Hollow Way Medical Centre

Inspection report

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

Ratings

Overall rating for this location	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 November 2015 – Good)

The key questions at this inspection 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 Hollow Way Medical Centre on 26 November 2018. This inspection was carried out as part of our inspection programme.

At this inspection we found:

- The practice had inconsistent systems in place to manage risk. For example, the system to review test results was not always operated effectively. However, when safety 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 monitored that care and treatment was delivered according to evidence based guidelines.
- Governance processes were not always carried out effectively. The practice had not identified shortfalls in identifying, assessing and managing risks in some areas of activity.
- Systems for the management of medicines were mostly operated effectively.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice hosted a wide range of services to support patients social and psychological needs in addition to their health needs.
- The practice recognised the needs of their multi ethnic population.
- There was a strong commitment to continuity of care with patients encouraged to see and consult with their GP of choice.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The area where the provider must make improvement is:

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

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

The inspection team comprised a lead CQC inspector and a CQC GP advisor.

Background to Hollow Way Medical Centre

The practice has a population of approximately 9,000. There are a lower proportion of patients over 75 years of age (6%) compared to the national average (8%). There are a higher proportion of patients between the ages of 20 to 35 registered at the practice.

Data shows the practice community is among the top 10 most deprived in Oxfordshire. The local population is diverse with patients registered from a variety of ethnic backgrounds. The practice is the highest user of language line (interpreter service) in Oxfordshire. The practice also has a high number of patients with mental health problems, learning disabilities and children in need.

The practice has seven GPs (four females and three males) and six of the GPs are partners. There is also a part time practice manager, three part time administrators, 6 receptionists, two workflow admin assistants, a notes summariser, three practice nurses, a pharmacist and a health care assistant working at the practice.

The practice is a training practice and there are two trainee GPs currently working at the practice – one male and one female. There are a range of visiting professionals including; a midwife, counsellor, MIND wellbeing worker, specialist nurse for substance misuse, Social Prescriber and Benefits in Practice (Citizens Advice) advisor who attend the practice on one or two days a week.

The practice has a General Medical Services contract. These contracts are negotiated between NHS England and the national GP negotiators.

The practice is open between 8.30am and 6.30pm. There is a GP on call between 8am and 8.30am and a means of patients being referred to the GP if they had an urgent concern. Extended hours appointments are provided by late evening telephone calls Monday to Friday. There is a 7 Day Access service provided for Oxford City by OxFed which provides evening and weekend appointments. The locations rotate around practices in Oxford City. One of the current locations for evening surgeries is Hollow Way Medical Centre on Tuesdays and Fridays. There are arrangements in place for patients to access emergency care from an Out of Hours provider.

Hollow Way Medical Centre is registered to provide the regulated activities of treatment of disease, disorder and injury, maternity and midwifery services, family planning, diagnostic and screening procedures and surgical procedures from the following location:

Hollow Way Medical Centre, Ivy Close, Cowley, Oxford, Oxfordshire,OX4 2NB

Good

Are services safe?

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

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. There were monthly meetings with the child protection team to coordinate support for at risk children.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks of employed staff 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. The practice had not included two blood pressure monitors in the annual calibration of medical equipment carried out in May 2018.
- 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.
- 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.
- 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 and action was taken when referrals were not acted upon by other services. For example, when e-mailing a referral GPs requested acknowledgement that the referral had been received.

Appropriate and safe use of medicines

The practice had 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 and 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 this had been discussed at clinical team meetings.
- 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. However, our review of records found that when a medicine dosage was changed by a GP the change was not always monitored within the timescale originally recorded. The practice sent us an update of the advice

Good

Are services safe?

given to all GPs to schedule review of medicine changes, particularly for patients diagnosed with asthma, at the time the change was made. A teaching session on asthma guidelines was also to be scheduled.
- Prescriptions for opiate substitutes were originated by a specialist visiting worker. These were signed by GPs. There were two GPs specifically trained in care for substance misusers.
- There was a system in place to monitor the use of high risk medicines. However, when the practice changed a specific high risk medicine to a medicine of lower risk they did not always follow the guidelines when calculating risk profiles from annual blood tests.

Track record on safety

The had an inconsistent track record on safety.

- There were risk assessments in relation to environmental safety, control of infection, fire safety, legionella and business continuity.
- The practice monitored and reviewed safety information from a range of sources.

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 and shared lessons, identified themes and acted to improve safety in the practice. There was a clear summary of significant events discussed and the learning from them. We were able to corroborate that learning from events had been shared with staff via staff meetings and briefings.
- The practice was inconsistent in acting on medicine and equipment safety alerts. Whilst the majority of relevant safety alerts had been responded to appropriately we found two medicine alerts had not been followed up. Subsequent to inspection the practice confirmed these had been addressed.

Please refer to the evidence tables for further information.

Good

Are services effective?

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians 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.
- The practice provided blood pressure monitors in the waiting rooms for patients to take their own blood pressure and hand the results in for entry on their records. Clinicians reviewed the results and contacted the patient if any action was required.
- 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.
- 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. When appropriate patients in this group were referred to local care navigators who supported them in accessing aids, adaptations and services to maintain their independence.
- 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.
- 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 above local and national averages. This was achieved with low rates of exception from the national treatment and review indicators.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 66.7%, which was above/below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice was aware of the below average uptake of cancer screening and had commenced planning actions to encourage better attendance for screening. For example, by providing leaflets explaining the benefits of screening in different languages to recognise the multi ethnic background of the registered patients.
- 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:

Good

Are services effective?

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, 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 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. Data showed that 63 of the 83 patients diagnosed with a learning disability had received a health check in the last year.

Monitoring care and treatment

The practice had a 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 national quality and outcomes framework (QOF) incentive scheme to monitor care and treatment of patients with long term medical conditions. The outcome of 2017/18 QOF showed the practice to achieve high rates of care and treatment for this patient group.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. We also found the practice took an active part in local initiatives such as clinical pharmacists working in practice. The practice had been a pilot site for a clinical pharmacist who undertook consultations with patients appropriate to their skills and qualifications.

Effective staffing

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

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

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

Good

Are services effective?

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 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.
- The practice monitored the process for seeking consent appropriately. However, the practice could improve their processes for seeking consent for insertion of contraceptive coils.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices 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 easy read materials were available. There was also a stock of information leaflets in different languages. Signs had been translated into Polish, Arabic and Portuguese and the self-check in machine had a range of language options.
- Staff helped patients and their carers find further information and access community and advocacy services. The practice hosted a benefits advisor and a specialist mental health worker to assist patients in accessing benefits and support decision making for patients diagnosed with mental health problems.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment. However, the practice was aware of this and GPs had reflected upon their consultation techniques.

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.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and provided 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 and e-mail 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 are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. GPs at the practice carried out regular visits to a local care home to review the needs of the residents registered from this establishment.
- 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 paramedics employed by the local GP federation also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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 whenever possible. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours including Saturday and Sunday appointments offered by the local GP federation.
- Telephone consultations were available at the end of both morning and afternoon clinics.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. The practice had a system in place to register people who were homeless.
- Support for carers was available from a visiting advisor from the citizens advice bureau.

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.
- The practice hosted a specialist drug and alcohol worker and an advisor from a local charity involved in supporting people with mental health problems.
- There was evidence of liaison with community mental health teams for adults and children and adolescents.

Timely access to care and treatment

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

Good

Are services responsive to people's needs?

- Patients had timely access to initial assessment 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 practices GP patient survey results were in line with and national averages for questions relating to access to care and treatment. The practice was aware that feedback about waiting time once checked in for an appointment was below average and was reviewing scheduling of clinics.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. Staff were aware of the need to offer the opportunity for patients to make verbal complaints in addition to providing a complaints form when patients wished to lodge their complaint in writing.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

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

Leadership capacity and capability

Leaders did not always demonstrate the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- Leaders had not identified some inconsistencies in systems to identify, assess and manage risk.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The practice had an open approach in responding to areas where improvement should be achieved. The issues of concern identified during inspection were responded to promptly by the practice sending CQC an update and an action plan within two days of the inspection.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, oversight of systems and procedures had not identified that some processes were not always operated consistently.

- Structures, processes and systems to support good governance and management were clearly set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities but these did not always provide assurance that they were operating as intended. For example, the practice was not aware at the time of inspection that the system to record response to test results was not optimised.
- Oversight of the management of medicines had not identified that improvement could be made in appropriately monitoring test results for patients switched from high risk to lower risk medicines.

Requires improvement

Are services well-led?

Managing risks, issues and performance

There were processes for managing risks, issues and performance but these were not always operated consistently.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety but these had not picked up, by the time of inspection, that response to national safety alerts had not been completed for two that had been issued in the last three months. The system for dealing with medicine alerts was reliant upon one member of the practice team.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, by developing a plan to improve uptake of cancer screening.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support 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 was evidence *of* 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 shared and used to make improvements.
- Leaders and managers were active in working with other services and fellow GP practices in developing services. For example, by hosting additional clinics managed by the GP federation providing appointments later weekday evenings.
- There was a commitment to work with others to broaden the range of services available at the practice. For example, hosting the benefits in practice worker from the local citizens advice bureau.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met.The systems or processes that enabled 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 were not operated consistently.