results, last published in July 2016, showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect. However, patient and information confidentiality in the reception area was not protected due to the layout and lack of background noise.
- The practice had identified 47 patients as carers (0.8% of the practice list) and offered them flu immunisations and annual health checks.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had extended its opening hours to provide evening and weekend appointments.
- Patients said they found it difficult to contact the practice by telephone and make pre-booked appointments with a named GP although comments highlighted that urgent appointments were available the same day. These comments were supported by the results of the national patient survey results, last published in July 2016.
- Patient feedback we received was consistently negative about the appointment system although data from the National Patient Survey published in July 2016 showed that 78% of respondents described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- The reception area did not support patient confidentiality. Conversations in person could easily be overheard as well as receptionists overheard when speaking on the telephone.
- The practice generally had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a written mission statement but not all staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and planned to hold regular team meetings.
- The practice had implemented an overarching governance framework to improve the quality and safety of their service. We identified several areas which required ongoing review.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients. However we saw that issues raised by the patient group had not been acted on in over 12 months.

Summary of findings

- The practice had a supporting practice development plan to ensure the future direction and challenges to the practice were assessed, monitored and evaluated.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

- The practice offered personalised care to meet the needs of the older people in its population. All patients aged 75 and over had been written to and advised of their named GP.
- The provider offered annual health checks to patients aged 75 and over. However, there was no structured approach to inviting them.
- Older patients identified at an increased risk of hospital admission were identified, had written care plan in place and reviewed with other healthcare professionals. Written care plans were in place but we saw evidence of incompletion.
- The practice was responsive to the needs of older people, and offered home visits, urgent appointments and longer appointments for those with enhanced needs.
- Immunisations against flu, shingles and pneumococcal were offered to older patients.

People with long term conditions

Requires improvement

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

- Nursing staff were supported by the GP in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for asthma related indicators was generally below the Clinical Commissioning Group (CCG) and national averages.
- Performance for diabetes related indicators was generally below the Clinical Commissioning Group (CCG) and national averages. The practice was aware of the performance and had tasked reception staff with calling patients in to be reviewed.
- All these patients had a named GP. For those patients with the most complex needs. The practice regularly worked with other health and social care professionals. However, not all essential

Summary of findings

information had been shared. The practice had not shared information with the out of hours service about patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- We checked the records of three patients with epilepsy. Two out of the three patients reviewed were overdue a medication review and had been prescribed a generic medication when guidelines state that medication prescribed to treat epilepsy should be branded.

Families, children and young people

Requires improvement

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

- There were systems in place 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 A&E attendances.
- The provider told us they prioritised appointments for children.
- The practice's uptake for the cervical screening programme of 76% was below the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The provider hosted a service that provided new mothers with post-natal checks and development checks for their babies.
- Data from NHS England for the time period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for the vaccinations given were above the national average.

Working age people (including those recently retired and students)

Requires improvement

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

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available on Monday and Wednesday between 6.30pm and 9.30pm and on Saturday and Sunday mornings. Telephone consultations were also available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- All patients between the age of 40 and 74 years of age were offered NHS health checks through a service hosted by the practice but provided by the CCG.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances. For example, the practice supported victims of domestic violence who took up temporary residence in a nearby refuge.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The GPs were trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- Staff had attended suicide risk training that informed them on how to identify the signs of a vulnerable patient and what action would be appropriate.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

The provider was rated as inadequate for safe, requires improvement for effective, responsive and well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group

- A total of 75% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was below the Clinical Commissioning Group (CCG) average of 81% and the national averages of 84%.
- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91%. This was above the CCG average of 86% and the national average of 89% however, their exception reporting rate was 25.8% which was higher than the CCG average of 10.4% and the national average of 12.9% meaning fewer patients had been included.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had diagnosed four patients with depression (0.06% of the patient list). This rate was significantly lower than the national average prevalence (the percentage of patient list size identified with a clinical diagnosis) of 8.3%.
- The practice provided a room weekly for a counsellor led clinic to support patients with poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice performance was mixed when compared with local and national averages. A total of 329 survey forms were distributed and 120 (1.9% of the practice population) were returned. This represented a 36% return rate.

- 67% of respondents found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average and the national average of 73%.
- 78% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 84% of respondents described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 69% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 21 comment cards of which most were positive about the standard of care received. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to. However 10 of the comment cards highlighted dissatisfaction with the appointment system.

As part of our inspection we spoke with members of the patient participation group (PPG). They told us the practice staff were very caring, the practice management were respectful of the views of the PPG and listened to their suggestions. The group were involved in discussion with the newly appointed practice manager on how to improve patient confidentiality at the reception desk and how to improve the appointment system. However the patient group said that these issues had been ongoing for a long time with the practice without any sign of a resolution. Patient feedback from the comment cards and on NHS Choices reviews highlighted that some patients were unhappy with the appointment system.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- Ensure patients are protected against the risks of receiving unsafe care and treatment by:
- Ensuring learning outcomes from significant event reviews are implemented.
- Introduce a formal system to log, review, discuss and act on alerts received to minimise and mitigate risk to patient safety.
- Ensure medicines prescribed are in line with the guidelines for patients with epilepsy.
- Ensure there are sufficient arrangements in place to deal with a medical emergency.
- Implement effective systems to identify, assess and mitigate risks.
- Ensure that information is shared with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- Continuously review and adapt staffing levels and the skill mix to respond to the changing needs and circumstances of people using the service'
- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Review the systems to ensure patients receive care in line with current evidence based guidance and standards.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

Summary of findings

- Minimise the risk of accidental interruption to electricity supply to the medicines fridge in accordance with Public Health England guidance.
- Review the systems to improve the coordination of regular medication reviews.
- Carry out and assess regular fire evacuation drills.
- Consider the systems to ensure patient call/recall system to invite patients over 75 years of age for an annual health check.
- Fully complete patient care plans.
- Consider how to improve on the number of patient identified as having depression.
- Explore how the number of carers identified can be increased and consider what further support for carers could be provided from the practice.
- Consider implementing a bereavement policy or protocol.
- Take action to improve patient confidentiality at the reception desk and information in the patient waiting area.

Phoenix Family Care

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Phoenix Family Care

Phoenix Family Care is registered with the Care Quality Commission (CQC) as a partnership of three GPs and is situated in Coventry. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 6,235 patients. The list size is decreasing and had been 6,500 in April 2014. The practice age distribution shows a higher percentage of elderly patients when compared to national and CCG averages. For example 27.8% of the practice population is aged 65 years and over. This is higher than the CCG average of 15% and the national averages of 17.1%. The percentage of patients with a long-standing health condition is 52% which is lower than the local CCG average and the national average of 54%.

The practice is open between 8am and 6.30pm Monday to Friday (the practice has protected learning time every fourth Wednesday and remains open but telephones are switched to the out of hours provider). On week days, they provide a pre-bookable morning surgery between 8.30am and 11.50am, and in the afternoon between 3pm and 5pm. Patients can pre- book appointments two weeks in advance for GPs and nurses. Extended hours appointments with GPs and nurses were available between 6.30pm and 9.30pm Monday to Friday and between 9am and midday on a Saturday and Sunday. The practice does not routinely provide GP appointments when the practice is closed but patients are directed to the GP out of hours service.

The practice team consisted of:

- One female and two male GP partners.
- A practice nurse
- A practice manager
- A medical secretary
- A head receptionist and three supporting reception/ administrative staff.

The practice has been through some significant changes in recent years. There was a merger with another nearby practice in April 2014 that increased the total number of registered patients from 5,300 to 6,500. The merger resulted in three members of staff being made redundant in April 2015 and in November 2015 the senior GP partner retired. There were vacancies at the time of inspection for a GP, a part-time practice nurse and a part-time healthcare assistant. There was an interim practice manager supporting the newly appointed permanent practice manager who had been in post since September 2016.

The practice provides a number of specialist clinics and services. For example, long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations and travel vaccinations. The practice hosted services from the practice that included diabetic retinopathy clinics, counselling services and antenatal clinics.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 14 November 2016. During our inspection we:

- Spoke with a range of staff including a GP, members of the practice nursing team, the practice manager and administrative staff.
- Observed how patients were cared for. Spoke to patients/patient group
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice operated a system to report and record significant events. However, shared learning outcomes were not always seen to have resulted in action taken.

Staff knew their individual responsibilities, and the process, for reporting significant events. The practice manager was responsible for coordinating significant events. The electronic incident recording form (also available as a hard copy) supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The practice had recorded and carried out analysis of 11 significant events in the previous 12 months. Learning had been shared within the practice team and significant events were included as a standing item within practice meetings or sooner if required. However, resultant actions had not always been taken to minimise the risk of reoccurrence. For example, a patient on hormone replacement therapy (HRT) had not been managed appropriately. The learning outcomes and actions were unclear and did not include a search on other patients who may be affected. Patients were on repeat prescriptions for HRT but a regular check was not done. We presented our findings to the provider and they performed an audit on all patients and sent the results to evidence that all other patients on HRT were being appropriately treated and reviewed at regular intervals. In addition, the practice said that the GP partners had attended an HRT refresher training session.

The practice's process to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA), was not always effective. We saw evidence that some of these alerts had been acted upon but found gaps where the process had not been followed. For example, there was no evidence that the provider had received or acted on an NHS England alert issued in March 2016 that highlighted risks regarding the prioritising of home visits, and there was no evidence of receipt or action from an MHRA alert, sent out in September 2016, for an emergency medication to treat diabetes. After the inspection, the provider told us that they had strengthened their system to include an audit trail for each alert.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- All staff knew their individual responsibility for safeguarding children and vulnerable adults from the increased risk of harm. All staff had received role appropriate training (or was planned) to nationally recognised standards. For example, the GPs had attended level three training in safeguarding children. There was a lead member of staff for safeguarding. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The policy for safeguarding vulnerable adults reflected updated categories or definitions of the types of abuse such as modern slavery.
- Chaperones were available when needed. All staff who acted as chaperones had received training, a Disclosure and Barring Service (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room and in clinical and treatment rooms.
- The practice was visibly clean and tidy. Clinical areas had appropriate facilities to promote current Infection Prevention and Control (IPC) guidance. IPC audits had been undertaken and actions recorded to mitigate any risks identified.
- Clinical staff had received immunisations to protect them from the risk of healthcare associated infections. There was an infection control protocol in place and staff had received up to date training.
- There were four vaccination fridges, steps had not been taken to minimise the risk of them being switched off. Temperature checks were seen to have been regularly completed and there was a cold chain policy advising staff what to do if temperatures were found to be outside the parameters. All medicines checked were in date.

Inadequate

Are services safe?

- Recruitment checks for staff and some locum GPs had not always been undertaken in line with current legislation prior to employment. At this inspection, we saw that a recruitment policy had been developed that outlined the legal requirements for the recruitment of all staff. We reviewed four personnel files and found that most recruitment checks had been undertaken prior to employment of the new members of staff and locum GPs who had worked at the practice. However, there were no processes in place to demonstrate that the physical and mental health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of the role. Locum GP checks had been undertaken but there were a small number of gaps, for example, we found there was no record of medical indemnity for one staff member. The provider sent us evidence to show that after the inspection, they had obtained confirmation from the locum GP that medical indemnity was in place.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

The arrangements for managing medicines in the practice were safe and effective:

- Systems were in place to monitor patients prescribed high risk medicines. The practice had implemented a clear monitoring protocol that defined how and when computer searches of patients receiving high risk medicines would be carried out. During our inspection we checked seven patients and found all to have been managed appropriately.
- There was a system for the management of uncollected repeat prescriptions. We found that all uncollected prescriptions were less than one month old. Staff told us that uncollected prescriptions were removed and destroyed when more than one month old. This was recorded on the patient notes but a GP was not notified.

Monitoring risks to patients

Environmental risks to patients were assessed and but there were gaps in the management of these.

- The practice had fire safety equipment regularly maintained and there was a fire risk assessment but the provider had not carried out regular fire evacuation drills. The provider completed a fire evacuation drill following the inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- There were rotas in place for planning and monitoring the number and mix of staff needed to meet patients' needs. Although the practice had plans to carry out a capacity audit to determine the staff and skill mix required and had advertised for additional staff (a healthcare assistant and a salaried GP), the negative comments regarding the appointment system had not been resolved.
- The practice had a variety of risk assessments in place to monitor safety of the premises such as a general building risk assessment.
- A legionella risk assessment had been carried out in April 2016 and regular testing for the presence of legionella and water temperature checks had been carried out. (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had processes in place to respond to emergencies and major incidents but we found gaps in the practice's arrangements.

- There was a panic button on all computers which could be used to alert other staff to any emergency.
- All staff had received recent annual update training in basic life support.
- The practice had some emergency equipment but this did not include an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm). The practice did have pulse oximeters (to measure the level of oxygen in a patient's bloodstream). The practice did have oxygen with a full in date cylinder, and we saw that there were adult and children's masks to administer oxygen to patients. A risk assessment had not been completed to demonstrate how the practice would respond to a cardiac arrest. The practice purchased an AED following the inspection and training had been completed.

Inadequate

Are services safe?

- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and staff knew their location. However they did not include hydrocortisone, antiemetic, or analgesia or rectal diazepam for epileptic fits. No risk assessments had been carried out on emergency medicines required to treat an emergency. Following the inspection, the practice told us these medicines were now in stock.
- An up to date business continuity plan detailed the practice's response to unplanned events such as loss of power or water system failure. Copies were kept off site.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff told us that they assessed patients' needs and delivered care in line with relevant and current based guidance and standards including National Institute for Health and Care Excellence (NICE) best practice guidelines. The provider was unable to describe a structured approach to how these guidelines and standards were disseminated. Following the inspection, the provider told us that they had strengthened the system to include an audit trail to ensure new guidelines are actioned in a comprehensive manner.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available.

This practice performance was significantly below local and national averages for asthma, depression and diabetes clinical targets. Data from 2015/16 showed:

- The provider had reviewed 56% of patients on the asthma register in the preceding 12 months (CCG average 77%, national average 76%).
- The provider had not reviewed any patients aged 18 or over newly diagnosed with depression within defined timescales for the year April 2015 to March 2016 (CCG average 84%, national average 83%). We saw that since April 2016, four patients had been newly diagnosed with depression and two we checked had been followed up.
- Performance for diabetes in all five related indicators were generally below the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recognised limits, was 64% which was lower than the CCG and national average of 80%.
- A total of 75% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was lower than the CCG average of 81% and the national average of 84%.

We checked the records of three patients with epilepsy. Two out of the three patients reviewed were overdue a medication review and had been prescribed a generic medication when guidelines state that medication prescribed to treat epilepsy should be branded. Following the inspection the provider told us that they had carried out an audit on all patients diagnosed with epilepsy. The results of this audit were that all patients had been invited for a medication review in the previous 12 months and 31 out of 37 had been completed. The provider told us that of the remaining six, three had been reviewed since the inspection and the practice were proactively encouraging the remaining three to attend. In addition, the clinicians had reviewed prescribing guidelines for epilepsy.

The practice said there had previously been a one-stop diabetes clinic held at the practice (with a retinopathy team working from the practice). This had stopped and the practice experienced a high level of patients not attending. Reception staff had been given the responsibility to manage the call and recall system of patients with long term medical conditions but at the time of inspection, it was too early to see any positive impact.

The practice had high levels of exception reporting in other domains. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. For example:

- Performance for mental health related indicators was above the CCG and national averages. For example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91%. This was above the CCG average of 86% and the national average of 89%. However their exception reporting rate was 25.8%. This was higher than the CCG average of 10.4% and the national average of 12.9%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 95%. This was above the CCG average and the national averages of 90%. However their exception reporting rate of 24% was higher than the CCG average of 10.8% and the national average of 11.5% meaning fewer patients had been included. The provider told us that palliative and unsuitable (e.g.

those unable to take the spirometry test) patients are referred to the community matron or the COPD community team at the hospital for treatment and are exception reported by the practice.

The practice provided a room weekly for a counsellor led clinic to support patients with poor mental health.

We saw that the number of emergency admissions for a set of conditions considered avoidable was higher than the local and national average. For example 15.7 patients compared to the CCG average of 13.2 and national average of 14.6 per 1000 patients.

There was evidence of quality improvement including clinical audit.

- We looked at two clinical audits that had been completed in the last year; one was a second cycle audit. Improvements had resulted from actions implemented. For example, the practice had audited adults present during children's' appointments. This was initially mentioned in 25% of consultations. A re-audit six months found that 73% of consultations mentioned the identity of the adult accompanying a child.
- The second audit on patients on eight or more repeat medications had a first cycle in March 2016. One hundred and fifty-four patients were found to be on eight medications or more and the practice proactively monitored hospital admissions for drug interactions. Out of 79 hospital attendances, 14 were found to be attributed to drug interaction. Each of the 14 were investigated and shared to improve future prescribing. A second cycle was planned.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, confidentiality and equality and diversity.
- At this inspection we found that a training policy and matrix provided the practice with an oversight of the training staff had completed and of the training they needed to complete. The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example formal training updates and discussion at practice meetings.
- We found that all staff had received an appraisal in the previous 12 months. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and face-to-face training. Staff had not received training on the Mental Capacity Act and Equality and Diversity but staff we spoke with demonstrated an appropriate level of understanding for their respective roles.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant practice staff in an accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, medical records and investigation and test results. However, care plans were seen to be incomplete for two patients with dementia.
- The practice team met regularly with other professionals, including palliative care and community nurses. They discussed the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice proactively worked with appropriate professionals sharing relevant information to ensure responsive and effective treatment was provided to patients.
- The practice had not shared information with the out of hours (OOH) service about patients nearing the end of their life. This included if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place. The provider told us that they had experienced difficulties when trying to communicate with the OOH

service so had contacted the District Nursing Service to share information on end of life care. The lead GP told us that she provided her personal contact details to a local hospice for continuity to end of life care. In addition the provider told us that they had signed up to an electronic system for the sharing of information for palliative and end of life care with other healthcare professionals.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GP was trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- There was an up to date consent policy for staff to refer to for guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant services.
- The nurse provided smoking cessation support within the practice. Over a 12 month period they had provided support to 17 patients. Eleven of these patients (65%) had continued to stop smoking after 12 weeks.
- Flu vaccination uptake rates for 2015/16 showed that 70% of patients over 65 years of age had been immunised (national average 71%).
- There was no patient call/recall system to invite patients over 75 years of age for an annual health check.

The practice's uptake for the cervical screening programme was 76%, which was below the CCG and national averages of 82%. This service was being provided by the practice nurse who had received appropriate training and mentoring. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from NHS England for the time period 1 April 2015 to 31 March 2016 showed that childhood immunisation rates were above national average. For example, childhood immunisation rates for under two year olds ranged from 88% to 100% (national rate was 73% - 95%) and from 90% to 100% for all five year old immunisation rates (national rate of 81% - 95%).

Patients aged 40-74 had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks. The practice had outsourced NHS health checks to a health trainer employed by the CCG who attended the practice twice weekly. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and a sign offered them a private room to discuss their needs. However, the reception area was open and conversations in person or on the telephone could easily be overheard. The issue had been raised by the patient group but no action had been taken to address this.

Most of the 21 patient Care Quality Commission comment cards we received were positive about the staff and the clinical care provided. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national averages of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national averages of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive about their involvement in decision making about the care and treatment they received. They told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national averages of 85%.

The practice provided facilities to help patients be involved in decisions about their care, for example, staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice computer system alerted staff if a patient was also a carer. The practice had identified 47 patients as carers (0.8% of the practice list) and offered them flu immunisations but there was no call/recall system in place

Good

Are services caring?

to facilitate the uptake. Written information was available in the patient waiting area to direct carers to the various avenues of support available to them. However there was no information for carers available on the practice website.

There was no written policy or protocol to instruct staff on bereavement services. Staff told us that if relatives had suffered bereavement a notification was put onto the clinical system, written on a board to inform staff and other healthcare professionals were sometimes informed. Staff told us that support would normally be offered from one of the GP partners in the form of a telephone call 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 access local bereavement support services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Extended hours appointments were available each week day between 6.30pm and 9.30pm and on Saturdays and Sundays between 9am and midday for all patients who could not attend during normal opening hours. Telephone consultations were also available.
- The practice held a register of patients living in vulnerable circumstances. For example, those with a learning disability.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Patients were asked if their condition could wait for a GP visit. If not, the duty GP was informed and the GP contacted the patient.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice regularly worked with other health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients. However, we found that the practice had not informed the out of hours service of those patients with a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- New mothers were offered post-natal checks and development checks for their babies through a service hosted by the practice and provided by the CCG.
- The practice supported victims of domestic violence who took up temporary residence in a nearby refuge.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. It provided a mixture of pre-bookable and urgent book on the day appointments together with telephone consultations. A GP led telephone triage system prioritised urgent requests for appointments and home visits. Patients could pre- book appointments up to two weeks in advance. Extended hours appointments were available each week day between 6.30pm and 9.30pm and on Saturdays and Sundays between 9am and midday. The practice did not routinely provide an out of hours service to their patients but directed them to the out of hours GP service when the practice was closed.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was mixed when compared with local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG and the national average of 73%.
- 78% of respondents described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.

Comments on the patient comment cards highlighted that some patients were dissatisfied with the appointment system, ten of the 21 comment cards contained negative comments from patients on the appointment system.

Comments made by patients on the NHS Choices website were consistent with those on the comment cards. Out of 23 reviews posted in the past 12 months, 12 patients spoke negatively of the appointment system. The practice had not responded to the comments but had discussed this with the patient group and the practice had made improving the appointment system one of their two priority areas.

The friends and family test showed that five of the 13 patient responses in October 2016 included negative comments about the appointment system. The practice had secured funding to perform a review of the appointment system and was in the process of recruitment with a view to improving access. For example, a healthcare assistant had been recruited to start in November 2016.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice's website and in the practice's complaints leaflet.
- The practice had received 23 comments through the NHS Choices website. The practice had not responded to any of the comments nor handled the negative feedback as a complaint.

We looked at a summary of the 14 complaints received in the last 12 months and found they were satisfactorily handled, and with one exception, dealt with in a timely manner. The responses demonstrated an openness and transparency and lessons were learnt from individual concerns and complaints and also from analysis of trends. There was evidence of action taken as a result to improve the quality of care. For example, following a complaint regarding the attitude shown by a member of the reception team, the practice manager had investigated the complaint and reviewed the relevant policies.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

There was a written vision and mission statement displayed in the waiting area but not all staff we spoke with were aware of this. There were positive comments from staff and the patient group who stated that the new practice manager had prioritised the immediate problems and plans had been documented in a practice development plan for 2016/17. The plan included a review of the appointment system but did not include any reference to the lack patient confidentiality or information at the reception desk and in the patient waiting area.

The management told us of some of the future challenges to the practice, such as the decreasing patient list size and the financial impact of this had been calculated. The practice development plan was specific on the points included, for example, there was an ongoing problem with the lease that involved shared ownership with one existing partner and two retired partners. Although the plans were focussed and plausible, it was too early to have seen any positive impact from the new ideas and initiatives. The patient group supported this view and felt that the new practice manager had the right strategy but required time to implement and make changes for the better.

Governance arrangements

The governance systems were not effective and needed strengthening to ensure effective oversight of performance, risk and to enable the provider to use feedback to improve the services delivered.

Areas which required strengthening were:

- The implementation of processes to assess and mitigate risks to patients such as the actioning of patient safety alerts, actioning learning from significant events, making sure medicines were appropriate and prescribed safely, ensuring key information was shared with the out of hours service and in particular DNACPR, ensuring emergency equipment and medicines were available or actions were in place to mitigate the risks to patients.
- The oversight of the practice performance, in particular the areas of lower QOF performance and higher exception reporting, the high number of avoidable admissions and reviewing the systems to ensure patients were recalled and received care in line with current evidence based guidance and standards.

The practice had a recently implemented programme of governance meetings to support planned improvements in the practice. This framework consisted of weekly partner's meetings, monthly clinical meetings, six weekly administration team meetings and quarterly full practice meetings.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.

Leadership and culture

The practice had undergone significant change and the practice manager had been in post for only two months prior to the inspection.

The GPs in the practice were not always able to demonstrate how they ensured high quality care was being provided by all staff. They aspired to provide safe, high quality care but limited governance procedures restricted their ability to monitor and evaluate this. Staff told us the management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).The management encouraged a culture of openness and honesty and there were systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by the management.

- Staff told us the practice now held regular team meetings. This was a recent development.

Are services well-led?

Requires improvement

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice had gathered feedback from patients, the public and staff but had not always used this to drive improvements in the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) who had completed a patient survey audit. The Friends and Family Test included asking patients for suggestions on how the service could be improved.
- A member of the PPG told us the practice management were respectful of the views of the PPG and listened and acted on their suggestions. However there had been some longstanding issues, discussed on a number of occasions, but not actioned. For example, the PPG had expressed concerns regarding patient confidentiality around the reception desk. The practice had not implemented any changes but had made it a priority at the last PPG meeting held in October 2016. The practice was exploring possible improvements such as a new telephone system and had secured funding for a project to review the appointment system and staffing levels.
- The practice were aware of the national patient survey data in respect of accessing the service and had an improvement plan in place that included actions planned to address the areas of lower satisfaction. We spoke with six patients, all members of the patient participation group (PPG) during the inspection. They told us that the new practice manager had provided positive responses but previously the provider had not acted on repeated PPG requests to improve confidentiality at the reception desk and improve the access by addressing problems with a lack of appointments and contacting the practice at 8am.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Learning outcomes from significant events had not always resulted in actions to minimise the risk of reoccurrence and promote patient safety. The provider had not ensured an effective system was in place to log, review, discuss and act on alerts received that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The provider had not mitigated risks identified in arrangements to take appropriate action if there was a medical emergency. **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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this regulation. **How the regulation was not being met:** Staffing levels and the skill mix must be reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service. • The feedback on appointment availability continued to be negative.

This section is primarily information for the provider

Requirement notices

- Capacity to meet patients' needs was not always evident when reviewing the QOF performance; particularly for asthma, depression and diabetes.
- Review the systems to ensure patients receive care in line with current evidence based guidance and standards.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.