

# Chichele Road Surgery

## Inspection report

25 Chichele Road  
London  
NW2 3AN  
Tel: 02084524666  
[www.chicheleroadsurgery.co.uk](http://www.chicheleroadsurgery.co.uk)

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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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating 15/12/2016 – Good overall)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Chichele Road Surgery on 26 June 2018. We carried out this inspection to follow up a breach of regulations identified at the previous inspection. At the previous inspection we found that patients' privacy was not always protected at the reception desk and this was a breach of regulation 10.

At this inspection we found:

- The practice had improved patient privacy at the reception desk since our previous inspection.
- 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.
- Practice performance was below the local and national averages for cervical screening coverage; child immunisations and the management of diabetes and hypertension. The practice could not provide recent validated data to show improvement. This was an area identified for improvement at the previous inspection.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients reported that they were able to access care when they needed it. The practice operated a walk-in morning surgery which patients said was convenient. However, it resulted in regular queues outside the practice in the early morning.
- There was a focus on continuous learning and improvement at all levels of the organisation. The practice had addressed most of the areas for improvement identified at the previous inspection.
- There was a lack of clarity about the reasons for the practice's below average performance of long-term conditions; immunisation and screening uptake rates and a lack of accessible information to assess current progress.

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

- The practice must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes the use of information to assess practice performance.

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

- The practice should review its appointment system to ensure that patient queues are minimised and the risks have been assessed.

**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>Good</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>Good</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 inspector. The team included a GP specialist adviser.

## Background to Chichele Road Surgery

Chichele Road Surgery provides primary care services to around 6200 patients in the Cricklewood area of Brent in North West London. The service operates from one surgery in an older converted property. Patient facilities are located on the ground and first floors. The first floor is accessible by stairs.

The practice is led by one GP partner and one non-clinical partner who is the practice manager. The practice contracts with two regular locum GPs and employs a full-time nurse practitioner who is an independent prescriber; a part-time practice nurse and a health care assistant. The practice also employs reception and administrative staff.

The practice telephone line opens from 8.45am and the practice doors open from 9am until 6pm Monday to Friday. The practice holds a daily morning walk-in session on a first come/first serve basis. Face to face and telephone consultations are available. Pre-bookable and emergency appointments are available throughout the day. The practice offers evening appointments every

Monday between 6.30pm-7.30pm. Patients can access an out of hours service if they need urgent advice or treatment when the practice is closed. The local primary care 'hub' service also offers evening and weekend appointments with a GP or nurse.

The practice has a smaller proportion of children, babies and older people registered than average with a higher proportion of adults of working age and a higher proportion of men than women. The population is ethnically and culturally diverse with around half of patients identifying as white. The population experiences slightly lower than average life-expectancy and higher than average levels of unemployment and income deprivation.

The practice is registered to provide the following regulated activities: diagnostic and screening procedures; treatment of disease, disorder or injury; family planning; maternity and midwifery services and surgical procedures.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was shared with 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 principal GP was able to provide an example when the practice had alerted the relevant agencies with concerns about a child and this had been followed up.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice list size had increased and the principal GP had increased the number of clinical sessions provided by one of the regular locum GPs.
- There was an induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention, for example the reception team were aware of indicators of stroke. Clinicians knew how to identify and manage patients with severe infections. The practice held a meeting with all staff to review current guidelines in relation to sepsis immediately after the inspection.
- 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.

- 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 taken action to support good antimicrobial stewardship in line with local and national guidance. The practice was a low prescriber of antibiotics compared against the national average.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Patients were involved in regular reviews of their medicines.
- Since our previous inspection, the practice had implemented regular checks of uncollected prescriptions and followed-up any patients at higher risk who had not collected their prescription.

# Are services safe?

## 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 systems for reviewing and investigating when things went wrong. The practice used a traffic light system for rating incidents. It 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. The practice provided evidence that it had reviewed its system for ensuring that safety alerts had been implemented immediately after the inspection.

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

# Are services effective?

**We rated the practice as requires improvement for providing effective services overall.**

**We rated the practice as good for the care of older people and people whose circumstances may make them vulnerable.**

**We rated the practice as requires improvement for the care of:**

- **people with long-term conditions;**
- **families, children and young people;**
- **working age people (including those recently retired and students);**
- **people experiencing poor mental health (including people with dementia).**

## 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.
- The practice used locally developed templates to assess patients' needs in line with guidelines and locally agreed referral pathways.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice participated in the local whole system integrated care scheme to identify and case manage patients aged 65 and over who had complex needs requiring clinical review.
- The practice reviewed patients' medicines every six months using a standardised review template.
- 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.
- The clinical team had weekly telephone access to a consultant in elderly care who could provide advice and answer questions. The GPs told us they found this very helpful.

### People with long-term conditions:

- The practice's performance as measured by published quality indicators for the management of diabetes and hypertension were below local and national averages. This had been highlighted as an area for improvement at our previous inspection. More recent data from the Quality and Outcomes Framework was not yet available and the practice could not access its data submission for 2017/18. We were not assured that its performance had improved.
- The practice had access to diabetic specialist services and advice. The nurse practitioner had identified further training on diabetes as a developmental goal in their most recent appraisal.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was about to participate in a scheme to identify patients at risk of developing diabetes with the aim of prevention.

### Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. This was an area we identified as an area for improvement at our previous

## Are services effective?

inspection. The practice was aware of this and believed their performance was improving. They submitted data after the inspection but while this was suggestive it was insufficient to corroborate the practice's account.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice provided advice and screening for young people on sexual health. They could direct patients to appropriate services locally, for example for the contraceptive implant.
- Clinical staff understood current guidelines around consent and younger patients.

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

- The practice's uptake for cervical screening was 56%, which was below the 80% coverage target for the national screening programme. This was an area we identified for improvement at the practice's previous inspection. The practice was aware of this and provided evidence after the inspection suggesting that the number of smears had increased in 2018 although the impact on the overall uptake rate remained unclear. The nurse practitioner kept a log of all smears taken and followed up women who did not attend to encourage them to do so.
- The practice's uptake for breast and bowel cancer screening was below the national average.
- 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.
- Clinical staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

- The practice offered annual health checks to patients with a learning disability.

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

- The practice's performance as measured by published quality indicators for the management of some mental health conditions was below local and national averages.
- 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.
- 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.
- A counsellor attended the practice twice a week offering talking therapies to patients with mental health problems. Patients could self-refer to this service.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice. The most recent published results showed the practice had achieved 80.5% of the available points compared to the local and national averages of 96.5%.
- The practice was involved in quality improvement activity including clinical audit. This was an area of improvement since our previous inspection. Where appropriate, clinicians took part in local and national improvement initiatives, for example auditing local prescribing practice and patients on multiple medicines.



# Are services effective?

## 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 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, clinical supervision and support for revalidation.

## 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 as required.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff supported patients to live healthier lives.

- The practice identified patients who might 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. The practice offered smoking cessation advice to its patients.
- 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, the winter flu vaccination campaign.

## 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.
- The practice national 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 involved patients 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. The practice informed patients that interpreting and translation services were available if required.
- 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. This was an area of improvement since our previous inspection.
- The practice's national GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- At our previous inspection, we were concerned about the lack of confidentiality at the reception desk. This was particularly acute when the practice opened as there was often a queue of patients waiting to book in. Since then, the practice had marked a line on the floor in the reception area. Patients were requested to wait behind the line until a space at the reception desk became free. The practice had also removed perspex screens at the reception desk which enabled patients to converse with reception staff more discreetly.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a quieter area to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

**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 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. Some consultation rooms were only accessible by stairs. The clinicians working on the first floor were flexible about temporarily moving to the ground floor if patients with mobility difficulties attended.
- The practice made reasonable adjustments when patients found it hard to access services. The practice had a wheelchair on site and had installed an induction hearing loop since our previous inspection.
- 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.

### Older people:

- All patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a medicines delivery service for housebound patients.
- Older patients were able to access the morning walk-in surgery by telephone.

### People with long-term conditions:

- Patients with a long-term condition were invited to attend an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local community nursing team to discuss and manage the

needs of patients with complex medical issues. The GPs also attended multidisciplinary meetings to review the progress of patients being case managed under the local whole systems integrated care scheme.

### 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.
- Parents or guardians telephoning with concerns about a child were able to access the morning walk-in surgery the same day.
- The surgery was open outside normal school hours daily.

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

- The normal opening hours were relatively restricted with patients able to access appointments between 9am and 6pm. The surgery only offered one extended hours evening session per week. However, the practice could offer patients appointments at the local primary care hub service in the evening and at weekends.

### 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.
- The practice had an arrangement with a local voluntary sector organisation to ensure that homeless people had access to primary care and could register with a GP. A counsellor attended the practice to work with patients including homeless patients.

### 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 patients living with dementia.

## 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 managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice's morning walk-in clinic was operated on a first come/first serve basis. Appointments at this clinic were not normally pre-bookable. Patients told us that there were a fixed number of appointments available so there was pressure to arrive early and wait in line outside the surgery. We were told by the practice that when the weather was poor or the pavement icy, the doors would be opened early allowing people to wait inside. On the day of the inspection, patients were waiting in the direct sun for over 30 minutes. The practice had not carried out a formal risk assessment of this approach or experimented with methods to reduce queuing.

- The practice's national GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

### **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 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.**

# Are services well-led?

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

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

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

- There was a clear vision. 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

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

- There was an emphasis on the safety and well-being of all staff. The practice had reviewed safety following a recent attack on a staff member.
- The practice promoted equality and diversity. The practice had a diverse working team.
- There were positive working relationships within the practice and with external organisations and professionals.

## 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 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

There were clear and effective 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.
- Practice leaders had oversight of safety alerts, incidents, and complaints. Immediately following the inspection, the practice provided evidence that it had strengthened its system for reviewing and implementing safety alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

# Are services well-led?

## Appropriate and accurate information

The practice acted on recommendations; changes to guidelines and stakeholder, patient and staff feedback. However there was a lack of clarity about practice performance and the practice's strategy to improve its published performance in relation to the management of some longer-term conditions.

- It was unclear if quality and operational information had been used to systematically improve the practice's published performance in relation to screening; child immunisations and the management of some long-term conditions since our previous inspection. There was a lack of clarity about the practice's current performance on these indicators. The practice provided additional data after the inspection but this was insufficient to demonstrate clear improvement.
- Furthermore, there was some confusion about whether published information accurately reflected the practice's actual performance for some indicators. The practice could not explain what action it had taken to verify or query the published data.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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, staff and external partners to support high-quality sustainable services.

- The practice had established a patient participation group to help develop the service.
- The service was transparent and collaborative 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. The practice had responded to most of the areas identified for improvement at the previous inspection.
- Staff knew about improvement methods, for example clinical audit 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.

**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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met</b></p> <p>The practice did not have effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, it could not provide assurance it was using information about its performance to improve patient outcomes.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>