

Modern Medical Centre

Inspection report

The Surgery
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Romford
Essex
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www.modernmedicalcentre.org

Date of inspection visit: 17 September to 17
September 2018
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Requires improvement	

Overall summary

This practice is rated as requires improvement overall.

(Previous rating 30 June 2017 CQC the rating was good overall and for all the key questions (with the exception of responsive)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement.

We carried out an announced comprehensive inspection at Modern Medical Centre on 17 September 2018. As part of our inspection programme and to follow up the finding of requires improvement in the responsive domain at the inspection on the 30 June 2017.

At this inspection we found:

On the day of the inspection staff could tell us about the actions they had carried out but they were sometimes unable to provide us with the written evidence of their actions. This meant that there were gaps in the systems and processes for safeguarding, medicines, and infection control which did not always mitigate and prevent risks to patients or support good governance. However, following the inspection the practice was responsive and responded within 48 hours to our concerns and has put into place new systems and processes to ensure accurate recording and to minimise the risks to patients.

- 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.
- The practice had responded to the patient feedback.
- The provider supported a 39-bed residential care home that had gained platinum accreditation for End of Life Care Framework. The home manager explained this had improved the end of life care for many of their residents over the last six years.
- The practice took complaints and concerns seriously and responded to them appropriately.
- The provider had carried out clinical audits that had improved outcomes for patients.
- Leaders at all levels were visible and approachable.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the policies and standard operating procedures to ensure that they fully reflect the services practices.
- Review staffs training to ensure they have covered the necessary training for their roles.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice.

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Modern Medical Centre

Modern Medical Centre is located in Romford and provides general medical services with NHSE London medical services to approximately patients 5,683 (2,795 male, 2,888 female), and the practice is part of the Havering Clinical Commissioning Group (CCG).

There are two male GP partners and three locum GPs (two female and one male). The GPs are supported by two part-time female practice nurses, a part time advanced nurse practitioner, a practice manager, a team of receptionists and administrative staff. The practice is an approved teaching practice, supporting undergraduate medical students.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged between 35 and 54 years of age when compared to the national average. The number of patients aged 60 to 79 is slightly lower than average. The number of registered patients suffering income deprivation (affecting both adults and children) is similar to the national average.

The practice is open Monday, Tuesday, Wednesday and Friday between 8am and 6.30pm, when appointments

are available from 8.30am to 1.30pm and 3.30pm to 6.30pm. On a Thursday the practice is open and appointments are available from 8.30am to 1.30pm. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website.

Services are provided from one location.

Modern Medical Centre

The Surgery, 195 Rush Green Road, Romford, Essex, RM7 0PX.

The practice website is www.modernmedicalcentre.org

Modern Medical Centre is registered by CQC to carry out the following regulated activities, Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, surgical procedures and Diagnostic and screening procedures. At the time of the inspection we were informed the practice no longer carry out minor surgical procedures.

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:

- We found on the day of the inspection, the practice's systems for safeguarding, were at times ineffective and did not always mitigate and prevent risks to patients.

Safety systems and processes

- All staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. The practice had a policy and protocol in place for staff to follow. However, on the day of the inspection, we found the practice did not have written evidence that they had consistently followed the appropriate systems that safeguarded children and adults from abuse. The practice explained this was because they had not had the appropriate training on their computer system. Following the inspection, the practice manager has confirmed they had reviewed their safeguarding systems and updated the child protection registers.
- The practice carried out the appropriate staff checks at the time of recruitment and on an ongoing basis, but at the time of the inspection not all of the documentation was available for the inspection team to view. The practice manager sent this following the inspection.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The system to manage infection prevention and control did not include the checking of disposable products or the cleaning of the treatment room curtains. Following the inspection, the practice manager sent confirmation that they had replaced the curtains. In addition, they had introduced new system to monitor areas of infection 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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice did not use agency staff or short-term locum GPs, therefore all the GPs working at the practice were aware of the protocols to follow. The practice did not have a GP locum pack at the time of the inspection.
- 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. Following the practice managers assistant leaving the practice, we saw the practice manager's workload had increased.

Information to deliver safe care and treatment.

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

Appropriate and safe use of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, was not always effective and therefore did not always minimise risks. Following the inspection, the practice manager informed us that an improved system was in place for the management of the emergency medicines.
- Staff prescribed, administered, or supplied medicines to patients and gave advice on medicines in line with

Are services safe?

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 both fire and health and safety risk assessments and had followed up the recommendations made.
- The provider had carried out a legionella risk assessment in 2018. Following the inspection, the practice manager provided evidence they had implemented a new system to follow the recommendations in the risk assessment.

Lessons learned and improvements made

- 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 had mostly acted on and learned from external safety events as well as patient and medicine safety alerts. However, the practice had not responded to the safety alert regarding risk assessing the window blinds with looped cords in the waiting room and the consultation rooms, which were not secured and could pose a risk to children.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across all population groups except for population group families, children and young people which we rated requires improvement.

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 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.
- The GPs and practice manager held daily meeting to review and ensure they responded to patient's needs. Such as discharges from hospital, referrals from urgent care or abnormal blood results.

Older people:

This population group was rated as good for effective because:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. 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.
- The provider supported a 39-bed residential care home that had gained platinum accreditation for End of Life Care Framework. The home manager explained this had improved the end of life care for many of their residents over the last six years.
- The practice attended monthly multi-disciplinary team meetings with other agencies to review the needs of patients with complex needs, such as the elderly.
- The practice had an immunisation campaign to encourage the uptake of the flu vaccine for older people living at home and in the residential care home.

People with long-term conditions:

This population group was rated as good for effective because:

- 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.
- 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 had carried out a recent audit of patients with atrial fibrillation to check they were prescribed the correct anti coagulants, the results were 100%.

Families, children and young people:

This population group was rated requires improvement for effective because:

- Childhood immunisation uptake rates were lower than target percentage of 90% or above between 1 April 2016 to 31 March 2017 with the four areas ranging from 84% to 87%. The practice nurse explained that in response they planned to open a Saturday clinic.
- When a child failed to attend an appointment for immunisations, the clinician would pass the information to the administration team who would send out a further appointment letter. However, it was unclear how either the clinician or the administration team collated this information to identify children who may be at risk and who was overall responsible. Following the inspection, the practice manager sent a copy of the practices patients who 'Did Not Attend' their appointments including vulnerable persons protocol for adults and new protocol for children, which set out the action staff had to take but did not specify which member of the team was responsible for oversight of this system.

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

This population group was rated good for effective because:

Are services effective?

- The practice's uptake for cervical screening was 67.4%, which was below the national 80% coverage target for the national screening programme but in line with the CCG average of 73% and the national average of 71%. The practice nurses explained they monitored their results from samples taken and followed up any negative results to check that patients had been informed.
- The practice's uptake for breast cancer screening was in line with the national average.
- At 44% the uptake for bowel cancer screening was below the CCG average of 50%.
- The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis was 93%, which was higher than the national average of 71%.
- 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:

This population group was rated as good for effective because:

- 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 provider had worked with a local 39 bed care home that had gained accreditation for the gold standard framework for end of life care. The GP had provided a weekly visit and involvement in care planning and advanced patient decisions.
- The practice held a register of patients with a learning disability. In addition, a list of nine patients who required palliative care. We noted the list provided on the day of the inspection contained nine patients of which one had recovered from cancer, ten years ago and lived independently. Following the inspection, the practice manager stated they had checked the list and found that it was correct at the time of inspection and matched the practices criteria for palliative care.

- 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):

This population group was rated good for effective because:

- 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.
- 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.

- Where QOF results were worse than the CCG or national average, the practice had responded by carrying out an audit to improve the care provided.
- The practice had a better average than both the CCG and national average for the daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit between 1 July 2017 and 30 June 2018.
- 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.

Effective staffing

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, and older people.

Are services effective?

- 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. However, the records demonstrated out of 13 staff, three had not completed their basic life support.
- The practice provided staff with ongoing support. This included appraisals which the provider carried out.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice had a medical student and one of the GP partners was working towards becoming GP trainer by the end of the year.
- The advanced nurse practitioner had completed role specific training.

Coordinating 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 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 health visitors.
- 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

- The practice directed 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, and patients at risk of developing a long-term condition.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example monitoring their blood pressure.
- 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

- 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

- All 23 CQC comment cards completed by patients and information from the patient participation group was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

- Staff were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)
- Staff communicated with people in a way that they could understand, for example, communication aids.

- Staff signposted patients and their carers to find further information and access community and advocacy services.
- The practice identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.
- For people with a visual impairment the practice would provide information in large print.

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.

At the previous inspection on the 30 June 2017 CQC rated the practice as requires improvement for responding to people's needs. This was because the practice's low satisfaction rate demonstrated by the GP national survey regarding access to the surgery. At this inspection we found the provider had responded to the GP national survey results and had increased appointments and improved telephone access.

Responding to and meeting people's needs

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were unable to visit the practice. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The GPs and practice manager held daily meetings to review and respond to the patient's needs.

Older people:

This population group was rated good or responsive services because:

- The provider supported a 39-bed residential home that had gained the platinum accreditation for the End of Life Care Framework. The practice provided the same GP to ensure a consistent approach, who told us that they had also met with the patient's relatives when needed to discuss the patient's advanced care plans.
- Older people had a named GP to ensure a consistent approach.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice held a register of patients who were unable to visit the surgery.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated good for responsive services because: -

- 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.
- The practice website supports links to further advice and information for patients with long-term conditions.
- The practice sometimes offers extended hours appointments for patients who required wound care as a result of their long-term conditions.

Families, children and young people:

This population group was rated good for responsive services because:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The nurse was available two evenings a week until 6.30pm and was introducing Saturday clinics to increase access for families and children.
- The practice has baby changing facilities.
- The practice offers family planning services.

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

This population group was rated good for responsive services because:

- 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 until 6.30pm and use of the GP access hub which was open until 10pm weekdays and Saturday and Sundays.
- The practice encourages both asthma and urinary track pathways that enable the patients to assess their need for self-referral for an appointment.
- The GPs offered telephone consultations for some medication review and telephone results for patients who were unable to attend the practice.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- The practice held a register of patients with a learning disability and those who were unable to leave their homes.
- The practice offered longer appointments when needed for people who were vulnerable.
- People in vulnerable circumstances were able to register with the practice, including asylum seekers.
- The provider gave an example of how the practice had helped vulnerable patients, by providing a responsive service and enabling a service at the patient's home.

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice referred patients to the memory clinic or to secondary care or Improving Access to Psychological Therapies team (IAPT).
- The provider gave an example of how they had assisted patients by offering blood test taking at the surgery instead of the hospital, prioritising the patients and offering self-help advice.

Timely access to care and treatment

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients had reported in the GP survey carried out from January to March 2018 that the appointment service was difficult to access. In response to these results the practice carried out its own survey in March 2018. The practice responded by increasing the number of telephone lines into the surgery and by increasing the number of appointments. The practice carried out their own re-audit in August 2018 which demonstrated improvements in patient's feedback.

Listening and learning from concerns and complaints

- The practice took complaints and concerns seriously and responded to them appropriately.
- 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. The practice had acted on the complaints received about access.

Please refer to the evidence tables for further information.

Are services well-led?

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

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

On the day of the inspection in the safe domain we found gaps in the systems and processes for safeguarding, medicines, infection control and recruitment which were at times ineffective and did not always mitigate and prevent risks to patients or support good governance. At the time of the inspection staff could tell us about the positive actions they had carried out but they were sometimes unable to provide us with the written evidence of their actions. However, following the inspection the practice manager has responded within 48 hours to our concerns and has put into place new systems and processes to ensure accurate recording and to minimise the risks to patients.

Leadership capacity and capability

- 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.

Vision and strategy

- There was a clear vision and set of values.
- 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.

Culture

- Staff stated they felt respected, supported and valued.
- 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

- In the safe domain we have found gaps in the systems and processes for safeguarding, medicines, and infection control. which were at times ineffective and did not always mitigate and prevent risks to patients or support good governance. At the time of the inspection staff could tell us about the actions they had carried out but they were sometimes unable to provide us with the written evidence of their actions. However, following the inspection the practice has responded within 48 hours and put into place new systems and processes to ensure accurate recording and to minimise the risks to patients.
- Staff were clear on their roles and accountabilities.
- Practice leaders had established policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended. However, the policies and standard operating procedures did not always reflect fully the service and staff practices.

Managing risks, issues and performance

- The practice had processes to manage current and future performance. Practice leaders mostly had oversight of safety alerts, 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.
- At the time of the inspection the practice had moved to a new computer system in February 2018, which the staff sometimes had difficulty navigating to provide the information needed to monitor performance. The practice had planned training sessions to overcome this.

Are services well-led?

Appropriate and accurate information

- 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 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.

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.
- Staff told us that learning was shared and used to make improvements.

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

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

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met

The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular:

On the day of the inspection the practice did not have written evidence that they had consistently followed the appropriate systems that safeguarded children and adults from abuse.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, was not effective and therefore did not always minimise risks.

The system to manage infection prevention and control did not include the checking of disposable products or the cleaning of the curtains.