

Ashburnham Road Surgery

Inspection report

8 Ashburnham Road
Bedford
Bedfordshire
MK40 1DS
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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Ashburnham Road Surgery on 14 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Performance quality indicators for the practice were above local and national averages in several areas.
- The practice employed a clinical pharmacist that regularly audited prescriptions to improve care. The practice worked with local pharmacies to improve patient compliance and education.
- 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.
- We received a high number of CQC comment cards that were positive about the quality of care received.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When

incidents did happen, the practice learned from them and improved their processes. However, we saw some events that had not been accurately recorded as significant events.

- The practice did not hold a record of staff immunisations. The practice was in the process of implementing a system to record these but it had not been implemented yet. Shortly after the inspection, we received evidence and assurance that this had been completed.
- The practice had completed an infection control audit however, not all concerns had been identified. The practice was not able to assure us or provide evidence that cleaning had been completed. The premises had areas of poor maintenance.
- The practice did not conduct any mitigating actions to reduce the risk of legionella. (Legionella is a term for a bacterium which can contaminate water systems in buildings).

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.

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

- Continue to encourage patients to access national cancer screening programmes.
- Ensure that all information is recorded in clinical notes regarding children not attending hospital appointments.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

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

Background to Ashburnham Road Surgery

Ashburnham Road Surgery provides a range of primary medical services from its location at 8 Ashburnham Road, Bedford, Bedfordshire, MK40 1DS. Ashburnham Road offers a service from a branch location at 178 Amptill Road, Bedford, Bedfordshire, MK42 9PU that was not visited as part of this inspection. Ashburnham Road Surgery is part of the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice serves a population of approximately 3,800 patients with a higher than national average population of patients aged under 18 years and lower than national average population of patients aged over 65 years. The practice population is 57% white British and has a high population of Asian patients.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team is led by a single handed male GP. The practice also employs three regular locum GP's (two

female / one male), a female locum nurse, a male health care assistant and a female practice pharmacist. The team is supported by a practice manager and a team of non-clinical, administrative staff.

The practice operates from a three-storey property, with disabled access to the front of the building. Patient consultations and treatments take place on the ground floor and first floor level. There is no car parking available at this site. Patients with limited mobility are seen on the ground floor or at the branch surgery that has disabled access and parking available.

Ashburnham Road Surgery is open from 8am to 6.30pm on Monday to Wednesday and Friday. The practice is closed on a Thursday afternoon where there is an agreement in place for patients to contact the out of hours services. The branch surgery is open on a Monday, Wednesday and Friday from 11.30am to 2pm. When the practice is closed, out of hours services are provided by Herts Urgent Care. Information about this is available in the practice and on the practice website.

The practice provides maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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:

- The system in place to manage infection prevention and control was ineffective.
- Mitigating actions to reduce the risk of legionella were not being completed.
- Some significant events were not being recorded and shared with the practice team.

Safety systems and processes

The practice had clear systems to safeguard people from abuse however, there was an ineffective system to manage infection prevention and control.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and a risk assessment had been completed to determine if they could complete this role in the absence of a Disclosure and Barring Service (DBS) check for these staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an ineffective system to manage infection prevention and control. An audit had been completed however, it had not fully identified all infection control issues. For example, the practice did not have wipe clean chairs in the waiting room.
- The practice was unable to provide evidence of cleaning that had been completed. There were areas of the practice that required deep cleaning.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. This included calibration of equipment and testing of electrical equipment.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were 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 effective induction system for temporary staff tailored to their role.
- The practice had some equipment to deal with medical emergencies including emergency medicines, oxygen and a neonatal pulse oximeter. The practice did not hold a defibrillator on site however, a risk assessment had been completed and arrangements made with the local train station to use their defibrillator, located within a one-minute walk. The practice did not hold all the recommended emergency medicines and had not completed a risk assessment to support this decision. Shortly after the inspection, we were provided evidence that all emergency medicines were now held by the practice.
- 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. (Sepsis is a life-threatening illness caused by the body's response to an infection.)
- Non-clinical reception staff had not been trained in how to recognise the signs of acute illness or 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.
- 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. These referrals contained the appropriate medical information.

Are services safe?

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The practice employed a clinical pharmacist who managed repeat prescriptions. This was completed away from the front reception desk to prevent errors.
- The practice worked with local pharmacies to improve ordering systems, reduce duplications and reduce prescription errors.
- The practice had worked with companies that produced prescription food products to ensure correct use and educated patients in order to prevent incorrect ordering.
- The practice is aware of the seasonal movement of the practice population and ensures prescribing is appropriate for these patients.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The practice had lower prescribing rates of antibiotics in comparison to local and national averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- Risk assessments had been completed for fire, health and safety and legionella. The practice did not complete actions to mitigate the ongoing risks of legionella. Shortly following the inspection, the practice commenced water temperature checks to reduce the risk of legionella.
- The practice monitored and reviewed safety using information from a range of sources.

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 adequate systems for reviewing and investigating when things went wrong. 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.
- Significant events, complaints and safety alerts were regularly discussed with the staff team at practice meetings. Staff reported some events that had not been recorded as significant events and therefore learning could not be shared with the staff team.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services.

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.
- Regular audits are completed to identify patients who need changes to care and treatment in line with current evidence-based practice.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who may be vulnerable received a full assessment of their physical, mental and social needs however, an appropriate tool was not used to identify those who may suffer from frailty.
- 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:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice reviewed all admissions to hospital and contacted the patient for support and GP review where appropriate.

- 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 above local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation however, this was not always documented within clinical notes.

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

- The practice's uptake for cervical screening was 58%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had displayed posters in waiting areas to encourage patient uptake. The practice had identified that due to cultural issues some patients were unwilling to attend for screening. The practice had employed female locum GP's and a female practice nurse to ensure patients felt as comfortable as possible.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice was aware of this and had displayed posters in the waiting room to encourage patients. These posters included health information and locations of local breast screening sites.
- 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:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Are services effective?

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice did not support homeless patients as these were directed to another local practice with specific provision for this group.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, 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. The practice also worked with local pharmacies to identify patients who were not compliant with their medicines.
- 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 population had a very low prevalence of dementia.
- 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.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice used information about care and treatment to make improvements.
- The practice's performance on quality indicators is in line with local and national averages.
- Overall exception reporting was low across the quality indicators. (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). The practice told us this was due to their in-depth knowledge of the patient population.

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice completed a number of clinical audits and made systematic changes to improve the quality of patient care, particularly in regard to medicines management.

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.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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.
- 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.

Are services effective?

- 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.
- The practice encouraged self-referral to services such as Age UK. The waiting area contained self-care information and posters with health advice and local services.
- 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 tackling obesity.

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 told us they encouraged and supported patients to be involved in monitoring and managing their own health however.

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 in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff 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 by prioritising and lengthening appointments and offering vaccinations.

- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.
- Patients we spoke with on the day and feedback from the CQC comment cards showed patients felt they had sufficient information about their treatment and felt involved in their care.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available. However, the practice did not have a hearing loop available or British Sign language interpretation services for those who had difficulty hearing.

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. The reception desk was away from the main waiting area to improve privacy.
- Consultation rooms remained closed during patient appointments.
- 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 good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP 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 had recently developed an access enabled toilet on the ground floor to assist less mobile patients.
- The practice made reasonable adjustments when patients found it hard to access services. Patients with reduced mobility were able to use a different step-free entrance. Patients that were unable to access the practice were seen at the branch surgery that had disabled access throughout.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicine needs were

being appropriately met. Patients with multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice had regular contact 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. Some records we looked at confirmed this, however responses were not always recorded. The practice contacted the families of children following discharge from secondary care.
- 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, telephone appointments and online booking.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice did not hold a register of homeless people as they were signposted to another local practice that had enhanced provision for these patients.

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.
- The practice referred patients that showed symptoms of dementia to memory clinics at the local hospital.
- The practice completed audits to ensure prescribing for those with mental health needs was appropriate and worked with local pharmacies to identify patients who were not compliant.

Are services responsive to people's needs?

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.
- Most of the CQC comment cards showed that patients were happy with the availability of appointments. However, some reported that appointments were not available far enough in advance. The practice was aware of this and told us that this was because of the availability of locum staff.

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 on request from the reception team. 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.
- Complaints were discussed at every practice meeting and changes were made to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

Leaders had 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. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The senior management team worked closely with all staff members and were able to step into multiple roles to support staff where needed, for example working at reception.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice was working with the CCG to create a resilience and succession plan.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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. For example, the practice had recently completed an analysis of the ethnicities and language needs of the population to ensure services were tailored to meet these needs.

Culture

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.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- 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

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- 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.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These could be accessed easily by all staff.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Risks associated with infection control and legionella were not appropriately managed.

Are services well-led?

- 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 and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings 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 such as low cervical screening rates.
- 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 full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had a suggestion box and completed the NHS Friends and Family survey in order to gain patient feedback.
- The practice did not have an active patient participation group. Meetings that were held to encourage engagement with patients were poorly attended. There was a poster in the upper waiting room to encourage patients to join the patient participation group.

Continuous improvement and innovation

There were evidence of systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement.
- 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>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:</p> <ul style="list-style-type: none">• There was no evidence or assurance of what cleaning had been completed. An infection control audit had been completed however, had not identified issues with the building maintenance. The practice had fabric chairs in the waiting rooms with no cleaning schedule in place.• Some significant events had not been recorded appropriately and therefore learning was not shared with the team.• The system for conducting actions to mitigate the risks of legionella had not been embedded into practice.