# Cofton Medical Centre

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| | |
|---|---|
| **Overall rating for this location** | Requires improvement |
| Are services safe? | **Requires improvement** |
| Are services effective? | **Good** |
| Are services caring? | **Good** |
| Are services responsive? | **Good** |
| Are services well-led? | **Requires improvement** |

# Overall summary

This practice is rated as RI overall.

The key questions at this inspection are rated as:

Are services safe? – RI

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - RI

We carried out an announced comprehensive inspection at Cofton medical Centre on 1 October 2018 as part of our inspection programme.

At this inspection we found:

- Following the inspection, the practice was able to demonstrate that in most cases patients on high risk medicines were monitored appropriately.
- There was an inconsistent approach to managing emergency medicines and medicine safety alerts.
- General clinical oversight and management was not always consistent. however, individual leaders demonstrated that they were competent in their own roles.
- Systems used by the practice to ensure patients were safeguarded from abuse were comprehensive and effective.
- The practice uptake rates for breast, bowel and cervical cancer screening were in line with local and national averages.
- Childhood immunisation uptake at the practice was above the national target rate of 90%.
- The practice proactively engaged with local improvement schemes from the local commissioning group.
- The practice performance in the national GP patient survey was consistently above local and national averages. Patient feedback we received was positive about the practice.
- The practice had analysed and responded to the needs of a changing population.
- The practice demonstrated that they had developed an open, friendly and honest culture that we saw benefitted both staff and patients.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Consider ways to ensure that overall trends of complaints and incidents are highlighted to ensure that potential risks are identified and mitigated.

**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 second CQC inspector and a GP specialist adviser.

## Background to Cofton Medical Centre

Cofton Medical centre is situated in the Longbridge area of Birmingham, within a purpose-built health centre. The practice population is approximately 10,000 patients with a higher number of patients under 65 years of age compared to the national average. Approximately 9% of the practice population identify as Black, Minority, Ethnic (BME). The practice had patients registered from care and residential homes in the areas as well as from a large retirement village.

The level of deprivation in the area according to the deprivation decile is three out of ten (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks areas in England from one (most deprived area) to ten (least deprived area). For more information on the practice please visit their website at www.coftonmedicalcentre.nhs.uk

Cofton Medical Centre is led by six GP partners (three male and three female) and also employs four practice nurses (all female) and two HCAs (both female). The practice manager is supported by an IT manager and a team of administration and reception staff.

The practice's opening hours are Monday to Friday 8 am until 6.30 pm. Appointments are available throughout the day from 8.30 am until 6.30 pm on all weekdays. The practice's out of hours service is provided by Primecare. Telephone lines are automatically diverted to the out of hours service when the practice is closed.

The practice is a member of the My healthcare federation that offer extended hours at local hub centres, each weekday and at weekends from 8am until 8pm.

The practice provides NHS primary health care services for patients registered with the practice and holds a General Medical Service (GMS) contract with the local Clinical Commissioning Group (CCG).

Cofton Medical Centre is registered with CQC to provide five regulated activities associated with primary medical services, which are: treatment of disease, disorder and injury; family planning; maternity and midwifery; diagnostic and screening procedures and surgical procedures.

Requires improvement

# Are services safe?

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

### 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 had received up-to-date safeguarding and safety training appropriate to their role. When asked, they knew how to identify and report concerns.
- Learning from safeguarding incidents were available to staff on a shared drive. The practice only authorised nursing staff to act as chaperones. These nurses were trained for this role and had received a Disclosure and Barring Service (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.)
- The practice 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 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 and busy periods.
- There was an effective induction system for new 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.
- 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 generally 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.
- The practice told us that they had serious concerns relating to receiving and actioning information from secondary care about patients as their system had not been able to support this. As a result, the practice had employed a new member of staff to code hospital correspondence.

### Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines but were unable to fully demonstrate that these were working as intended.

- We saw that most patients on long term medicines were involved in regular reviews of their care and treatment. However, the practice was unable to demonstrate on the day of the inspection that patients' health in relation to the use of high risk medicines was always monitored or followed up on appropriately. Following the inspection, the practice was able to provide evidence that these patients were in most cases, appropriately monitored. The practice recognised this and reviewed their systems so that those patients that had not had appropriate monitoring had this going forward.
- Although the practice had a system for receiving, acting on and distributing learning from medicine safety alerts, they were unable to demonstrate a consistent approach to this.

Requires improvement

# Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not always minimise risks.
- Staff administered 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.

**Track record on safety**

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- 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 we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action.

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

Good

# Are services effective?

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

**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 could not always demonstrate that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- With the exception of the monitoring of some patients on high risk medicines, the patients' care records we viewed had immediate and ongoing clinical needs fully assessed in line with national guidance. The practice had recognised those patients on high risk medicines who had not been monitored and had reviewed their processes to ensure this was addressed going forward.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff we spoke with advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice could not always demonstrate that they followed up on older patients discharged from hospital or ensured that their care plans were updated to reflect any extra or changed needs. We saw an example where information following hospital discharge had not been appropriately followed up. The practice were aware of this and had introduced a system for handling correspondence to mitigate further occurrences.
- Staff we spoke with had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- We saw that the practice provided older patients with relevant vaccines for conditions that mainly affect older patient groups.

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 we spoke with 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 and chronic obstructive pulmonary disease (COPD).
- The practice's performance on quality indicators for long term conditions was above local and national averages.
- The practice proactively engaged with local improvement schemes set up by the local clinical commissioning group (CCG).
- The practice had redesigned the templates that are used on the clinical system in relation to patients with long term conditions, this was to streamline the care and treatment of these patients.

Families, children and young people:

- 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.

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

- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme but above the local and national averages.
- The practice's uptake for breast and bowel cancer screening was above the national averages.

Good

# Are services effective?

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

- The practice assessed and monitored the physical health of people with 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 practices performance on quality indicators for mental health was above local and national averages.

**Monitoring care and treatment**

The practice had a programme of quality improvement activity, this was not always effective but the practice was able to demonstrate some improvement. Where appropriate, the practice actively took part in local and national improvement initiatives.

- The practice was actively involved in quality improvement activity. However, this had demonstrated to the practice that further actions were necessary to improve outcomes for patients.
- Quality outlook framework (QOF) results were higher than local or national averages in almost every indicator. This was accompanied by low exception reporting in most indicators.
- Overall exception reporting rates in line with the local and national averages.

**Effective staffing**

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

- Staff we spoke with 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.
- The practice had systems to provide staff with ongoing support. For some staff this included one to one meetings, appraisals and revalidation and there was an induction programme for new staff. However, we found that the practice was unable to demonstrate appropriate clinical supervision of nursing staff and health care assistants (HCA). Following the inspection, the practice demonstrated that both nurses and HCA were able to ask senior clinicians if they were unsure or needed help.
- 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.

**Coordinating care and treatment**

The practice worked together and with other health and social care professionals to deliver 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 and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.

- The practice had systems to ensure that patients received coordinated and person-centred care including when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice had identified that the systems in place to ensure hospital correspondence was acted on had not always been effective. An experienced and dedicated member of staff was trained to ensure that all hospital correspondence was coded correctly for the clinical system. The practice demonstrated that this new system had been audited and had improved safety and the practice had recognised the need to take further actions ongoing.
- 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 we spoke with 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 through social prescribing schemes.
- Staff we spoke with demonstrated that they 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.

**Consent to care and treatment**

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

- Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- We saw that clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

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

Good

# Are services caring?

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

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way they felt staff treated people.
- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were above 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.)

- We saw that 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 practices 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 demonstrated that they respected patients' privacy and dignity.

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

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

Good

# 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 made reasonable adjustments when patients found it hard to access services. Staff we spoke with knew how to access translation services and the practice website could also be translated into the patient's language of choice.
- 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 practice also provided older patients with a dedicated telephone line to the practice in the case of emergencies.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- 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.
- The practice offered advanced sexual health services and had a GP and nurse who are accredited to provide contraceptive care, chlamydia screening and self-testing.
- The practice developed a sick child leaflet for new mothers explaining usual childhood illnesses, with advice and signposts to appropriate services.

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 and weekend appointments at local hub centres through membership of the federation appointments.
- The practice had installed a new voice over service for their telephone system in response to patient feedback so that patients were able to be placed in a queue rather than receive the engaged tone.
- The practices telephone access arrangements include a doctor triage service, where a duty doctor and a backup GP answered calls from patients who wished to speak to a doctor. This enabled the GP to quickly assess the patient's needs and helped to reduce the need for face to face appointments.

People whose circumstances make them vulnerable:

- 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.
- The practice runs a drug misuse service along with a social prescribing organisation, providing advice and signposting for substance misuse patients.

Good

# Are services responsive to people's needs?

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice hosted an improving access to psychological therapies (IAPT) worker, to whom the practice could refer patients in need of counselling.
- The practice fostered links with admiral nurses, who are specialist nurses that support families of and patients suffering from dementia.

**Timely access to care and treatment**

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

- Most patients felt that they 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 whose feedback we reviewed had reported that the appointment system was easy to use.
- The practices GP patient survey results were above 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 acted as a result to improve the quality of care. The practice was unable to demonstrate that they had always analysed the trends of complaints.

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

Requires improvement

# Are services well-led?

**We rated the practice as requires improvement for providing a well-led service.**

**Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Individual leaders were knowledgeable about issues and priorities relating to their key areas of responsibility. Quality and understanding of the future of services overall was consistent. When asked, leaders understood the challenges and the need for business and service continuity plans.
- 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 strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a strategy and supporting business plans to achieve priorities.
- Staff that we spoke with 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 had a culture of sustainable care.

- Staff we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on and was responsive to 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 was a whistleblowing policy, the staff we spoke with, were aware of its content and where to find it on their computers.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. However, we found that there was a lack of systems in place to support the supervision and oversight of nursing staff and health care assistants (HCAs).
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff, whose files we viewed had received equality and diversity training and staff we spoke with felt they were treated equally.
- There appeared to be positive relationships between staff and teams.

**Governance arrangements**

There were responsibilities and roles within the practice and systems of accountability to support governance structures and management but these were not always clear to staff we spoke with.

- Structures, processes and systems to support governance and management structures were clearly set out at the practice. We found that there was some confusion about responsibilities and lead roles within the practice.
- Joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff we spoke with were not always clear on their roles and accountabilities particularly involving areas of clinical governance. Staff we spoke with were clear on roles and accountabilities in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure non-clinical safety and assured themselves that they were operating as intended. The practice was unable to demonstrate that clinical areas of patient safety were always operating as intended.

**Managing risks, issues and performance**

Requires improvement

# Are services well-led?

There were clear and effective processes for managing the majority of risks, issues and performance within the practice.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to non-clinical patient safety. The practice was unable to fully demonstrate that processes in place to support clinical safety had always minimised risks.
- The practice had processes to manage current and future non-clinical performance. Practice leaders could not fully demonstrate that they had clear oversight of safety alerts, incidents and complaints.
- The practice's clinical performance in the quality outcomes framework (QOF) was higher than local and national averages. The practice demonstrated that clinical quality improvement activity had some positive impact on patients.
- 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 demonstrated that systems for acting on appropriate and accurate information were effective; some gaps had been identified and addressed by the practice.

- The practice had been concerned that they had no system for receiving information from secondary care and that this could not be actioned or monitored appropriately as a result. The practice trained an experienced member of staff into a dedicated role to ensure that all secondary care correspondence was actioned going forward.
- Operational information about quality and sustainability was discussed in relevant meetings where all staff had sufficient access to information. The practice's overall performance information was combined with the views of patients, reported appropriately and monitored.
- 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 improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice involved patients, the public, staff and external partners to support 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 evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff we spoke with knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of individual incidents and complaints but not the overall trends. Learning was shared and used to try to make improvements.

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

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>How the regulation was not being met…The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being delivered. In particular; the monitoring and management of patients on high risk medicines. The practice was unable to demonstrate effective clinical oversight. These were in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |