Saffron Health

Inspection report

509 Saffron Lane
Leicester
Leicestershire
LE2 6UL
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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?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as Requires Improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at 612 Saffron Lane on 23rd October 2018 and at 509 Saffron Lane on 25th October 2018. We carried out a follow up visit on the 6th November 2018 to obtain further information on clinical areas which were identified at the visit on 25th October. The comprehensive inspection was completed due to the practice being newly registered in October 2017.

At this inspection we found:

- The practice had systems to record and investigate significant events and complaints. When incidents did happen, the practice usually learned from them and implemented some systems to improve their processes.
- The practice did not have effective systems for receiving and actioning nationally available medicine and patient safety alerts.
- The practice did not have effective processes to ensure testing was being done for patients who were prescribed medicines requiring regular monitoring. We also found the practice did not have effective systems to assure that patients were being prescribed medicines safely.
- The practice had a mix of clinical staff providing appointments suitable for a range of patients. This included a pharmacist, a paramedic and nurses and doctors trained in specific areas. The practice also had specialised administrative roles for liaising with patients and dealing with prescription requests.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice were involved in research projects in the East Midlands network and had achieved the status of a leadership practice for training.

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

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

We also identified an area of practice where the provider should make improvements:

- Review the process for monitoring and acting on patient satisfaction and feedback

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	**Requires improvement**
People with long-term conditions	**Requires improvement**
Families, children and young people	**Good**
Working age people (including those recently retired and students)	**Good**
People whose circumstances may make them vulnerable	**Requires improvement**
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 second CQC inspector, GP specialist adviser, a practice nurse specialist adviser, a practice manager adviser, the CQC national clinical advisor and a member of the CQC medicines team.

Background to Saffron Health

Saffron Health provide Primary Medical Services for 17,800 registered patients in Leicester City. Services are provided from two sites located at 509 Saffron Lane, Leicester, LE2 6UL and 612 Saffron Lane, Leicester, LE2 6TD. Both sites were visited as part of this inspection.

At the time of our inspection the practice had nine partners (five female and four male), four salaried GPs (two female and two male), six nurses, one mental health practitioner, three paramedics, one pharmacist and three healthcare assistants . The practice was supported by a business manager, reception manager and a team of receptionists and administrators.

The practice has a General Medical Services Contract (GMS). The GMS contract is between general practice and NHS England for delivering primary care services to local communities.

The practice is located within the area covered by Leicester City Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice website provides information about the healthcare services provided by the practice.

Both sites of the practice are open between 8am and 6.30pm Monday to Friday however 509 Saffron Lane opened at 7.30am on Mondays, Tuesdays, Thursdays and Fridays and closed at 7.30pm on Mondays to Thursdays. The 612 Saffron Lane site opened at 7.30am on Mondays and Thursdays.

When the practice is closed patients are asked to contact NHS 111 for out-of-hours care or access the out-of-hours hubs for appointments.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse however we saw evidence of vulnerable patients who had not been identified and recorded.

- The practice had systems to safeguard children and vulnerable adults from abuse however we saw evidence of patients who had safeguarding concerns where the practice safeguarding policy had not been applied.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff could explain how to how to identify and report concerns.
- 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.
- There was an effective system to manage infection prevention and control. We saw audits had been completed at both sites of the practice however not all actions had been completed as they were awaiting the completion of building work. On the day of the inspection we saw that consultation rooms were being used which were fully carpeted. The practice informed us they would rearrange appointments to ensure that any intimate consultations or minor surgery procedures would be completed in appropriate rooms.
- The practice had arrangements to ensure that equipment was safe and in good working order.
- The practice had arrangements for the management of waste and clinical specimens to keep people safe. On the day of inspection we saw that bins containing clinical waste were not always secure.
- We saw one sharps bin which had been in use for longer than recommended however, this had been rectified by the end of our inspection and replaced with a new one.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice provided evidence of how they had responded to medical emergencies efficiently.
- 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 did not always have the information they needed to deliver safe care and treatment to patients. We found that the practice system for handling national patient safety alerts was not effective.

- We saw records of medication reviews being recorded without evidence of a review being carried out. Following the inspection, the practice told us that the code for 'medication review done' was automatically being incorrectly added and this had been disabled.
- The practice did not have an effective system for receiving and acting upon nationally available medicine and patient safety alerts. We searched for patients who should have been identified as a result of safety alerts and found evidence of patients who were at risk of serious harm. Following the inspection the practice provided an action plan as assurance that they would complete searches on previous patient alerts where there was no evidence of previous action being taken They had also investigated the patients who were at serious risk of harm and contacted them as a matter of urgency to attend the practice.
- Read codes suggesting specialist advice had been given to patients were added to records automatically when administration staff were accessing the records to produce repeat prescriptions. There was no evidence

that the advice was actually being given. Since the inspection the practice have informed us that they have taken steps to stop the code being added inappropriately in this way but we have not seen evidence of this.
- 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. The practice had a system to ensure patients requiring any appointments via the two week wait referral were completed and attended.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines, however we saw evidence that the practice systems for ensuring safe prescribing of medicines was not always effective. We saw evidence of some patients being prescribed medicines without the appropriate monitoring tests being completed and recorded on patients' clinical records.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- We found that staff did not always prescribe and administer medicines to patients in line with the latest guidance.
- The practice system for ensuring patients requiring monitoring whilst taking high risk medicines was not always effective. We found evidence of housebound patients who were receiving a medicine that required close monitoring. There was no evidence of this monitoring on the clinical system to indicate it remained safe to continue the medicine, for several months.
- The practice had patients who were taking high risk medicines. They had included an alert on the clinical system highlighting these patients needed extra monitoring such as blood pressure readings and weight measurements regularly. We found patient records where these readings were missing.
- During the inspection we did not see effective processes for patients receiving medicines which required regular monitoring being completed. This included patients taking blood pressure medicines who were not receiving the necessary renal function monitoring within appropriate timescales.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The process for ensuring patients' medicines were regularly reviewed did not provide assurance that medicines remained safe and appropriate to be prescribed to patients. We saw occasions where Read codes stating 'medication review done' had been added to patients' records without evidence of any critical review of the medicines or the needs of the patient.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- We asked to see the electrical fixed wiring report which had been completed in January 2017 where nine items required urgent remedial actions. There was no evidence that the practice had rectified these and there was no risk assessment available. Following the inspection, the practice told us they had obtained documentation of the agreement that no immediate action was required with these items

Lessons learned and improvements made

The practice made some improvements when things went wrong however it did not always prevent incidents recurring.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were some systems for reviewing and investigating when things went wrong.
- There was some evidence of the practice identifying themes however we saw some significant events repeated suggesting the processes which had been put in place to avoid them recurring had not been effective.
- The practice did not have an effective system to act on and learn from external safety events such as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Requires improvement

Are services effective?

We rated the practice overall and the population groups of patients with long term conditions, older patients and people whose circumstances may make them vulnerable as requires improvement 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 evidence that clinicians did not always deliver care and treatment in line with current legislation, standards and guidance.

- We did not see an effective recall process to ensure patients taking medicines that needed checks were being completed in a timely manner. Since the inspection, the practice have told us they contact patients to attend the surgery however they are aware of the number of patients who are slow to respond to these requests.
- We saw evidence of patients being prescribed medicines which could have interacted with their other medicines or conditions. Following the inspection, the practice told us that a GP had advised the patients of what action to take with regards to possible interactions.
- Patients' immediate and ongoing needs were assessed. This included 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 practice used an electronic referral system for district nurse appointments.

Older people:

- We found that housebound patients were not always receiving effective treatment and monitoring to ensure prescribing kept them safe.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had a dedicated care home nurse to liaise with patients who lived in a residential or nursing home. The care homes we spoke with said that Saffron Health treated their patients well.

People with long-term conditions:

- 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.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions were below local and national averages apart from one indicator for atrial fibrilation which showed significant positive variation to local and national averages. However two indicators for other conditions showed performance significantly below national and local averages.

Families, children and young people:

- Childhood immunisation uptake rates were consistently above the target percentage of 90%.
- The practice had a team of clinicians and administration staff dedicated to child health. They had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had a dedicated sexual health nurse.

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

- The practice's uptake for cervical screening was 66%, which was below the 80% coverage target for the national screening programme. The practice were aware of this and reported that they had trained more nurses to take cervical smears and routinely offered extended hours for patients to book tests. The practice cervical smear rates were slightly higher than the local average.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- We saw evidence of patients who had gestational diabetes which was not coded on the clinical system.

Requires improvement

Are services effective?

- 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:

- We saw evidence of patients who had been identified by clincians as vulnerable but did not have any concerns coded on their patient records
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Patients were discussed at regular meetings with other involved agencies. The practice recorded discussions of these meetings on the patient's record.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- The practice employed a mental health nurse specialist to care for patients experiencing poor mental health.
- The practice completed 'Wellbeing plans' for patients with mental health conditions.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. They provided 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 medicines.
- 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. The practice could access urgent support for patients if required.
- 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's performance on quality indicators for mental health were in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice QOF exception rates were above average in most of the indicators. We spoke with clinicians on the day of the inspection who could not explain why this was. We saw some evidence of patients being exception reported in line with their process however some could not be explained.
- The practice used information about care and treatment to make improvements.

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.
- On the day of the inspection we saw one member of clinical staff who had not completed mandatory training for fire, infection control and information governance.
- The practice provided staff with ongoing support. This included one to one meetings, appraisals, clinical supervision and revalidation. There was an induction programme for new staff.
- The lead nurses reviewed the appointments and record keeping of other nurses and clinical staff and gave feedback.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

Requires improvement

Are services effective?

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

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice actively promoted social prescribing schemes and had a notice board with community events and support available to patients. The practice had a dedicated group of staff to assist with this.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice had a dedicated patient liaison role to oversee patients who required signposting or extra assistance.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity initiatives.

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.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. There was a dedicated member of administration staff to assist patients with any extra needs or social requirements that might help their care. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. There was information available to patients in the waiting room specifically for carers.
- The practices 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.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and 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.
- The practice had introduced the "on the day" team to offer patients acute appointments with a mix of clinicians who could appropriately deal with a range of patient needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or in a 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.

People with long-term conditions:

- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and telephone consultations.

People whose circumstances make them vulnerable:

- 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.

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.

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. The practice had tried to improve access to the surgery by changing their telephone system and making extra staff available to answer phones at peak times. The practice had also introduced the 'on the day' team to deal with urgent appointments which are required on the day.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

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

- Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- The practice responded to complaints effectively and in a timely manner.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

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

Leadership capacity and capability

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

- Some 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 succession planning

Vision and strategy

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

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

Culture

The practice aimed for a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and multidisciplinery teams.
- The practice held a 'healthier saffron' group for staff, including group sessions focussing on healthier lifestyles.
- The practice were responsive in completing a detailed action plan following our inspection containing their plans for improving services and processes which had been identified as ineffective.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, leaders were not always aware of issues relating to the clinical care of patients.

- Structures, processes and systems to support good governance and management were clearly set out. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Leaders were not always aware of issues relating to the clinical care of patients including the lack of processes around safety alerts, monitoring patients or lack of support to housebound patients.
- The practice was not aware of the high exception reporting for QOF figures and could not explain why their exception reporting was so high.
- Staff were clear on their roles and accountabilities including those relating infection prevention and control.
- Practice leaders had established policies, procedures and assured themselves that they were operating as intended.

Managing risks, issues and performance

Requires improvement

Are services well-led?

There were some clear and effective processes for managing risks, issues and performance however we saw areas where processes were not effective at managing risks relating to patient safety.

- There were some effective processes to identify and monitor and address future risks.
- The practice did not have effective processes in keeping patients safe when prescribing or monitoring medicines which put patients at risk of harm.
- The practice management were not always aware of performance such as QOF data exception reporting or how patients were not receiving the correct care in line with national guidance.
- Practice leaders had oversight of incidents and complaints.
- The system to receive and act upon patient safety alerts was not effective at keeping patients safe. Following the inspection, the practice told us they thought the system was safe as there was no record of patients who had come to actual harm, however the system should be safe enough to mitigate against potential harm.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.
- The practice completed a detailed action plan following our inspections detailing how they would address issues we found.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had access to information discussed.
- The practice used performance information which was reported and monitored. 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was involved with the Clinical Research Network (CRN) for East Midlands and took part in a number of research studies if they felt this was beneficial to their patients. The practice became a Leadership Site for research in April 2018.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care Quality Commission found that Saffron Health were failing to operate safe care and treatment to ensure compliance with the requirements of regulation 12(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.