# Hornsey Park Surgery

## 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? | **Requires improvement** |
| 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 January 2018 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

We carried out an announced comprehensive inspection at Hornsey Park Surgery on 15 November 2018 to follow up concerns identified at our previous inspection on 10 January 2018.

In January 2018, we rated the practice as Requires Improvement for providing caring services (because national patient survey scores were below local and national averages) and rated the service as Good for providing safe, effective, responsive and well led services. Overall the practice was rated as Good.

At this inspection we found:

- Staff did not always appropriately assess, monitor or manage risks to people who used the service. For example, although a Legionella risk assessment had taken place, the practice had not undertaken the subsequent actions required to mitigate against identified risks.
- We saw evidence patients did not find it easy to raise complaints and when they did, they received an unsatisfactory response.
- Since our last inspection the practice had introduced an action plan to improve patient survey satisfaction scores on the extent to which doctors involved patients in care decisions. Latest comparable patient survey results showed that performance was still below local and national averages but we noted the survey took place only two months after the action plan's introduction and therefore improvement activity might not yet have positively impacted on patient satisfaction scores.
- Patients told us that staff were kind, respectful and compassionate.
- Governance arrangements did not always operate effectively. The practice's recruitment policy did not list staff pre-employment checks and the absence of a protocol for managing patient safety alerts meant roles and responsibilities were not clearly understood. Also, monitoring of patients on high risk medicines was not governed by a written protocol to ensure it was safe, timely and in accordance with best practice guidelines.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed.

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

- Review protocols for ensuring that periodic defibrillator checks take place.
- Review arrangements for following up failed children's appointments.
- Review arrangements for identifying patients with dementia.
- Review arrangements to improve cancer screening uptake rates.
- Review arrangements for developing and supporting Patient Participation Group led patient surveys.
- Review arrangements for managing complaints.

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

## Population group ratings

| | |
|---|---|
| **Older people** | **Requires improvement** |
| **People with long-term conditions** | **Requires improvement** |
| **rFamilies, 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 CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Hornsey Park Surgery

Hornsey Park Surgery is located in Haringey, North London. The practice has a patient list of approximately 4400. Seventeen percent of patients are aged under 18 (compared to the national practice average of 21%) and 7% are 65 or older (compared to the national practice average of 17%).

Fifty two percent of patients have a long-standing health condition. The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises the GP Principal (female working 0.75 whole time equivalent (WTE)), three long term locums (two female and one male all working 0.4 WTE), a part time female practice nurse, female healthcare assistant, practice manager, practice management support manager, business manager and reception staff. Hornsey Park Surgery holds a General Medical Service (GMS) contract with NHS England.

The practice opening hours are:

Week days 9:00am – 6:30pm

• Saturday 10:00am – 2:00pm

GP appointments are available at the following times:

• Week days 9am – 11:00am and 3:00pm – 5:00pm

• Saturday 10:00am – 2:00pm

Nurse appointments are available at the following times:

• Monday 9:00am – 1:00pm and 2:00pm – 5:30pm

• Thursday 9:00am – 1:00pm and 2:00pm – 5:30pm

• Friday 9:00am – 1:00pm and 2:00pm to 5:30pm

• Saturday 10:00am – 2:00pm

Telephone lines are diverted to the out of hour's provider when the practice is closed.

The practice is registered to provide the following regulated activities:

• Family planning;

• Treatment of disease, disorder or injury;

• Diagnostic and screening procedures;

• Maternity and midwifery services.

Requires improvement

# Are services safe?

**We rated the practice as Requires Improvement for providing safe services.**

The practice was rated as Requires Improvement for providing safe services because:

- Staff did not always appropriately assess, monitor or manage risks to people who used the service in that although a Legionella risk assessment had been undertaken, the practice had not yet undertaken the required actions to mitigate against identified risks.
- Appropriate staff pre-employment checks were not in place.

### Safety systems and processes

We looked at the practice's systems to keep people safe and safeguarded from abuse.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a DBS check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice did not carry out appropriate pre-employment checks. For example, we noted that a DBS check and reference were not in place for a receptionist appointed in April 2018.
- We noted the practice did not have a written protocol governing failed attendances for children's appointments. We were told these appointments were followed up on an ad hoc basis by the lead GP.
- We noted that a recent infection prevention and control audit had taken place.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

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

- A Legionella risk assessment had not taken place since 2013 and we noted the practice had not acted on training and periodic water temperature monitoring recommendations which would mitigate against the identified risks.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures although we noted a system of periodic checks of its defibrillator was not in place. A defibrillator is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.
- 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.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

We assessed whether staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We were advised that clinicians made timely referrals in line with protocols although when prompted, the lead GP could not provide actual referral data.

### Appropriate and safe use of medicines

We looked at whether the practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing vaccines minimised risks. However, periodic checks of the practice's defibrillator were not taking place.

Requires improvement

# Are services safe?

- We looked at whether patients' health was monitored in relation to the use of high risk medicines and followed up on appropriately. This is necessary because small changes in dosage can result in increased risk to patients and the potential for substantial harm. We reviewed the records of the two patients on a high-risk medicine called Lithium. National Institute for Health Care Excellence (NICE) best practice recommendation is for three monthly blood tests to monitor the level of lithium and we confirmed that this was taking place for one of the two patient records.
- However, the other record highlighted the patient in question had attended the practice on the day of our inspection and collected their Lithium repeat prescription - even though a warning on their electronic record advised staff the level of Lithium in their blood had not been checked within the previous three months (last checked on 1.8.18). We did not see evidence the non-clinical staff member who issued this prescription had been appropriately trained in this role.

Shortly after our inspection we were sent confirming evidence the lithium levels had last been checked on 24.10.18. Our concern remains that as of the day of our inspection, the blood test result had not been added to the patient record (such that the electronic record alerted staff). However, a prescription was still issued. We noted the monitoring and prescribing of high risk medicines were not governed by a written protocol.

**Track record on safety**

We looked at the practice's track record on safety.

- There were comprehensive risk assessments in relation to safety issues such as fire safety and health and safety.
- These risk assessments were used to understand risks and give a clear, accurate and current picture of safety.

**Lessons learned and improvements made**

We looked at how 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.
- We noted that one significant event had been logged since our January 2018 inspection (concerning a physical assault on a receptionist) and we saw evidence of how this event had led to improved safety (for example, the installation of CCTV cameras). However, we also noted that the incident had not resulted in a more secure physical environment for reception staff.
- We saw evidence the practice acted on patient safety alerts but the process was not governed by a written protocol. Subsequently there was a lack of clarity amongst staff regarding roles and responsibilities for sharing alerts.

**Please refer to the Evidence Tables for further information.**

Requires improvement

# Are services effective?

**We rated the practice as Requires Improvement for providing effective services.**

We rated the practice as requires improvement for providing effective services overall and for the following population groups: working age people and people experiencing poor mental health.

This was because:

- Screening uptake rates were below national averages.
- Practice records indicated that only nine patients were currently diagnosed with dementia but the practice had not acted to improve the identification of people with dementia.

**Effective needs assessment, care and treatment**

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 assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff advised patients what to do if their condition got worse and where to seek further help and support; and we saw the practice audited this took place and was recorded in patients' records.

Older people:

This population group was rated good for effective because:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated good for effective because:

- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

However, we also noted that:

- Although the practice's performance on quality indicators for long term conditions was in line with local and national averages, "exception reporting" (whereby specific patients are excluded from data used to calculate achievement scores) was above local and national averages for some indicators. For example, exception reporting for patients with asthma who had had an asthma review in the preceding 12 months that included an assessment of asthma control was 14% (25 patients) compared to the 8% national average. We also noted that exception reporting for those patients with atrial fibrillation and assessed as having a clinical need for anti-coagulants was 35% (9 patients) compared to the 7% national average. We were advised that language barriers had hindered attempts to engage these patient groups.

Families, children and young people:

This population group was rated as good for effective because:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.

However, we also noted:

- The practice did not have a written protocol for following up failed attendances for children's appointments. We were advised that these were followed up on an ad hoc basis by the lead GP.

Requires improvement

# Are services effective?

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 62% which was below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening were also below the national average (respectively 55% compared to the 70% national average and 40% compared to the 55% national average).

However, we also noted:

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated as good for effective because:

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

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

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

- Practice records indicated that only nine patients were currently diagnosed with dementia. However, we did not see evidence the practice had undertaken prevalence exercises to improve the identification of people with dementia. Leaders told us that language barriers had hindered attempts to engage with this patient group.

However, we also noted:

- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was above local and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) compared with the rounded 90% local and national average.

**Monitoring care and treatment**

The practice undertook quality improvement activity (including the use of clinical audit to drive improvements in patient outcomes).

- 90% of patients with diabetes had a blood pressure reading which was within the required range (measured in the preceding 12 months) compared to the 77% local average and 78% national average.
- 81% of patients with hypertension had a blood pressure reading (measured in the preceding 12 months) of the required 150/90 mmHg or less (compared to the 80% CCG average and 83% national averages).

**Effective staffing**

We looked at whether staff had the skills, knowledge and experience to carry out their roles.

- 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.
- However, we noted that clinical leaders had failed to identify that the Health Care Assistant's annual flu immunisation update had expired in September 2017.

**Coordinating care and treatment**

We saw some evidence that staff worked together effectively with other health and social care professionals to deliver effective care and treatment. For example:

Requires improvement

# Are services effective?

- We saw records that showed 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. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.
- However, we could not be fully assured that information received from other health and social care professionals was routinely being used to support the effective monitoring of patients on high risk medicines.

**Helping patients to live healthier lives**

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

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and 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. For example, the practice nurse was aware of the "Gillick competency test" used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

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

Good

# Are services caring?

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

When we inspected in January 2018 we noted the national GP patient survey satisfaction scores were below local and national averages on the extent to which GPs were good at listening, the extent to which GPs gave patients enough time and the extent to which GPs treated patients with care and concern.

At this inspection, the practice had introduced an action plan to improve patient survey satisfaction scores on the extent to which doctors involved patients in care decisions. Patient survey results highlighted performance was still below local and national averages however, there had been some improvement.

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treat people; especially reception staff.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- When we inspected in January 2018, satisfaction scores on the extent to which doctors treated patients with care and concern were below local and national averages. At this inspection we noted the practice had produced an action plan to drive improvements but saw that some tasks such as monthly Patient Participation Group (PPG) led surveys had not yet started.
- Latest comparable patient survey results highlighted that performance was still below local and national averages but there had been some improvement.

**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).

- When we inspected in January 2018, satisfaction scores on the extent to which doctors involved patients in decisions about care and treatment were below local and national averages.
- At this inspection we noted the practice had produced an action plan to drive improvements but saw that some tasks such as monthly PPG led surveys had not yet started.
- Latest comparable patient survey results highlighted that performance was still below local and national averages but this had improved. For example, 88% of respondents felt they were involved as much as they wanted to be in decisions about their care and treatment during their last appointment compared with the 90% CCG average and 93% national average (please see p20 of the evidence table for the survey sample size).
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- When we spoke with a health care assistant they gave examples of where they had given patients information leaflets to help empower patients to make informed decisions about their care.
- The practice proactively identified carers and supported them.

**Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed, reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- A receptionist stressed the importance of respecting patients and their needs.

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

Good

# Are services responsive to people's needs?

**We rated the practice as Good for 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 provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated as good because:

- 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.

People with long-term conditions:

This population group was rated as good because:

- 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.

Families, children and young people:

This population group was rated as good because:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

However, we also noted:

- People did not find it easy to raise complaints and when they did, they received an unsatisfactory response.

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

This population group was rated as good because:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday morning appointments.

People whose circumstances make them vulnerable:

This population group was rated as good because:

- People in vulnerable circumstances were easily able to register with the practice.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

However, we also noted:

- People did not find it easy to raise complaints and when they did, they received an unsatisfactory response.

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

This population group was rated as good because:

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia.
- Latest GP patient satisfaction scores highlighted that 86% of respondents felt that the healthcare professional recognised or understood any mental health needs during their last general practice appointment compared with the 80% CCG average and the 87% national average (please see p20 of the evidence table for survey sample size).

**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.

Good

# Are services responsive to people's needs?

- The practice's GP national patient survey satisfaction scores were comparable to local and national averages on questions relating to opening hours, ease of making an appointment and phone access.

**Listening and learning from concerns and complaints**

People did not find it easy to raise complaints and when they did they received an unsatisfactory response.

We looked at two of the four complaints received since our January 2018 inspection. We noted the first complaint was not acknowledged within the three-day time frame specified in the practice's complaints policy. We also noted the practice's investigation did not include seeking a statement from the staff member who was the subject of the complaint and its response did not address the complainant's main concerns. Finally, the practice could not demonstrate the complaint had been discussed amongst staff and used as an opportunity to learn. We were told learning from complaints took place at staff team meetings but these meetings were not routinely minuted.

The second complaint was ongoing but we were concerned the practice was dismissive of the patient's personal circumstances and had failed to make it easier for them to raise their complaint (for example by offering a home visit to hear their concerns).

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

Requires improvement

# Are services well-led?

**We rated the practice as Requires Improvement for providing a well-led service.**

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

The delivery of high-quality care was not assured by the governance arrangements in place. For example, pre-employment checks were not being undertaken prior to employment and the process for sharing patient safety alerts was not clearly understood.

### Leadership capacity and capability

Leaders at all levels were visible and approachable; and were developing leadership capacity (including planning for the future leadership of the practice). However, we could not be assured they were knowledgeable about issues and priorities relating to the quality of services.

For example, we noted an absence of effective systems for identifying, capturing and managing risks.

### Vision and strategy

The practice had a clear succession strategy: based upon the practice's long-term locum GPs taking on partner roles.

- Staff understood the strategy and their role in its achievement.
- The strategy was in line with health and social care priorities across the Clinical Commissioning Group area. We saw that the practice planned its services to meet the needs of the practice population (for example appointing an additional part time receptionist).
- The practice was monitoring progress against delivery of the strategy.

### Culture

Staff told us that the practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

We could not be assured that the practice had effective structures, processes and systems to support good governance and management. For example:

- Pre-employment checks were not being undertaken prior to employment.
- Discussions with staff highlighted the process for sharing patient safety alerts was not clearly set out or understood.
- Monitoring of patients on high risk medicines was not governed by a written protocol to ensure it was safe and in accordance with best practice guidelines.

### Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- There was an inconsistent approach to identify, monitor and address current and future risks including risks to patient safety. For example, although a fire risk assessment had taken place in 2018, the practice had not acted on risks highlighted in a Legionella risk assessment dating back to 2013.
- We could not be assured that practice leaders had sufficient oversight of safety alerts and complaints.
- However, clinical audit had a positive impact on quality of care and outcomes for patients and there was clear evidence of action to improve quality.
- The practice also had plans in place for major incidents.

### Appropriate and accurate information

We assessed whether the practice acted on appropriate and accurate information.

- The practice used information technology systems to monitor and improve the quality of care.
- 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

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

Requires improvement

# Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.
- The practice did not have an active patient participation group. Records showed that none of the invited patients attended a July 2018 meeting and that another meeting was planned for December 2018.

**Continuous improvement and innovation**

We saw some evidence of systems and processes for learning, continuous improvement and innovation.

- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- However, we did not see evidence of how learning from complaints had been shared and used to make improvements.

**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<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>**Regulation 17 HSCA (RA) Regulations 2014 Good governance**<br><br>**How the regulation was not being met:The provider did not have systems in place to ensure that adequate governance and monitoring was taking place.**<br><br>**This was because:**<br><br>**•The provider did not have a formal written protocol in place for sharing and acting upon patient safety alerts, such that the process was not clearly understood by staff.**<br><br>**•The provider's governance arrangements had failed to identify that its Health Care Assistant's annual influenza update was overdue.**<br><br>**•The practice had failed to act on the recommendations identified in a Legionella risk assessment.**<br><br>**•The provider did not have a written protocol in place to ensure that patients' health was monitored appropriately in relation to the use of high risk medicines.**<br><br>**This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br><br>**Regulation 19 HSCA (RA) Regulations 2014 Fit and proper person employed**<br><br>**How the regulation was not being met:** |

This section is primarily information for the provider

# Requirement notices

•The provider failed to ensure that appropriate Schedule 3 pre-employment checks were carried out (Information Required in Respect of Persons Employed or appointed for the purposes of a regulated activity).

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.