

Wood Street Health Centre - Dr. Raghav Prasad Dhital

Inspection report

6 Linford Road
Walthamstow
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September 2018
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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?

Good 

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 good overall.

(Previous rating in July 2017 was requires improvement overall, requires improvement for safe, effective, caring, responsive and well-led and requires improvement for all of the population groups.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Wood Street Health Centre - Dr. Raghav Prasad Dhital on 20 September 2018 to follow up on the breaches of regulation found on the inspection on 17 July 2017.

At this inspection we found although the practice had responded to the findings of the previous report, the provider needed to make further improvements. For example, some of the policies and procedures did not fully reflect the practice, and there were gaps in the management and security of patient documents.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse.
- 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.

- 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 had systems to keep clinicians up to date with current evidence-based practice.
- The provider was aware of the requirements of the duty of candour. They had instigated a new system to ensure they captured all incidents that may have constituted a duty of candour.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

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

- The provider should review the necessity for child oximeters for the monitoring a child's pulse and heart rate.
- The provider should review the necessity for the practice to carry out its own patient satisfaction survey.
- The provider should consider where reception staff would benefit from training to enable them to recognise the signs of sepsis.

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

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 CQC lead inspector. The team included a GP specialist adviser, and a practice manager.

Background to Wood Street Health Centre - Dr. Raghav Prasad Dhital

Wood Street Health Centre - Dr. Raghav Prasad Dhital is located in Walthamstow and provides Personal Medical Services (PMS) contracted to provide a service to approximately 5,863 patients (2,939 male and 2,881 female). The practice is part of the Waltham Forest Clinical Commissioning Group (CCG). (A PMS contract is between NHS England and general practices for delivering personal medical services. This contract allows the flexibility to offer local services within the contract)

There two male GP partners and two female locum GPs, who cover 20 clinical sessions a week. The GPs are supported by a practice nurse, a practice manager and a team of receptionist and administrative staff.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. (Level one represents the highest levels of deprivation and level 10 the lowest.)

The practice is open Monday to Friday from 8am to 6:30pm, except for Thursday when the practice closes at 1pm. Appointment times are: -

- Monday 9:30am to 1pm and 2pm to 4pm
- Tuesday 9:30am to 1pm and 2pm to 8pm

- Wednesday 9:30am to 1pm and 2pm to 6pm
- Thursday 9:30am to 12:30pm
- Friday 9:30am to 1pm and 2pm to 6pm

The locally agreed out of hours provider covers whilst the practice is closed.

Services are provided from one location.

Wood Street Medical Centre

6 Linford Road

Walthamstow

London

E17 3LA

The practice does not have a website.

The provider is a partnership called Wood Street Health Centre. The partners are Dr. Rishav Dhital and Dr. Raghav Prasad Dhital. The provider is registered by CQC to carry out the following regulated activities, Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

Are services safe?

We rated the practice as good for providing safe services.

At the previous inspection on the 17 July 2017, we found the practice requires improvement for providing safe services. This was because the practice's systems were not effective for safeguarding, learning from significant events, the actioning of safety alerts and the prevention and management of infection control. At this inspection we found the practice had made improvements and acted to address these issues.

Safety systems and processes

- 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. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice 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. However, the policy did not contain the specific information about the practice.

Risks to patients

- 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. The staff used locum doctors and nurses where appropriate. However, we found that due to annual leave the reception staff had a two-week backlog of patient documents that had to be scanned onto patient records.
- There was an effective induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, the service did not have a child oximeter to monitor a child's oxygen level and heart rate.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment.

- 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.
- However, due to staff taking annual leave, a two-week backlog had occurred of patient documents that were waiting to be scanned onto the system. We reviewed the documents prior to scanning and found the GP had actioned and recorded in all the patient's notes.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use 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 taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues, or oversight of the landlord's risk assessment.
- 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.

Are services safe?

Lessons learned and improvements made

- 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.

Please refer to the evidence tables for further information.

Are services effective?

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

At the previous inspection on the 17 July 2017, we found the practice requires improvement for providing effective services. This was because the practice's systems for ensuring staff were trained, increasing the uptake of childhood immunisations and the review of cervical cytology results were not fully effective. At this inspection we found the practice had made some improvements and acted to address these issues.

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 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.
- The practice followed both national and local care treatment plans.
- We saw no evidence of discrimination when making care and treatment decisions.
- GPs accessed updated local and national clinical guidance using a computer link.
- 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 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. The practice reviewed patient's treatment at integrated care meetings, attended by the health visitors, community matron, social services and occupational therapists.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice nurse offered both flu and shingles vaccinations to older people.
- The practice referred patients to the YMCA gym for the falls prevention service.

People with long-term conditions:

This population group was rated good for effective because:

- The practice's performance on quality indicators for long term conditions was below local and national averages for two areas regarding diabetes. However, when we spoke with the GPs about this they explained that they felt as if they were "failing" patients if they exception reported them. In addition, the provider explained they had a high turnover of patients between 15% and 20%.
- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice referred patients to the diabetes specialist nurse led clinic in the community and diabetic dietitian clinic. They also worked closely with heart failure nurse who runs clinics in the community for patients.
- The practice referred patients for exercise to the local park run schemes.

Families, children and young people:

This population group was rated good for effective because:

Are services effective?

- Childhood immunisation uptake rates were below the national target percentage of 90%. The practice nurse explained that some parents did not want their children to have the vaccines. The practice provided unpublished figures to demonstrate in April 2018 they had met the national target.
- 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 because:

- The practice's uptake for cervical screening was 71%, which was above the 80% coverage target for the national screening programme but in line with the present CCG average of 68% and the national average of 72%.
- The practice's uptake for breast and bowel cancer screening was in line with above/below the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated good for effective because:

- 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 palliative care register.
- The practice worked with other primary care services to offer palliative care services and took part in advanced decisions and care planning.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.

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

This population group was rated good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice liaised with the mental health crisis teams.
- 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 above in line with 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. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice achieved a QOF score of 531 points with was in line with the local and national average. The exception rating at 3.3% was lower than the local CCG of 5.8% and national average of 5.7%.
- The diabetes indicators remained below CCG and national averages; and the exception rate was lower than both the CCG and national average. However, when we spoke with the GPs about this they explained they and that they felt as if they were "failing" patients if they exception reported them. In addition, the provider explained the practice had a 15 to 20% turnover of patients annually and seven related patients who refused to take medication.
- The practice used information about care and treatment to make improvements.

Are services effective?

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

- 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 nurse had undertaken cervical smear and vaccination training.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included, appraisals and revalidation.

Coordinating care and treatment

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

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable.

Helping patients to live healthier lives

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

Consent to care and treatment

- 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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

At the previous inspection on the 17 July 2017, we found the practice requires improvement for providing caring services. This was because the practice had not responded to the GP survey that had low satisfaction results and staff had identified and had identified less than 1% of its patients as carers. At this inspection we found the practice had made improvements and acted to address these issues.

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 communicated with people in a way that they could understand, for example, communication aids and leaflets in different languages were available. The practice would occasionally use onsite interpretation services.
- Staff helped patients and their carers find further information and access community services.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above in line with the local and national averages for questions relating to involvement in decisions about care and treatment.

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, good for providing responsive services.

At the previous inspection on the 17 July 2017, we found the practice requires improvement for providing responsive services. This was because the practice had not taken any action to respond to the GP survey that had low satisfaction results regarding patient access. At this inspection we found the practice had made improvements and acted to address these issues.

Responding to and meeting people's needs

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good for responsive because:

- All patients over the age of 75 had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had a Doctor/Rapid Response team will that offered same day visits.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated good for responsive because:

- 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 offered extended consultations to patients with multiple long-term conditions. Extended consultation was also offered to newly diagnosed cancer, COPD and Diabetes. These extended consultations an opportunity for the GP to fully understand, educate and work alongside patients to optimise patient care.
- 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:

This population group was rated good for responsive because:

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- All 16-year-old patients were offered health checks, which presented an opportunity for them to discuss any concerns. They are provided treatment options in accordance with their best interests.
- The practice offered the option to see a male or female GP.

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

This population group was rated good for responsive because:

- 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 in the evening and telephone appointments.

Are services responsive to people's needs?

- The practice had an on-line booking and patients were able to view their medical records on line and request a repeat prescription on line.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- The practice held a register of patients living in vulnerable circumstances including homeless people, those who could not visit the surgery 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 had registered 11 people who were of no fixed abode.
- Same day appointments were offered to ensure they were seen.
- Where appropriate extended appointments were offered.

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

This population group was rated inadequate good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led regular meetings with other professionals from the mental health and dementia teams involved in the patient care. Patients who failed to attend were proactively followed up by a phone call from a GP.

- The practice carried out home visits and liaised with secondary services should the patient's not attend for review or repeat prescriptions.

Timely access to care and treatment

- 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.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaints procedure did not contain sufficient information about how to make a complaint or a date the procedure was reviewed.
- The practice learned lessons from individual concerns and complaints. 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 requires improvement for providing a well-led service.

At the previous inspection on the 17 July 2017, we found the practice requires improvement for providing well-led services. This was because the practice did not have effective systems in place to prevent and mitigate risks to patients and staff. In addition, the provider was unable to demonstrate that they followed the requirements of the duty of candour. At this inspection we found the practice had made some improvements and acted to address these issues. However, some of the policies and procedures did not fully reflect the practice, and there were gaps in the management and security of patient documents.

Leadership capacity and capability

- 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.

Vision and strategy

- There was a clear vision and set of values. 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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty, and transparency were demonstrated when responding to incidents and complaints. The provider was aware of the requirements of the duty of candour. They had instigated a new system to ensure they captured all incidents that may have constituted a 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 were positive relationships between staff and teams.

Governance arrangements

- The structures, processes, and systems did not always support good governance. For example, the policies did not always reflect the practice or had contained insufficient information. In addition, the backlog of scanning of patient documentation caused by staff annual leave, could have posed a risk to patients.
- 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.
- The practice had displayed their CQC ratings on their website.

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.
- 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. However, the practice had not developed an action plan in response to the child immunisation, which was below the national target of 90%.
- 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

- Quality and operational information was used to ensure and improve performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

Are services well-led?

- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, we found two boxes of unlocked patient records in the reception office, that was shared with other practices.

Engagement with patients, the public, staff and external partners

- 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, that had 11

members and met every three months. However, the practice did not carry out its own patient survey, which may have provided it with specific information about the practice.

- The service was transparent, collaborative, and open with stakeholders about performance.

Continuous improvement and innovation

- 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.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The lack of security for patient information.</p> <p>The management of promptly scanning information onto patient records.</p> <p>The policies and procedures did not always contain sufficient information or reflect the practice.</p>