

# Castle Street Surgery

## Inspection report

The Surgery  
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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?

Requires improvement



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 02/2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Castle Street Surgery on 21 November 2018 as part of our inspection programme to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- There had been significant changes in the practice in the previous two years that had impacted on the culture of the practice. The practice had taken over Kingfisher Practice from another provider and made it a branch of Castle Street Surgery. The GP partners and the practice manager acknowledged that they were going through a period of adjustment.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. 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 indicated they were satisfied with the care they received. However, they reported there was sometimes difficulty getting through to the practice by telephone to make appointments.

- The practice had not maintained a record of staff vaccination in line with current Public Health England (PHE) guidance.
- There was not an effective system to manage infection prevention and control (IPC). Staff had not received IPC training and IPC audits had not been completed.
- The practice had not completed a formal risk assessment to determine which emergency medicines they needed to stock on the premises.
- Reception staff had an awareness on identifying a deteriorating or acutely unwell patient. However, they had not received any formal training for this.
- Appraisals had not been completed for all staff in the past year.
- From the records we reviewed we found that the practice did not have documented personal care plans that were shared with relevant agencies

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Complete second cycles of clinical audits to demonstrate quality improvements had been made.
- Develop ways to improve the uptake of patients who have been offered cervical cancer screening.
- Make use of documented care plans that can be shared with relevant agencies.
- Follow the complaints policy so all complaints are responded to within the recommended timeframes.
- Continue to improve levels of patient satisfaction particularly in relation to access to the practice.

**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

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a second CQC inspector.

## Background to Castle Street Surgery

Castle Street Surgery provides a range of primary medical services from its location of Castle Medical Practice, 27 Castle Street, Luton, LU1 3AG and its branch surgery of Kingfisher Practice, Churchfield Medical Centre, 322 Crawley Green Road Luton, LU2 9SB. Both sites were visited as part of the inspection.

The practice has a registered manager in place. A registered manager is an individual registered with CQC to manage the regulated activities provided. The regulated activities registered to provide are:

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

The practice has approximately 18,000 patients. The practice population is of mixed ethnicity with a higher

than average number of patients aged from 20 to 29 years and a lower than average number of patients aged under 19 years. National data indicates the area is one of mid to high deprivation.

The practice is led by three GP partners and they employ three salaried GPs (four male and two female), a long-term locum and a clinical pharmacist. The nursing team consists of two nurse prescribers, two practice nurses, one locum advanced nurse practitioner and four healthcare assistants (all female). There is a team of administrative and reception staff all led by the practice manager and two deputy practice managers.

Castle Street Surgery and the branch Kingfisher Practice are open from 8am to 6.30pm Monday to Friday. Extended hours opening was offered via the Luton Extended Access Service

When the practice is closed out-of-hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

# 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:

- There was no record of the vaccination status of staff.
- There was not an effective system to manage infection prevention and control (IPC).
- The practice had not completed a formal risk assessment to determine which emergency medicines they needed to stock on the premises.

## Safety systems and processes

There were some systems in place to keep people safe and safeguarded from abuse. However, they were not always adequate.

- The practice did not check or keep a record of the vaccination status of staff in line with current Public Health England (PHE) guidance.
- There was not an effective system to manage infection prevention and control (IPC). Staff had not received IPC training and IPC audits had not been completed to identify any areas that required attention. We did observe areas of good IPC that included wipeable floors, the use of elbow taps and pedal bins.
- 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 were available to staff.
- 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 at the time of recruitment and on an ongoing basis.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

Some of the systems to assess, monitor and manage risks to patient safety were lacking.

- The practice had not completed a formal risk assessment to determine which emergency medicines they needed to stock on the premises for use in the event of a medical emergency. Neither site stocked Atropine which is recommended to be held by practices that perform minor surgery.
- 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.
- 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.

## Appropriate and safe use of medicines

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

- Data showed the practice was in line with others both locally and nationally for prescribing.
- 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

## Are services safe?

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.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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

# Are services effective?

**We rated the practice as requires improvement for providing effective services overall and across all population groups. The issues identified as requires improvement overall affected all patients in the population groups. There were, however, examples of good practice.**

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

- Some recommended training was lacking for non-clinical staff.
- Appraisals had not been completed for all staff.

## 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 used treatment templates within the patient computer record system that reflected National Institute of Clinical Excellence (NICE) guidance and a computer programme to support the review and monitoring of medicines.
- 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.
- 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.
- Nursing staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice employed a clinical pharmacist who supported these patients with medicine reviews.
- 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 in line with local and national averages.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% for vaccinations given to two-year olds.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Referrals were made to local services for diet and sleep advice.

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

- The practice's uptake for cervical screening was 53%, which was below the 80% coverage target for the national screening programme. The practice was aware that they had a low percentage for the uptake of cervical

# Are services effective?

cancer screening and attributed this to the ethnicity of the patient population. However, there had been no actions taken or plans put in place to encourage women to attend for cervical cancer screening.

- The practice's uptake for breast and bowel cancer screening was in line with the local and national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

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

- The practice assessed and monitored the physical health of people with mental illness, 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.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

## Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. However, two cycle audits had not been completed. Where appropriate, clinicians took part in local and national improvement initiatives.

- 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.
- The practice participated in peer review of their work with clinicians from neighbouring practices.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, this was not always supported by appraisals and training.

- The practice understood the learning needs of staff and provided protected time and training to meet them. However, the practice did not have up to date overview of training that was required and what had been completed. Some recommended training was lacking for non-clinical staff. For example, infection control training and identifying a deteriorating or acutely unwell patient.
- The practice provided staff with ongoing support. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. However, we noted that staff working at the Castle Street Surgery site had not received an appraisal in the previous 12 months. There was an induction programme for new staff.
- 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment



# Are services effective?

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

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred to, or after they were discharged from hospital. However, from the records we reviewed we found that the practice did not have documented personal care plans that were shared with relevant agencies.
- Through multi-disciplinary meetings the practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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.

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



# 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.
- Results from the August 2018 annual national GP patient survey showed patients scored the practice below local and national averages when asked if they felt the healthcare professional was good or very good at listening to them and for the overall experience of their GP practice.

## **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 services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- Results from the August 2018 annual national GP patient survey showed how patients felt they were involved in decisions about their care and treatment. The practice was comparable with others both locally and nationally.

## **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 and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises at both sites were appropriate for the services delivered. Services at Castle Street Surgery were delivered from the first floor of a shared building and there was a lift available for patients with mobility difficulties. All consultation and treatment rooms were on the ground floor at the Kingfisher Practice.
- 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Home visits for flu vaccinations were available for 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.

- 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:

- 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.
- Appointments were available outside of school hours with both GPs and nurses.
- A midwife visited the practice to hold antenatal clinics.

### 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, evening and weekend appointments were available from the extended access hub.
- Online appointment booking and prescription requests were available.

### People whose circumstances make them vulnerable:

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

### 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 mental health liaison officer who visited each week.

## Timely access to care and treatment

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

## Are services responsive to people's 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.
- Results from the national GP patient survey published in August 2018 showed the practice scored below local and national averages for questions regarding patients' satisfaction with the experience of making an appointment and the types of appointment offered.
- 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. However, one of the complaints we reviewed had not been responded to within the recommended timeframes. 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.**

### **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.

# 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:

- We found some concerns in the leadership of the practice particularly in relation to the oversight of staffing needs, training and appraisals.

### Leadership capacity and capability

Leaders had skills to deliver high-quality, sustainable care. However, they were lacking in capacity to manage two sites caring for 18,000 patients, with three GP partners and a practice manager.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff informed us that leaders were not always visible as they worked across two sites. However, they said they were approachable and responded when concerns were raised.

### 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 and took into consideration how the practice would manage the change. 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 strived to maintain a culture of high-quality sustainable care. There had been significant changes in the practice in the previous two years that had impacted on the culture of the practice.

- The practice had taken over Kingfisher Practice from another provider and made it a branch of Castle Street Surgery. The GP partners and the practice manager

acknowledged that they were still going through a period of adjustment with Kingfisher Practice and the staff were required to adapt to changes to deliver improved care.

- The majority of staff stated they felt respected, supported and valued. They were proud to work in the practice. However, some staff we spoke with at the Kingfisher Practice raised concerns regarding the changes that had been implemented.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. However, not all staff had received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- 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 was a strong emphasis on the safety and well-being of all staff.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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 to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

# Are services well-led?

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- 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.
- 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 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.
- The practice was part of a local cluster of GP practices and participated in pilots to improve access to and availability of GP appointments.

**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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice had not maintained a record of staff vaccination in line with current Public Health England (PHE) guidance.</li><li>• There was not an effective system to manage infection prevention and control (IPC). Staff had not received IPC training and IPC audits had not been completed.</li><li>• The practice had not completed a formal risk assessment to determine which emergency medicines they needed to stock on the premises for use in the event of a medical emergency. Neither site stocked Atropine which is recommended to be held by practices that perform minor surgery.</li><li>• Some recommended training was lacking for non-clinical staff.</li><li>• Appraisals had not been completed for all staff.</li></ul> <p><b>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>