

Partington Family Practice

Inspection report

Partington Health Centre
Central Road, Partington
Manchester
Greater Manchester
M31 4FY
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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 19 March 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 Partington Family Practice on 27 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had 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. However, not all staff were aware of, and included in the process.

- 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. However, not all staff were aware of, and included in the process.
- Staff were caring and considerate to patients. Patients were involved in their treatment plans and were treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was learning and improvement opportunities for all levels of staff.

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

- 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

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

Background to Partington Family Practice

Partington Family Surgery is the registered provider and provides primary care services to its registered list of 5281 patients with a weighted list size of 6287. (The amount of funding applied to a practice is dependent on the weighted list size). The surgery is located in an area rated number 1 on the deprivation scale. (1 = most deprived; 10 = least deprived).

The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of Trafford Clinical Commissioning Group (CCG). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures, and treatment of disease, disorder and injury.

Regulated activities are delivered to the patient population from the following address:

Partington Health Centre Central Road, Partington
Manchester Greater Manchester M31 4FY

The practice has a website that contains comprehensive information about what they do to support their patient population and the in-house and online services offered:

www.drdeweeverandpartners.co.uk

There are four GPs (2 male and one female) and a practice nurse and a health care assistant all supported by a practice manager and five reception/administration staff. The practice is involved in the education of GP registrars. These are fully qualified doctors who spend time completing their GP training under the mentorship of two of the GPs. There is also a clinical pharmacist who is able to prescribe medicines and can be seen by appointment on Monday and Tuesday afternoons for medicine reviews.

At Partington Family Practice, there is a mixed population where the working age group dominates:

- 24% under the age of 16 years
- 10% between 17 to 24 years
- 51% between 24 to 65 years
- 8% between 65 and 75 years

- 7% older than or equal to 75 years

The surgery is open Monday to Friday from 8am to 6.30pm and three nights per week there is a late appointment clinic until 7pm. In an emergency and when the surgery is closed patients are diverted to the out-of-hours emergency service provided by Mastercall.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- There was a system 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. Many of the staff had been employed at the practice for over ten years and not all the required information, such as references, photographic identified and DBS checks were viewable within all the personnel files. We were assured by the practice manager that the files would be reviewed and brought in line with requirements.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

The practice had systems to assess, monitor and manage risks to patient safety. However, the practice should ensure that all staff are aware of the systems and process in place.

- Arrangements were in place for planning and monitoring the number and mix of staff required to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary and locum staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However not all staff we spoke with said they would know what to do or where they would go to find the emergency medicines.
- Most 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, however the practice should improve the systems in place for sharing information and ensure that all staff are aware of internal protocols.

- 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.

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

Track record on safety

The practice had an appropriate track record on safety.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- 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 but not all staff were involved in the process.

- Not all staff understood their duty to raise concerns and report incidents and near misses and incident reporting was limited mainly to clinical staff.

- 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 but not all staff were involved in the process.
- 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.

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Are services effective?

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Practice nurses and GPs attended specific clinics at residential and nursing homes twice a week.
- Practice nurses and GPs undertook home visits to older people who could not safely or easily attend the practice.

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 could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

- Childhood immunisation uptake rates were all above the national target expected percentage of 90%.
- The practice had arrangements in place for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Whooping cough vaccinations were offered at postnatal appointments.

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

- The practice had a lower than average uptake for cervical screening. They were aware of this and were taking action to improve outcomes.
- The practice's uptake for breast and bowel cancer screening were generally lower than the local and the national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Are services effective?

- 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.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. The practice nurse had not yet been involved in any clinical audit.

- The practice worked within the Greater Manchester Primary Care Standards and we saw evidence their performance had demonstrated compliance with these standards. The practice regularly liaised with Trafford CCG about patient outcomes.
- The practice used information about care and treatment to make improvements.
- The most recent published Quality Outcome Framework (QOF) results showed that this practice was in line with the clinical commissioning group (CCG) and national averages. The clinical exception reporting rate was also average. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their

condition or when a medicine is not appropriate.) The practice was not an outlier for any indicators. The most recent unverified data showed the practice results had improved on the previous submission.

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. The practice nurse was due their annual appraisal.
- There was a clear approach for supporting and managing staff when their performance was poor or variable and we saw evidence of this.

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

Are services effective?

- 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.
- 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 and tackling obesity.

Helping patients to live healthier lives

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

- The practice identified patients who may need 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.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for 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.

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.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

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.
- As a result of feedback from patients the practice has made a number of changes. They had created a better queuing system to improve privacy at reception.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which was provided by Mastercall. Additionally, patients could access GP services in the evening and on Saturdays and Sundays through the Trafford Hub at various locations.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- The practice employed a pharmacist who could undertake reviews and prescribe medicines.

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 was able to access the local district nursing and community teams to discuss and manage the needs of patients with complex medical issues.
- Patients on the long-term conditions registers were recalled for review and blood monitoring.

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 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.
- The practice delivered NHS Health Check for those patients who did not have any existing chronic disease and were involved in a local initiative to screen all patients for pre-diabetes.
- There was online access for booking and cancelling appointments, ordering repeat medicines and viewing of summary health care records. Email and fax were also available to order prescriptions.
- Telephone appointments were available for both urgent and routine problems to improve access.
- A text reminder service was in place to reduce missed appointments.
- Early morning and late evening appointments were available with the Practice nurse and reserved late appointments for working patients three evenings per week with a GP.
- All immunisations including travel were offered at the practice and inhouse phlebotomy was offered for patient convenience.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- There was a carer champion and monthly carer meetings to network and share skills.
- Carer champion with monthly carer meetings to network and share skills. There was also a carers' coffee morning monthly.
- Monthly meetings were in place with health visitors.
- The practice had a referral link to the local food bank with their own supply of food vouchers to dispense where appropriate.
- Trafford Coordination Centre monitored the practice cohort through nurse telephone contact.

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.
- Patients had the benefit of an inhouse injection service for those on injectable therapies to aid compliance. This allowed the practice frequent monitoring of mental health patients.
- Local mental health services were available via the practice or self-referral to Blu-Sci Psychological therapies in Trafford or other psychological services. The practice is in an isolated area and these services are very important to the practice population.

- The practice had side rooms that they used as waiting areas for those preferring to avoid a busy reception area.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

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.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

Leaders had 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. During the inspection we highlighted further areas for improvement in relation to reporting, learning and sharing information at all levels. For example in relation to fridge management, responsible staff should be aware of the protocol to follow when things went wrong. All members of staff should be involved in the process of positive and negative incident reporting and all staff should be aware of the learning therefrom, even if they were not involved in the incident.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a vision and 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 and we saw evidence of this.
- 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.
- Not all staff we spoke with felt involved and encouraged to raise issues and concerns but those that did had confidence that they would be addressed.
- There were processes for providing all staff with the development they needed. 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 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.

Governance arrangements

Although key responsibilities, roles and systems of accountability to support good governance and management were in place, these were not fully understood or known by all staff.

- Structures, processes and systems to support good governance and management were in place. However, better communication was required to ensure that they were clearly set out, understood and effective for all staff. For example staff meetings where information could be disseminated and discussed, and ways of ensuring that non-attendees received the same information.
- Practice leaders had established policies, procedures and activities to ensure safety. They needed to assure themselves that they were operating as intended. For example in relation to, significant incident reporting and the management of patient safety alerts received into the practice.

Are services well-led?

- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on some roles and accountabilities including in respect of safeguarding and infection prevention and control. However, not all staff understood the responsibilities of the staff in those roles, or when they would should contact a specific individual about a concern.

Managing risks, issues and performance

- There were processes for managing risks, issues and performance but these needed to reflect the processes undertaken and be embedded into daily workload.
- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However not all staff were included in or understood those processes. For example there was no consistent way to ensure that staff received and acted on patient safety alerts.
- 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. Nursing staff were not included in clinical audit.
- 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 staff had sufficient access to information. However, only clinical staff were included. A structure to disseminate information and involve all members of staff was required.

- 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 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 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 a newly formed 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 but not all staff were involved in the process.

- There was a focus on continuous learning and improvement.
- Not all staff were aware of improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints but learning was not shared across the whole team to make improvements.
- Non-clinical staff were not encouraged to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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 How the regulation was not being met The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: • Not all staff files held all required documents such as photographic identification, references and/or DBS checks. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: • Not all staff were involved in incident reporting • Dissemination of Alerts and information was not effective. • Not all staff were involved in discussion, evaluation and learning from incidents and complaints. • Not all staff were aware of improvement methods or had the skills and encouragement to use them. Regulation 17(1)