

Churchwood Medical Practice

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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

This practice is rated as inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Inadequate

This provider registered with CQC to provide the service on 27 November 2017. The service was inspected under the previous provider in November 2015 at which time it was rated good. We carried out an announced comprehensive inspection at Churchwood Medical Practice on 13 November 2018. This was the first inspection since their new registration and was carried out due to concerns raised.

At this inspection we found:

- Pre-employment checks undertaken by the practice were not thorough.
- 78% of patients had not received a medication review that required this.
- The practice overarching governance framework was not effective and did not support the practice to identify and act upon areas for improvement.
- The practice did not have a functioning patient participation group.
- The lack of leadership and oversight in the practice resulted in ineffective systems to identify and proactively manage risks and issues.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

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.
- Ensure that staff receive appropriate support, training professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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 a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Churchwood Medical Practice

Churchwood Medical Practice offers general medical services to the people of the St. Leonards area of Hastings. There are approximately 6,300 registered patients. Services are provided at Tilebarn Road, St Leonards On Sea, East Sussex, TN38 9PA.

This service has only been provided by the current provider since 27 November 2017. Prior to that it was provided by a different provider. The service is currently registered with the Care Quality Commission as a single handed GP provider however, the provider told us that they have recently formed a partnership. The provider will re-register with CQC as a partnership.

Churchwood Medical Practice is managed by a single GP. The practice is supported by two further GPs (one male and one female). Additionally, there are two practice nurses, an advanced nurse practitioner, a paramedic practitioner, and two health care assistants. The team also includes a practice manager, a deputy practice manager, medical secretaries and reception staff most of whom also have some additional responsibilities.

The practice runs a number of services for its patients including asthma clinics, child immunisation, diabetes clinics, contraception services, antenatal clinic, flu vaccine clinic and travel vaccinations (not Yellow fever).

The provider is registered with CQC to provide the following regulated activities: Diagnostic and screening procedures, Treatment of Disease, Disorder and Injury, Maternity and midwifery services, Family planning services and Surgical procedures.

The practice is run from two floors and has no lift access, however patients who found the stairs difficult could be seen in ground floor treatment rooms. The practice is open from 8am until 6.30pm Monday to Friday. There are extended hours appointments available on alternate Tuesday, Wednesday and Thursday evenings between 6.30pm and 8pm.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments are also available for people that need them. When the surgery is closed patients can access out of hours care via the 111 telephone number. Urgent calls between 8.00am and 8.30am are put through to the duty GP.

The practice population has a higher than both the national and local average number of patients aged from five years to under 18 years of age. There is a higher than average number of patients with a long-standing health

condition than both the local and national average. The percentage of registered patients suffering deprivation (affecting both adults and children) is also higher than both the local average and national average.

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- Safety systems and processes were not always operated effectively.
- Not all risks to patients were identified and addressed.
- Medicines were not managed safely.

Safety systems and processes

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

- The practice had some systems to safeguard children and vulnerable adults from abuse, however these were not always followed. Whilst vulnerable children were flagged on their system adults within their household were not identified which could potentially lead to an issue not being picked up. Not all staff had received up-to-date safeguarding and safety training appropriate to their role from the training information provided by the practice. Reports and learning from safeguarding incidents were available to staff.
- 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 not always carried out appropriate staff checks at the time of recruitment or on an ongoing basis.
- There was not an effective system to manage infection prevention and control.
- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order.
- One GP undertook telephone consultations from home and the practice did have a lone working/homeworking policy. However, the risk assessment within this policy for homeworking had not been undertaken by the practice.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were not adequate systems to assess, monitor and manage risks to patient safety.

- 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 induction system for temporary staff tailored to their role.
- The practice was equipped to deal with some medical emergencies and staff were suitably trained in emergency procedures. However, the practice did not hold what would be expected to manage medical emergencies within their emergency medicine kit and no risk assessments were in place to document the reason for this.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise some of those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff had not undertaken training in the recognition of potential sepsis.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. 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.
- Clinicians made timely referrals in line with protocols.

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 and medical gases minimised risks.
- Patients were not involved in regular reviews of their medicines. At the time of inspection 78% of patients requiring a medicines review were overdue one.
- The security and tracking of prescription forms throughout the practice was not embedded as the system to do so had only started one week prior to the inspection. The safety and confidentiality of repeat prescription requests was also insufficient.

Are services safe?

- On the day of inspection non clinical staff were able to issue prescriptions without clinical re-authorisation.
- The practice did not undertake risk assessments on emergency medicines that were not kept at the practice. We were informed that these were checked regularly but this was not evidenced on the day of the inspection as it was unknown where the check sheet was.

Track record on safety

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

- There were not comprehensive risk assessments in relation to safety issues.
- Safety was not a sufficient priority and there was limited monitoring of safety issues.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were not adequate systems for reviewing and investigating when things went wrong.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across all population groups .

The practice was rated as requires improvement for providing effective services because:

- There was evidence supplied by the practice that showed there were documented gaps in staff training that the practice had documented as mandatory.

Effective needs assessment, care and treatment

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

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

Older people:

This population group was rated requires improvement for effective because the issue found affecting effective care would have a potential impact across all population groups.

- 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.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice held monthly Multi-Disciplinary Team (MDT) meetings that were attended by local care stakeholders to discuss and ensure that patients could be assisted as required.

People with long-term conditions:

This population group was rated requires improvement for effective because the issue found affecting effective care would have a potential impact across all population groups.

- Patients with long-term conditions had reviews to check their health 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. It was seen on the day of inspection that there was a backlog of medicine reviews that needed to be undertaken.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with local and national averages in the majority of areas. The practice showed one negative variation in relation to the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less. The practice achieved 60% compared to the local average of 77% and the national average of 78%. The practice was aware of this and were working to address this.

Families, children and young people:

This population group was rated requires improvement for effective because the issue found affecting effective care would have a potential impact across all population groups.

- Childhood immunisation uptake rates were above 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.

Are services effective?

- The practice undertook the six-week baby checks at the practice.
- Children would always receive an appointment, either face to face or a telephone appointment, if they required an urgent assessment.

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

This population group was rated requires improvement for effective because the issue found affecting effective care would have a potential impact across all population groups.

- The practice's uptake for cervical screening was 71%, compared to the local average of 74% and the national average of 72%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and was working on raising their coverage by having system alerts on patients that required screening.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- 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 offered extended hours services for patients who may find it difficult to attend the practice during normal working hours.
- The practice offered the electronic prescribing service so patients could have their prescriptions sent to a pharmacy of their choice.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because the issue found affecting effective care would have a potential impact across all population groups.

- 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):

This population group was rated requires improvement for effective because the issue found affecting effective care would have a potential impact across all population groups.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice hosted counselling sessions for those patients who had been victims of abuse.
- Patients had open access for self-referral to "Health in Mind", a free local NHS service for anyone in East Sussex that was experiencing emotional or psychological difficulties such as stress, anxiety and depression, they were also able to book double appointments if they wished to have longer time to discuss their problems with a clinician.
- The practice's performance on quality indicators for mental health were in line with local and national averages.

Monitoring care and treatment

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

Are services effective?

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff did not always have 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. Information supplied by the practice documented one nurse was two years overdue update training on immunisations.
- 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. However, the evidence supplied by the practice showed there to be gaps in training within areas that the practice had identified as mandatory such as adults and child safeguarding level three, health and safety awareness, fire safety and travel vaccines.
- 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.

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 good for caring

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were mainly in line with local and national averages for questions relating to kindness, respect and compassion. However, the area in relation to the percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice was 70% which was below the local and national averages of 84%. The practice was aware of this and had undergone a period of instability at the practice with various staff leaving the practice.

Involvement in decisions about care and treatment

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

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

Privacy and dignity

The practice did not always respect 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. However, we did overhear conversations within the reception area that identified personal data information and the reason for attendance at the surgery.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. The practice operated over two levels with no lift available. Patients with mobility issues were able to have appointments in ground floor consultation rooms.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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:

- 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. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

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

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

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

Timely access to care and treatment

Not all 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.
- Patients told us that they did not always find it easy to contact the surgery by telephone.
- Patients with the most urgent needs had their care and treatment prioritised.

Are services responsive to people's needs?

- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and 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:

- The lack of leadership and oversight within the governance framework in the practice resulted in ineffective systems to identify and proactively manage risks, issues and performance. The senior partner was responsible for two other local GP practices and rarely worked clinically on site. The practice manager's time was also shared with two other local practices. This meant that over the last year leaders had not been consistent in their leadership and oversight within the practice.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- The leaders did not always maintain an accurate overview and understanding of key quality and risk areas within the practice, for example, in relation to health and safety, training and recruitment checks.
- Capacity within the practice was compromised by the senior partner's responsibilities for two other local GP practices meaning they rarely worked clinically on site. The practice manager's time was also shared with two other local practices which compromised their ability to maintain an adequate oversight of this location.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. However, the governance arrangements at the practice were not always sufficient to deliver the vision of the service
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

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

- Staff stated they felt respected, supported and valued.
- 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.
- There were some processes for providing all staff with the development they need. However, there was evidence of gaps within mandatory training areas.
- Staff had received appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management but these were not always managed effectively.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding though gaps were seen in the training information provided by the practice for safeguarding with one GP shown as not completing level three training.
- Infection prevention and control processes were not always sufficient and evidence was seen that showed that issues identified within the infection control audit had not been rectified or recorded as such. The chairs in the waiting room were of fabric material with no cleaning schedule seen to address this.
- Practice leaders had not established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were not clear and effective processes for managing risks, issues and performance.

Are services well-led?

- There was not an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for business continuity in case of a major incident or disruption but the training matrix did not evidence that training had been undertaken for this issue.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings 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 did not always involve patients, the public, staff and external partners to support high-quality sustainable services.

- There was not an active patient participation group and we were informed on the day of inspection that the group did not reflect the patient population. No patients spoken to on the day had any knowledge of a patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were insufficient systems and processes for learning, continuous improvement and innovation.

- There was some focus on learning and improvement. However, evidence seen indicated that this had not been managed effectively or consistently.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	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 premises being used to care for and treat service users were not safe for use. In particular: Insufficient fire risk assessment and Legionella's risk assessment activities to resolve issues found. Processes in place for reviewing patient's medicines were not sufficient.No risk assessments were in place for emergency medicines not in situ and no checklist was readily available.This was in breach of regulation 12(1) 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 There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided or mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:There were insufficient systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.There were insufficient systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular: the provider did

This section is primarily information for the provider

Requirement notices

not have a functioning patient participation group functioning at the time of inspection. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development as was necessary to enable them to carry out the duties they were employed to perform. In particular: Not all training had been undertaken as expected by staff, for example, but not limited to, fire safety, major incidents, health and safety, safeguarding (adults and children) and handwashing technique. This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
The provider had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: Insufficient pre-employment checks had been undertaken including not obtaining sufficient references, not undertaking identity checks and not obtaining a full employment history. This was in breach of regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.