

# Bolton House Surgery

## Inspection report

The Surgery  
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Eastbourne  
East Sussex  
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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

We carried out an announced comprehensive inspection at Bolton House Surgery on 11 December 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the December 2017 inspection can be found by selecting the 'all reports' link for Bolton House surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection at Bolton House Surgery on 19 September 2018. This was to follow up on breaches of regulations identified at our inspection of 11 December 2017 (published 06 February 2018).

**This practice is now rated as Good overall.** (Previous rating in February 2018 – Requires improvement)

The key questions 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

At this inspection we found:

- 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, there were some areas around fire safety that required improvement.
- There was an effective recruitment and induction system for new staff.
- Staff had received training including safeguarding training, appropriate to their role.
- All staff received regular appraisals and support.

- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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:

- Provide awareness training for all staff on the 'red flag' sepsis symptoms that might be reported by patients and how to respond.
- Continue to review and improve the levels of exception reporting in the quality and outcomes framework and the uptake for cervical screening.
- Continue to review and improve the prescribing of hypnotic medicines where clinically appropriate.
- Review and improve the system to ensure the ongoing registration of clinical staff is checked and regularly monitored.
- Review and improve the identification of carers so that they can be offered appropriate support.
- Review and improve the audit trail to demonstrate that the action and learning from complaints, significant events and informal meetings has been shared.

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

## Population group ratings

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

## Our inspection team

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

## Background to Bolton House Surgery

Bolton House Surgery is situated in the town of Eastbourne in East Sussex and provides general medical services to approximately 5220 patients.

The practice has a higher proportion of patients over the age of 65 years compared to the national average and serves a population that has higher deprivation levels affecting both adults and children than the national average. Data showed that there was a lower population of children aged 18 and under compared to the national average.

There are four GPs, one of whom is female. The practice also employs two practice managers, three practice nurses (female), a paramedic practitioner (male) and administration and reception staff.

The service delivers its regulated activities from:

Bolton House Surgery

10 Bolton Rd,

Eastbourne

BN21 3JY

Further details about the practice, including opening hours, how to book appointments and clinics offered can be found on their website:

The provider is registered with the Care Quality Commission (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.

# Are services safe?

## We rated the practice as requires improvement for providing safe services.

At the inspection of 11 December 2017, the practice was found to be in breach of regulations and was rated as requires improvement for the provision of safe services. This was because:

- The arrangements in respect of recruitment documentation and staff training in the area of safety (specifically safeguarding) required improvement.

On this occasion we found that the practice had addressed these issues however the practice was still rated requires improvement for providing safe services because:

- The premises had not had a fire risk assessment undertaken since 2006. Fire alarms were not tested on a regular basis and the recent rehearsal of evacuation procedures had not been fully completed.

## Safety systems and processes

The practice had clear 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 who had not had DBS checks had been individually risk assessed as not requiring a DBS check.
- 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 carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, clinical staff monitored their own professional registration. Although records were kept in files

accessible to the practice managers, an overview of ongoing registration status was not maintained. We saw evidence that all clinicians were appropriately registered with their professional bodies.

- There was an effective system to manage infection prevention and control.
- 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.

- 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 and permanent staff tailored to their role.
- 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. It was noted that whilst receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient they had not had any awareness training specifically in relation to the 'red flag' sepsis symptoms that might be reported by patients.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## 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.

# Are services safe?

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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 acted 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 involved in regular reviews of their medicines.

## Track record on safety

The practice had a good track record on safety with the exception of fire risk assessment.

- There were comprehensive risk assessments in relation to safety issues, however a fire risk assessment had not been undertaken since 2006. Fire alarms were not tested on a regular basis and the recent rehearsal of evacuation procedures had not been fully completed.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

## 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 and we were told (and this was separately confirmed by staff) how learning was disseminated. The event, date of review and actions were always recorded and minuted and the minutes and records of the significant events available to all staff on the shared drive. However, some forms did not include the date of the incident, date of closure and name of the persons recording the event and the recording of the dissemination of learning was sometimes informal. This meant there was no clear audit trail of this other than in the minutes.
- 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 good for providing effective services overall and across all population groups.**

At the inspection of 11 December 2017 the practice was found to be in breach of regulations and were rated as requires improvement for the provision of effective services. This was because:

- The arrangements in respect of staff training and support required improvements.

## **At this inspection we found that these issues had been resolved and the practice was no longer in breach of regulations.**

### **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 good for effective because:

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

People with long-term conditions:

This population group was rated good for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Patients with more than one long term condition were seen at a chronic disease management clinic where all the issues were addressed during one appointment.
- 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).

## Are services effective?

- The practice's performance on quality indicators for long term conditions was comparable with England averages. The prescribing of hypnotic medicines (medicines prescribed for anxiety and other conditions that are potentially addictive) was higher than the local and England averages.

Families, children and young people:

This population group was rated good for effective because:

- Childhood immunisation uptake rates were above the England target percentage of 90% or above and the World Health Organisation target of 95%.
- 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):

This population group was rated good for effective.

- The practice's uptake for cervical screening was 65%, which was below the 80% coverage target for the national screening programme. The practice was aware that the figures were lower than the 80% target and did send out reminders and opportunistically encouraged patients to have the test. They did however point out that they had a large foreign female population that are either seasonal workers or had cervical screening undertaken in their home country.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated good for effective.

- 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 and those with a learning disability. The practice registered homeless patients even if they were unable to provide a permanent residential address.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice complete and maintain care records following visits by GPs and the paramedic practitioner to their homes.

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

This population group was rated good for effective.

- 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.
- 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.

# Are services effective?

- 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's performance on quality indicators for mental health was statistically comparable with the national averages. However, the exception rate was higher than the local and England average. (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. See the evidence table for further information).

## 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. Where appropriate, clinicians took part in local and national improvement initiatives.

- Exception rates were generally higher than the England average. The practice was aware of this and staff told us they did discuss ways of improving rates. They told us here were demographic reasons that contributed to the high exception rate. (Further explanation is in the evidence table).
- 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 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.

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.

## Are services effective?

- The practice held monthly multi-disciplinary team meetings with other healthcare professionals and agencies such as community nurses, and staff from adult social care. 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 GPs made regular home visits to patients receiving end of life care and ensured that there was continuity of care.

### **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 and weight management.

### **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 above or in line with local and national averages for questions relating to listening, care and concern, confidence and trust in the healthcare professional and their overall experience.

### **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 above 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. 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 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 made reasonable adjustments when patients found it hard to access services.
- The practice sent out information and appointment reminders via text messaging.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good for responsive.

- 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, often by the paramedic practitioner, for those with enhanced needs.

People with long-term conditions:

This population group was rated good for responsive

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

- The practice held monthly meetings with the local district nursing team and health professionals from other agencies to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated good for responsive.

- 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 or who had failed appointments to secondary care or immunisations. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

This population group was rated good for responsive.

- 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, electronic prescription services and booking appointments and ordering repeat prescriptions via the website.
- The practice sent out text reminders of appointments and appropriate useful information to patients' mobile telephones.

People whose circumstances make them vulnerable:

This population group was rated good for responsive.

- The practice held a register of patients living in vulnerable circumstances including homeless people 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):

This population group was rated good for responsive.

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

## Are services responsive to people's needs?

- The practice had a system for initial diagnosis of patients who exhibited signs and symptoms of dementia. They referred them for further assessment and specialist diagnosis. We were told that where appropriate and with appropriate consent, they also referred them to the community nurses and social services.

### 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 comparable to 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 also 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 good for providing well-led services.

At the inspection of 11 December 2017 the practice was found to be in breach of regulations and were rated as requires improvement for the provision of well-led services. This was because:

- The systems in respect of governance arrangements required improvement.

## At this inspection we found that these issues had been resolved and the practice was no longer in breach of regulations.

### 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 practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### 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.
- The practice monitored progress against delivery of the strategy.

### 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 felt they were treated equally.
- There were positive relationships between staff and management.

### 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 and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice held regular formal practice meetings, which involved the GPs, lead nurse practice managers and where appropriate the paramedic practitioner at which significant events and complaints were reviewed. Since the last inspection, the practice had also held meetings involving all staff. There were also multi-disciplinary team meetings that were held

## Are services well-led?

monthly. All of these meetings were minuted and stored on the practice's shared computer drive so that all staff had access to them. The nursing staff held informal meetings, but these were not minuted.

### Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, the premises had not had a fire risk assessment undertaken since 2006. Fire alarms were not tested on a regular basis and the recent rehearsal of evacuation procedures had not been fully completed.
- 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.

- 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, 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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement staff told us and we saw that time was set aside for staff training and development.
- 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. Staff told us they were made aware of learning where appropriate and we saw actions in meeting minutes that confirmed this.
- 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not assessed the risks to the health and safety of service users of receiving the care or treatment and was not doing all that is reasonably practicable to mitigate any such risks. Specifically: The provider had not carried out a fire risk assessment of the premises since 2006 and there had not been a recent full rehearsal of the evacuation procedure or regular checks of fire alarms.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>