

St Georges Surgery

Inspection report

62 Haslingden Road
Blackburn
Lancashire
BB2 3HS
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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 requires improvement overall. (Previous rating February 2015 – *Good*)

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? – *Requires Improvement*

We carried out an announced comprehensive inspection at St Georges Surgery on 25 October 2018 as part of our inspection programme.

At this inspection we found:

- There were gaps in the practice's governance arrangements resulting in risk management processes not being comprehensive, for example in respect to recruitment procedures and training oversight.
- While the practice had a range of documented policies and procedures in place, we found examples where these had not been followed.
- The practice had systems to identify and investigate safety incidents so that they were less likely to happen again. When incidents did happen, the practice learned from them and improved their processes.
- 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.

- Feedback from patients was consistently and strongly positive about the quality of care and treatment offered by the practice.
- The practice had a well-managed appointment system which facilitated timely access for patients.
- Staff told us of a strong team ethos at the practice and that they felt supported by the partners and management.

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.
- Ensure specified information is available regarding each person employed.

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

- Maintain a log of patient safety alerts which contains sufficient detail so as to be assured that any necessary actions have been completed.
- Communication channels should be formalised to ensure learning from significant events and complaints is maximised and shared efficiently with the wider practice team.
- Risks associated with the storage of blank printer prescription paper should be assessed and mitigating actions taken as necessary.

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.

Background to St Georges Surgery

St Georges Surgery is based in a residential area close to Blackburn town centre and the local NHS hospital at 62 Haslingden Road, Blackburn, Lancashire, BB2 3HS. The practice website can be found at www.stgeorgessurgery.co.uk. There is onsite parking available and the practice is close to public transport links. The surgery is housed in a purpose-built, two-storey building comprising of consulting and treatment rooms, administrative office space and a large patient waiting area. The practice provides services to approximately 9000 patients. The provider told us how the practice was experiencing rapid growth in the patient list with 700 new patients registered in the previous year.

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

The practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS) with NHS England. There are two male and three female GP partners (one of whom was on maternity leave at the time of our visit). They are assisted by three long-term locum GPs. The practice also employs an

advanced nurse practitioner, three practice nurses and a health care assistant. Non-clinical staff consist of a practice manager and a team of 13 administrative and reception staff.

The practice patient population profile is similar to local and national profiles, with a slightly larger proportion of male patients aged over 65 years of age (18%) compared to the local average of 14%.

The practice caters for a higher proportion of patients experiencing a long-standing health condition (65% compared to the local and national averages of 54%). The proportion of patients who are in paid work or full-time education is in line with the CCG average and slightly below the national average (58%, compared to 57% and 62% respectively).

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

Outside normal surgery hours, patients are advised to contact the out of hour's service, offered locally by the provider East Lancashire Medical Services.

Are services safe?

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

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

- Recruitment checks were not comprehensive.
- There was insufficient managerial oversight of mandatory training for the provider to be assured that staff had completed necessary courses in topics such as safeguarding.

Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse, although we found they were not always comprehensive.

- The practice had some systems to safeguard children and vulnerable adults from abuse. For example, staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. However, the practice was unable to evidence all staff received up-to-date safeguarding and safety training appropriate to their role. We were told staff who acted as chaperones were trained for their role, but documentary evidence was not available to corroborate this. Some clinical staff as well as some non-clinicians who acted as chaperones had not 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 could not demonstrate it consistently carried out appropriate staff checks at the time of recruitment and on an ongoing basis. For example, two personnel files we viewed for clinical staff recently employed by the practice lacked evidence of suitable conduct in previous employment (for example, in the form of references). Three of the files we viewed lacked evidence to demonstrate the staff member's identity had been checked prior to employment.
- 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, however there were some gaps in associated documentation around this.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. While we noted training records for some staff did not include basic life support, we saw this training was booked to be completed in the near future.
- 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 had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, mostly minimised risks. The practice lacked a stock of Atropine at the time of our visit, which is recommended for practices carrying out minor surgery and coil fittings. The practice confirmed to us this medicine had been sourced the morning after our inspection.
- 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.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- 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.
- The location of blank prescription paper was tracked appropriately through the practice, but we did note stock was left in printers overnight and risks associated with this had not been assessed.

Track record on safety

The practice generally had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues, although documentation was not always maintained to record mitigating actions completed.
- We saw some evidence the practice monitored and reviewed activity. This helped it to understand risks and gave a 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. The practice learned lessons, identified themes and took action to improve safety in the practice. Communication channels for disseminating learning following analysis of incidents was largely informal, meaning the practice lacked a clear audit trail of what information had been cascaded to whom.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Records were not consistently maintained to document action taken on receipt of patient 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 .

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:

- Older patients who were 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions told how they had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People

with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was either in line with or above local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were consistently higher than the target percentage of 90% or above and higher than the World Health Organisation (WHO) 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.
- GPs met regularly with the health visiting team to share information.

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

- The practice's uptake for cervical screening was 74%, which was below the 80% coverage target for the national screening programme, but above both the local and national averages of 69% and 72% respectively. The practice told us how it had increased uptake from a rate of just 48% the previous year.
- The practice's uptake for breast and bowel cancer screening was above 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:

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

Are services effective?

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was mostly 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The practice's QOF results were in line with or above local and national averages.
- The practice's exception reporting rate was generally below the CCG and national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- The practice used information about care and treatment to make improvements. It maintained a programme of clinical audit activity. We saw the analysis of significant events and receipt of patient safety alerts had informed audit topics.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, documentation held by the practice to demonstrate this was not always comprehensive.

- Staff demonstrated they 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 told us they 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. However, up to date records of skills, qualifications and training were not always maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included coaching and mentoring, clinical supervision and revalidation. There was an induction programme for new staff. We saw most staff had received an appraisal in the previous 12 months, with the exception of nursing staff whose last appraisals were in November 2016 and the practice manager who had not had one since commencing the post over two years previously.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised with community

Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.

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

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for providing caring services.

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 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 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 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.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice offered a community ultrasound service which was accessible to all patients resident within the CCG area and reduced referrals into secondary care.
- All practice reception staff were trained as care navigators meaning they were able to signpost patients to the most appropriate source of support in cases where an appointment at the practice was not the most appropriate option for them.

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 GPs and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

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 reviewed confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations were available as well as extended hours access via the local 'spoke' clinics offered by the local GP federation.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- A weekly clinic was run at the practice by a wellbeing coach, provided by Lancashire Mind as part of their Keeping Well project. The GPs could refer patients into the service to receive support for low level mental health issues such as low mood, anxiety, low self-esteem and low confidence. Over the previous 12 months, 75 patients had been referred, with 39 of these

Are services responsive to people's needs?

accessing sessions with the wellbeing coach. We were told how all patients accessing the service had shown improvements following completion of the treatment programme.

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 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. However, we did see examples where the practice had not followed its own documented policy in responding to patient complaints.

- 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. We saw how the practice learned lessons from individual concerns. 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.

The practice was rated as requires improvement for well-led because:

- There were gaps in governance structures, for example documented practice policies were not consistently adhered to.
- Risk management was not consistently thorough. Mitigating actions had not been effectively implemented to address all identified risks.

Leadership capacity and capability

Gaps in appropriately embedded governance structures hindered leaders in demonstrating they had the capacity and skills to deliver high-quality, sustainable care.

However:

- GPs were knowledgeable about clinical 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 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 generally 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 some processes for providing all staff with the development they need, although managerial oversight of this was not always thorough. Not all staff had 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. Most staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The responsibilities, roles and systems of accountability to support good governance and management were not always clear.

- Structures, processes and systems to support good governance and management were not always set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, we identified gaps in the managerial oversight of staff training, meaning the provider could not be fully assured all appropriate training had been completed.
- Practice leaders had established policies, procedures and activities in an effort to ensure safety. However, they were not always fully familiar with their content and had not effectively assured themselves that they were operating as intended. For example, we found evidence where practice protocols were not being followed.

Are services well-led?

- Information cascade was in some cases informal in nature, meaning the practice had not always maintained a clear audit trail of what information had been given to whom.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance, but these had not been consistently followed and documentation around these was not always comprehensive.

- There was a process to identify and understand current and future risks including risks to patient safety, however documentation was not always maintained to demonstrate how these risks had been addressed.
- 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 with regards to patient care and outcomes.

- 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, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. 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 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 used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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 mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk. For example: There was insufficient managerial oversight of staff training for the provider to be assured all staff had completed appropriate training topics such as safeguarding. Practice documentation around mitigating actions carried out once risks had been identified were incomplete. For instance, no record of completion of the legionella control regime was available. Work undertaken did not consistently reflect practice protocols as documented in the policies and procedures available to staff. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>