

# Fitzalan Medical Group

## Inspection report

Fitzalan Medical Centre  
Fitzalan Road  
Littlehampton  
West Sussex  
BN17 5JR  
Tel: 01903735200  
www.fitzalanmedicalgroup.com

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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

**This practice is rated as inadequate overall.** (Previous rating December 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Fitzalan Medical Group on the 7 and 8 August 2018. This was to follow up on breaches of regulations and as part of our schedule of inspection where services placed in special measures will be inspected again within six months.

At this inspection we found:

- There was recognition by the providers of the improvement required however the necessary improvement had not been made.
- The practice were working very hard and new processes were being put in place. However, systems for implementation to actually deliver improvement in a co-ordinated way were lacking.
- There were significant concerns around the culture and leadership.
- Patients with long-term conditions did not always have a structured annual review. Quality Outcomes Framework (QOF) data showed the practice was performing significantly below national standards in a number of areas including, asthma, mental health and chronic obstructive pulmonary disease.
- Structures, processes and systems to support good governance and management were ineffective in relation to the management of safety, risk and quality improvement.

- There were inconsistent processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had introduced a new protocol for when children did not attend appointments. A code was added to the clinical record which was distinct from the standard “did not attend” code enabling the practice to differentiate between adults not attending appointments and children not being brought to appointment. This protocol enabled the practice to identify two children who required safeguarding referrals.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

This service was placed in special measures in March 2018. Insufficient improvements have been made such that there remains a rating of inadequate overall and for providing safe, effective and well-led services. Therefore, we are taking action in line with our enforcement procedures. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider’s registration to remove this location or cancel the provider’s registration.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC team inspector, CQC assistant inspector, CQC pharmacist specialist, GP specialist adviser and a practice manager adviser.

## Background to Fitzalan Medical Group

The practice is situated near the centre of Littlehampton, West Sussex, and provides general medical services to approximately 16,500 patients. The patient list was closed to new patients at the time of inspection. In October 2016 the practice took on 2,500 additional patients following the closure of a neighbouring practice. There are three GP partners (one male and two female) and seven salaried GPs (male and female). The practice also employs four paramedic practitioners, a nurse practitioner, eight practice nurses and three health care assistants.

Opening hours are 8.00am to 6.30pm Monday to Friday at Fitzalan Road. Extended hours are offered Mondays and Wednesdays 6.30pm to 8.00pm. The practice also provides nurse and health care assistant appointments from 7.30am on Thursdays. The practice provides a wide range of services to patients, including asthma and diabetes clinics, chronic disease monitoring, cervical screening, childhood immunisations, family planning, smoking cessation and minor illness clinics. Ear, nose and throat and kidney clinics were hosted by the practice.

The practice has opted out of providing Out of Hours services to their own patients. Patients could access Out of Hours services through NHS 111.

Further details about the practice can be found on the practice website [www.fitzalanmedicalgroup.com](http://www.fitzalanmedicalgroup.com).

The practice has a contract with NHS England to provide general medical services. The practice has a higher than national average percentage of its population over the age of 65. It also has a higher than local and national average percentage population with income deprivation affecting children and older people. The practice serves a high number of registered patients from Eastern Europe.

Fitzalan Medical Group is registered with CQC to provide the following regulated activities; Diagnostic and screening procedures, Treatment of disease, disorder and injury, Maternity and midwifery services, Surgical procedures and Family planning services.

The practice provides a service to all of its patients at two locations and both locations were visited during our inspection.

Fitzalan Road, Littlehampton, BN17 5JR

and

Wick Surgery, 66 Clun Road, Littlehampton, BN17 7EB

# Are services safe?

## **We rated the practice as inadequate for providing safe services.**

The practice was rated as inadequate for providing safe services because:

- The practices' systems and processes to keep people safe were not sufficient.
- Risk assessments essential for the maintenance of a safe environment had not been completed.
- The practices system for recording and investigating significant events needed improvement.

At this inspection, we found that there had been improvements but there were still issues with providing safe services and the safe domain is still rated as inadequate.

### **Safety systems and processes**

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. 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 had procedures to carry out appropriate staff checks at the time of recruitment but we found they were not always followed for locum staff.
- There was an effective system to manage infection prevention and control, with the exception of staff vaccination. There was not sufficient evidence to demonstrate that staff vaccination was maintained in line with current Public Health England guidance.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety however they were not always operated effectively.

- Arrangements were not in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. At the time of our inspection patients told us they were experiencing difficulty booking appointments for long term condition reviews as there were no appointments available. This was supported by feedback from staff and as a result there was a significant backlog in these reviews.
- There was an effective induction system for temporary staff tailored to their role. However, we noted that there was not a clear induction or training programme for a new clinical member of staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

### **Information to deliver safe care and treatment**

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that the information needed to deliver safe care and treatment was not always available to staff. For example; a patient was prescribed medicine to lower the level of cholesterol in the blood when they hadn't had a blood test to measure cholesterol for over three years.
- 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.

### **Appropriate and safe use of medicines**

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency

## Are services safe?

medicines and equipment, minimised risks. We observed that some medicines that should be stored below 25 degrees centigrade had been stored in a room where temperatures reached 33 degrees centigrade and no action had been taken. We raised these concerns with the practice and they took action to resolve our concern on the day of inspection.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were not always involved in or offered regular reviews of their medicines.

### Track record on safety

The practice did not have a good track record on safety.

- There were no comprehensive risk assessments in relation to safety issues.

- The practice did not thoroughly monitor or review activity. This meant that they did not always understand risks or have a clear, accurate and current picture of safety.

### Lessons learned and improvements made

The practice demonstrated limited learning and improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. However, some staff told us that they felt leaders and managers did not always support them when they did so.
- There were systems for reviewing and investigating when things went wrong. There was limited evidence to demonstrate the practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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

# Are services effective?

## **We rated the practice as inadequate for providing effective services overall and across all population groups .**

The practice was rated as inadequate for providing effective services because:

- There was no system in place to ensure that patients with long-term conditions or people experiencing poor mental health received appropriate reviews.
- There were some gaps in staff training required by the practice.
- The practice did not have a comprehensive programme of quality improvement.

### **Effective needs assessment, care and treatment**

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

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

The practice is rated as inadequate for providing effective services and this affects all six population groups. Therefore, all population groups are rated as inadequate.

Older people:

Gaps in staff training and lack of a comprehensive programme of quality improvement impacted on the care received by this population group.

- 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:

Gaps in staff training and lack of a comprehensive programme of quality improvement impacted on the care received by this population group.

- Patients with long-term conditions did not all have a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs did not routinely follow up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages for diabetes but below local and national averages for asthma and COPD. The practice exception reporting was higher than local and national averages, for some indicators over three times higher. (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).

Families, children and young people:

Gaps in staff training and lack of a comprehensive programme of quality improvement impacted on the care received by this population group.

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

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

Gaps in staff training and lack of a comprehensive programme of quality improvement impacted on the care received by this population group.

## Are services effective?

- The practice's uptake for cervical screening was 67%, which was comparable to other the England average of 72%. This was below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was below the national average. When we asked the GP partners they were not aware that the practice uptake was below the England average and did not have plans to proactively increase uptake.
- 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.
- The practice's performance for patients with cancer having a patient review recorded within six months of diagnosis was below the local and England averages.

People whose circumstances make them vulnerable:

Gaps in staff training and lack of a comprehensive programme of quality improvement impacted on the care received by this population group.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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):

Gaps in staff training and lack of a comprehensive programme of quality improvement impacted on the care received by this population group.

- There was no system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice did not routinely offer annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was significantly below local and England averages. The practice exception reporting rate was more than three times higher than the England averages.

### Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity.

- QoF results were in line or below local and England averages, for example indicators for diabetes and hypertension were in line with local and national averages. However, indicators for asthma were below local and England averages and indicators for COPD and mental health were significantly worse than local and England averages.
- Exception reporting was higher than local and England averages, for some indicators over four times the England average. The practice told us that most exception reporting was done by non-clinical staff when patients failed to attend reviews following three invitations from the practice.
- We reviewed unpublished QoF data for 2017/18 provided by the practice during the inspection and noted that performance was similar to the data published for 2016/17.
- The practice had implemented an audit programme to support quality improvement activity.

### Effective staffing

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

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

## Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. We noted that there were some gaps in the training records.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. We reviewed a sample of staff appraisals and found they were basic and did not contain clear plans to support staff where further training was identified. We also found that one member of staff had not had a recent appraisal.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who 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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

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

### Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- 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.**

# Are services caring?

## **We rated the practice as requires improvement for caring.**

The practice was rated as requires improvement for caring because:

- Patient feedback was mixed. Some patients told us staff were helpful and professional but some patients described staff and GPs as rude.

### **Kindness, respect and compassion**

Staff did not always treat patients with kindness, respect and compassion.

- Feedback from patients was mixed about the way staff treat people. Patients told us that staff and GPs were helpful and professional, but patients also told us they thought staff and GPs were rude and dismissive.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices' GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

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

Staff did not always help patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice proactively identified carers and supported them.
- The practices' GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment.

### **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

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

# Are services responsive to people's needs?

## **We rated the practice as inadequate for providing responsive services overall and across all population groups.**

The practice was rated as inadequate for responsive because:

- The practice was not providing access to structured reviews for patients with long-term conditions.
- There was a lack of evidence to demonstrate how the practice was supporting people experiencing poor mental health.

## **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 had introduced a new triage appointment system to help meet patient demand.
- Telephone consultations and web GP contact forms were available which supported patients who were unable to attend the practice during normal working hours. The web GP contact form enabled the patient to send a message to the practice describing their concern then a GP would call the patient back.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice had recently employed a paediatric nurse. This nurse is recently qualified and will require a programme of training and supervision in order to be able to demonstrate the possible benefits to children and families.

### Older people:

The issues around access, and care and complaints impacted the care received by this population group.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

### People with long-term conditions:

This population group was rated inadequate because:

- Patients with a long-term condition did not routinely receive an annual review to check their health and medicines needs were being appropriately met. We received feedback from staff and patients that there were not enough appointments available for annual reviews.

### Families, children and young people:

The issues around access, and care and complaints impacted the care received by this population group.

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

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

The issues around access, and care and complaints impacted the care received by this population group.

- 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, triage system, extended opening hours and web consultations.

### People whose circumstances make them vulnerable:

The issues around access, and care and complaints impacted the care received by this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

This population group was rated inadequate because:

- QoF performance was significantly below local and national averages for people experiencing poor mental health.
- The practice did not provide any other evidence to demonstrate how they were supporting this group of patients.

# Are services responsive to people's needs?

## Timely access to care and treatment

Patients were not always 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.
- Patient feedback regarding the appointment system was mixed. Patients told us that they could get triage appointments on the day for urgent concerns but had difficulty booking routine or non-urgent appointments.
- On the day of inspection, the practice were not able to offer any pre bookable appointments for asthma, COPD or diabetes reviews.
- The practices' GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. However, since the data for the GP patient survey was collected the appointment system has changed.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously but there was not always evidence to demonstrate that they had responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The practice had recently updated their complaint policy and procedures to be in line with recognised guidance. There was limited evidence that the practice learned lessons from individual concerns and complaints or from analysis of trends. It acted as a result to improve the quality of care.

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

# Are services well-led?

## We rated the practice as inadequate for providing a well-led service.

The practice was rated as inadequate for well-led because:

- Arrangements for leadership were not sufficient.
- Oversight and arrangements for managing good governance were not sufficient.
- Oversight and arrangements for assessing and managing risk were not sufficient.

At this inspection, we found that there had been improvements but there were still issues with providing well-led services and the well led domain is still rated as inadequate.

### Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders understood the challenges and were addressing them. The GP partners have arranged mentoring through the Royal College of General Practitioners. The practice have support from two experienced local practice managers one day a week each and are actively recruiting for a practice manager and business manager.

### Vision and strategy

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

- The practice did not have a realistic strategy or supporting business plans to achieve priorities.
- We saw the practice was making changes to their service delivery but we did not see a proper plan and analysis or trajectory of what the improvements were expected to deliver.

### Culture

The practice did not have a culture of high-quality sustainable care.

- Feedback from patients and staff was mixed, some stated they felt respected, supported and valued but others felt they were not valued or listened to.
- Staff were proud of the way they had worked as a team since our inspection in December 2017. They were proud of what the practice had achieved.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. However not all staff felt supported when they raised concerns and did not have confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Not all staff had received regular annual appraisals in the last year. The sample of appraisals were reviewed were basic and did not provide evidence of career development or support plans. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were not effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, some staff told us that they were not clear about what their roles and responsibilities would be the following week, as the practice manager was leaving. The GP partners were also not able to clearly describe the roles and responsibilities of staff and the supporting practice managers.
- Practice leaders had established some policies, procedures and activities to ensure safety but had not assured themselves that they were operating as intended.

### Managing risks, issues and performance

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

- There was no process to identify, understand, monitor and address current and future risks including risks to patient safety.

## Are services well-led?

- Practice leaders had some oversight of safety alerts, incidents, and complaints. However the recording of these did not provide a clear audit trail.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

### **Appropriate and accurate information**

The practice did not have appropriate and accurate information.

- Quality and operational information was not used to ensure or improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### **Engagement with patients, the public, staff and external partners**

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

- A range of patients' and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

There was recognition by the providers of the improvement required.

There was lots of hard work going on and new processes were being put in place. However, systems for implementation to actually deliver improvement in a co-ordinated way were lacking.

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

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:**

- The provider had failed to demonstrate that medication reviews must be part of, and align with, peoples care and treatment assessments. Plans or pathways and were not always completed or reviewed regularly when their medication changes. In particular: The provider did not have an effective system for monitoring and reviewing patients with long term diseases including diabetes, asthma and mental health conditions.
- Not all appropriate risk assessments had been carried out.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:**

- There was a backlog and no system or process which provided oversight of incoming correspondence.
- There was not a consistent system for reporting or acting on significant events.
- There was not an effective system to ensure that policies were up to date or contained relevant information.

This section is primarily information for the provider

## Enforcement actions

- There was not an effective system to ensure that actions identified by risk assessments were acted on appropriately.