

Ann Jones Health Centre

Inspection report

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Birmingham
West Midlands
B12 8HE
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[https://modalitypartnership.nhs.uk/
your-gp-practice/west-midlands/gp/
ann-jones-family-health-centre](https://modalitypartnership.nhs.uk/your-gp-practice/west-midlands/gp/ann-jones-family-health-centre)

Date of inspection visit: 4 April 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This practice is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Ann Jones Health Centre on 4 April 2018 as part of our inspection programme.

At this inspection we found:

- During the inspection, we found the practice had not identified certain risks that had the potential to cause harm, however, on becoming aware, the practice took immediate action to minimise risk.
- 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.
- There was mixed patient feedback about whether staff involved and treated patients with compassion, kindness, dignity and respect. The national patient GP survey had highlighted areas of patient dissatisfaction. However, the practice had not devised an action plan to try to address the issues raised.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice understood its population group well, and had organised services accordingly.
- There had been a recent change in clinical lead, however staff demonstrated they had dealt well with the change and the practice manager demonstrated strong organisational skills.

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

- The provider **must** 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 consider monitoring patients referred to social prescribing in order to evaluate effectiveness.
- The provider should review the management of prescription stationery to ensure effective prescription security.
- The provider should consider ways to further promote the uptake of screening for breast and bowel cancer.
- The provider should consider how they collect and respond to patient feedback, to be able to demonstrate improvements in patient satisfaction.

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, a practice nurse specialist adviser, and a CQC inspection manager.

Background to Ann Jones Health Centre

The registered provider of Ann Jones Health Centre is Modality Partnership, an organisation operating across 36 different locations, providing NHS services to more than 320,000 patients.

The practice address is 52 Chesterton Road, Birmingham B12 8HE. More information about the practice can be found on its website .

The practice is registered with CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Treatment of disease, disorder or injury

Based on 2015 data available from Public Health England, the levels of deprivation in the area served by Ann Jones Health Centre shows the practice is located in a more deprived area than national averages, ranked at one out of 10, with one being the most deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). Based on data from Public Health England, 85% of people in the practice area are from black and minority ethnic groups.

The practice serves a higher than average patient population aged between five to 18 years. The number of patients aged between 65 and 75 is below local and national averages.

The lead GP has recently retired and the practice employs one female GP, arrangements have been made by the provider for another GP from the Modality partnership to take on the lead role at the practice, however at the time of inspection they had not started working at the practice. The practice also employs one full time practice manager and two receptionists. One of the receptionists is undergoing training and is able to perform basic health care assistant duties. The practice does not have a practice nurse, however employs a locum nurse for three sessions per week.

The practice is open between 8.00 and 18.30 on Monday, Tuesday, Wednesday and Friday. On Thursday, the practice is open between 8.00 and 12.30.

Appointments are from 9.00 to 12.00 and 14.30 to 17.30 on Monday, Tuesday, Wednesday and Friday and from 9.00 to 12.00 on Thursday. The practice has recently started to offer telephone appointments on a Thursday afternoon. This service is provided from another practice within the Modality Partnership.

Whenever the practice is closed, out of hours cover is provided by Primecare.

Are services safe?

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

Safety systems and processes

The practice had most systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring (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 provider carried out most appropriate staff checks at the time of recruitment and on an ongoing basis. The practice were unable to provide us with complete staff vaccination records in line with current Public Health England guidance.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- The practice had an infection prevention and control policy and systems in place however, we found gaps in the system for managing infection prevention and control. The practice had not assessed the safe storage of sharp containers awaiting collection, in order to mitigate risks.

Risks to patients

There were adequate systems to assess, monitor and manage most 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. The practice did not have a permanent practice nurse, however did try and use the same locum nurse where possible to ensure continuity of care for patients.

- 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. The practice had oxygen and a defibrillator on site.
- 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.
- The practice had not identified that the corridor leading to the storage of patient records and cleaning equipment was accessible to patients. Following the inspection, we were told the practice had arranged for a lock to be fitted to the door allowing access to authorised people only.

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. Staff managed test results appropriately.
- 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 reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed 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 prescribing in line with local and national guidance. Data for 2016/2017 showed the practice had achieved significantly lower antibiotic prescribing when compared with local and national averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Are services safe?

- There was a system in place for the safe storage of prescription stationary, however it was not sufficient to ensure the practice could effectively monitor the security of prescriptions.

Track record on safety

The practice monitored and reviewed all activity in order to help understand risks and give a clear, accurate and current picture of safety

- There were comprehensive risk assessments in relation to most safety issues.
- However, the practice had failed to assess certain areas of the building in order to mitigate against potential risks.

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. 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 and all of the population groups as good for providing effective services overall.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had achieved 100% uptake rates for children aged one with completed primary course of 5:1 vaccine. However, the uptake rates for the booster immunisation for Pneumococcal infection vaccines were below the target percentage of 90%. The practice was aware of this and provided unverified data during the inspection which showed that this rate had increased to 96%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and pre and post-natal support in accordance with best practice guidance.
- 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):

- Data for 2016/2017 showed the practice's uptake for cervical screening was 67%, which was below the 80% coverage target for the national screening programme. The provider gave us unverified data during the inspection to show this rate had increased to 80%. The practice did not have a system in place to check they had received a result for every sample sent.
- The practices' uptake for breast and bowel cancer screening was below the national average. The provider

Are services effective?

informed us they were informed of patients who had not attended their screening appointment, and those patients received a letter, text message or phone call to encourage attendance.

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, travellers and those with a learning disability. At the time of the inspection the practice did not have any homeless people registered with them.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 100% of patients living with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. However, staff told us they did not complete formal care plans for this patient group and patients were not given a copy to ensure they were involved in their treatment and agreed any decisions made.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 90% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.
- 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.

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.

- QOF performance was discussed during practice meetings as well as part of clinical governance meetings within the wider organisation, where the practice could benchmark against the other practices.
- The practice provided unverified data to show for 2017/2018 QOF score was 98%, achieving 520 out of 545 points with only two patients exception reported in total.
- The practice was actively involved in quality improvement activity and provided evidence of two examples of audits they had carried out during October 2016 and January 2018. Both audits had resulted in improvements to patient care.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, and older people.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

Are services effective?

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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.

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.

- We saw there was information clearly displayed for clinicians on schemes available.
- However, the practice were not monitoring if these referrals had been successful
- The practice told us they had referred two patients to a healthy lifestyle scheme, but did not know if the patient had attended or what the outcome was.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion most of the time.

- Feedback from patients was mixed regarding how they were treated whilst at the practice.
- During the inspection, we saw staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Feedback from patients on our comment cards was generally positive, however three patients out of 47 reported that they did not always feel like they were treated with kindness, respect and compassion.
- Results from the 2017 national patient GP survey showed the percentage of respondents who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern was significantly below the CCG and national average.

The practice told us they were aware of the survey results and they were monitoring friends and family test feedback, and comments made on NHS choices, however they had not devised a formal action plan to address the areas of dissatisfaction.

Involvement in decisions about care and treatment

Not all patients felt that staff helped them to be involved in decisions about care and treatment.

- Staff 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.
- The practice proactively identified carers and supported them.
- However, results from the 2017 national patient GP survey did not align with this. The percentage of respondents who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments was significantly below the CCG and national average.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer 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.
- Staff responded proactively to meet individual patient's 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.
- A phlebotomist attended the practice twice a week to carry out blood tests this ensured patients could access services locally.
- The practice employed staff who spoke languages other than English and had access to interpreters.

Older people:

- All patients had a named GP who supported them.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had arranged with a pharmacy to deliver medicines to housebound patients.

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.

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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- A midwife held an antenatal clinic at the practice once a fortnight, this ensured patients could access services locally
- Patients could access some family planning services at the practice and additional services from within the wider organisation.

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

- Patients could have a telephone consultation
- Patient could book appointments online and arrange repeat prescription
- The practice did not have extended or weekend opening hours. However, they advertised on their website that patients could access appointments in the evening or weekend at another practice within the Modality Partnership if it was urgent.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances travellers 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 translated information into various languages including those for Romanian travellers.
- The practice employed a staff member who spoke Romanian.
- Staff gave examples of where they had responded proactively and went above and beyond their duties to ensure vulnerable patient's needs were met.

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.

Timely access to care and treatment

Are services responsive to people's needs?

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 and they could easily access appointments.

Listening and learning from concerns and complaints

The practice took complaints 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 complaints and also from analysis of trends of formal complaints. It acted as a result to improve the quality of care.

- Following a complaint, where a patient had received conflicting information from staff regarding blood test results, staff had been advised to document on the patient's record if they received any verbal instructions from the GP. At the time of the inspection, the practice had not amended their local procedure for blood test results to reflect this change.
- The practice had identified that patients needed further support in understanding changes in prescribing rules and about which medicines were no longer available on prescription. They had printed information for patients to help explain the changes, staff told us since doing this, they felt patients had a better understanding.
- We saw there were few opportunities for patients to leave feedback. The practice did not have a suggestions box, and patients had to ask reception if they wanted a complaints form, the box for the friends and family rest was also kept behind reception, meaning patients had to pass their feedback to the receptionist before it was placed in the box.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders 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.
- The practice manager had worked at the practice for 26 years and demonstrated strong organisational and leadership skills.

Vision and strategy

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

- There was a clear vision and set of values.
- Most staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population. The practice had chosen not to use the contact centre that some other practices within Modality Partnership used to manage telephone calls and appointments. They had identified this was not appropriate for their population group and would not offer any benefits to access.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and families.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability however there were gaps in processes and systems to support good governance.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure most safety concerns had been addressed.
- However, not all patient records were stored securely.
- All risks to patients and staff had not been assessed and mitigated.
- Care plans were not always shared with patients when appropriate.

Managing risks, issues and performance

There were clear and effective processes for managing most risks, issues and performance.

- There was a specific governance dashboard the partnership used to monitor risk, safety and performance across the wider organisation.
- GP leads attended monthly clinical governance meetings to discuss alerts, incidents, complaints, share learning with other leaders within the partnership.
- The practice manager attended fortnightly practice manager meetings with other practice managers within the partnership to discuss concerns and share learning.
- The practice had monthly meetings where all staff attended to discuss all clinical and non-clinical concerns.
- The practice had effective processes to identify, understand, monitor and address most current and

Are services well-led?

future risks including risks to patient safety. However, some risks to patients and staff had not been identified. Following the inspection, we were sent evidence that appropriate significant event forms had been completed and risk assessments undertaken to minimise risk.

- The practice had processes to manage current and future performance. Practice leaders had oversight of national and local 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.

Appropriate and accurate information

The practice partly acted on appropriate and accurate information.

- Quality and operational information was partly used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice partly used performance information which was reported and monitored.
- The practice had discussed the results of the national patient GP survey, however did not have a clear action plan to address any areas of dissatisfaction.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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.
- In general, there were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, electronic records and data management systems. However, we found a small number of paper records were not stored securely. We informed the practice manager at the time, they took immediate action to ensure all records were stored securely.

Engagement with patients, the public, staff and external partners

The practice did not use all opportunities to involve patients to support high-quality sustainable services.

- There was an active patient participation group, however we saw from meeting minutes the practice had not shared results of the national patient survey with them, or any learning from incidents and complaints.
- There were few opportunities for patients to provide feedback.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and formal complaints. Learning was shared within the practice and within the wider organisation.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that operated 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 service users and others who may be at risk. For example:</p> <p>The registered person had not assessed and mitigated the risks of safety and security including patients being able to access the corridor containing cleaning equipment, sharps containers awaiting collection and patient records.</p> <p>The practice did not have immunisation records for all staff in line with guidance.</p> <p>Staff told us they did not always use care plans when appropriate.</p> <p>Staff told us they did not have a system for ensuring they received a result for all cervical screening samples sent.</p> <p>This was in breach of regulation 17 (1)(2) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>