

The Bailey Practice

Inspection report

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London
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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Bailey Practice on 24 October 2018 as part of our inspection programme.

At the inspection we found:

- The practice had not completed a risk assessment supporting the decision to allow a receptionist to work whilst their Disclosure and Barring Service (DBS) check was pending.
- There was no process to carry out regular fire alarms tests and the fire extinguishers had not been checked.
- There was no evidence that some medical equipment had been calibrated to ensure it was in good working order.
- The practice did not have an effective failsafe system to ensure that cytology test results were received and acted upon and was not auditing inadequate smear rates.
- In relation to monitoring a particular high-risk medicine, some patient test results were not documented within the patient's notes before prescribing.
- The practice had a system for recording receipt and acknowledgement of safety alerts. However, there was no documentation of what action was taken by the practice.
- There were adequate systems for reviewing and investigating when things went wrong. The practice handled complaints and significant events appropriately and was aware of the duty of candour.

- The practice reviewed and monitored the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to relevant and current evidence based guidance and standards.
- Patient feedback about the practice was extremely positive, with many patients commenting that it was the best GP practice they had attended.
- The practice's GP patient survey results were above local and national averages for all questions.
- The practice had an active patient participation group who were involved with the development of the practice.
- The practice organised and delivered services to meet patients' needs.
- There was a clear leadership structure, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- There was a focus on continuous learning and improvement.

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

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

You can see full details of the regulations not being met at the end of this report.

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

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and evidence table for further information.

Population group ratings

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

Our inspection team

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

Background to The Bailey Practice

The Bailey Practice is situated within Waltham Forest at 107 Shernhall Street, London E17 9HS, and is part of the Waltham Forest Clinical Commissioning Group (CCG). The practice provides services under a General Medical Services contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract) to approximately 3841 patients in the Walthamstow area of East London.

This area is socio-economically diverse, but with areas of increased deprivation. There is a higher than the national average number of children aged between 0 and 4 years and a lower number of older people over the age of 75 years.

The Bailey Practice is a family-run practice which operates from a single converted premises.

The practice is registered with the CQC to carry on the regulated activities of: diagnostic and screening procedures; family planning; maternity and midwifery services; and treatment of disease, disorder or injury.

At the time of inspection, practice staff consisted of: two female GP partners (one working six clinical sessions per week and one working five), a female advanced nurse

practitioner (working eight clinical sessions per week), a female practice nurse (working two clinical sessions per week), a practice manager, a reception manager and two receptionists.

The practice reception is open Monday to Friday from 8am to 6.30pm and appointments are available at the following times:

- Mondays from 8.30am to 11am and from 3pm to 6.30pm;
- Tuesdays from 8am to 11am and from 12.30pm to 6.30pm;
- Wednesdays from 9am to 1.30pm and from 2pm to 6.30pm;
- Thursdays from 8.15am to 4.30pm;
- Fridays from 8.30am to 11am and from 12.30pm to 6.30pm.

The practice also provides extended hours appointments on Mondays from 7.30am to 8am and from 6.30pm to 7pm, and on Fridays from 7.30am to 8am.

Out of hours appointments are available to practice patients at other GP practice locations in Waltham Forest every weekday from 6.30pm to 9.30pm and on Saturday and Sunday from 8am to 8pm.

Are services safe?

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse, although some safety systems were not effective.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Clinical staff acted as chaperones and 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.)
- All clinicians had enhanced DBS checks, but non-clinical staff had not had any DBS checks. The practice had completed a risk assessment to support the decision for non-clinical staff to work without DBS checks, however the most recently-employed receptionist did not have a DBS check and there was no risk assessment in place to support this decision. Following the inspection, the practice sent us a risk assessment they completed on 25 October 2018 to support the decision for the receptionist to work whilst their DBS check was pending.
- 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. During the inspection we found that there were no employment references for staff contained in their staff employment files, there was no proof of identification for one of the receptionists, and none of the employment contracts in the files were signed by the staff members. Following the inspection, the practice provided evidence that employment references had been received for staff prior to their employment, a copy of the proof of identification for the receptionist, and the signed employment contracts; these had been stored in a different location to the staff employment files.

- There was an effective system to manage infection prevention and control.
- Arrangements for managing waste and clinical specimens kept people safe.
- The practice did not have arrangements to ensure that all medical equipment was safe and in good working order. We saw evidence that some of the medical equipment had been purchased within the last 12 months and therefore did not require calibration. However, there was no evidence that other equipment was either new or had been calibrated to ensure it was in good working order, for example the weighing scales, refrigerator and thermometers.
- The practice had installed new fire alarms in August 2018. However, the practice did not have a process for carrying out regular fire alarm tests. Following the inspection, the practice sent us a monthly test log in which they would document their fire alarm checks. During the inspection we asked practice staff when the fire extinguishers had been checked and they were not able to tell us.

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.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, except in relation to cytology test results.

Are services safe?

- 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.
- In relation to the management of test results, the practice did not have an effective failsafe system to ensure that cytology test results were received and acted upon. We saw samples taken in February and May 2018 where no results had been documented as having been received. Following the inspection, the practice told us a named individual had been made responsible for monitoring of smear results, who would complete the failsafe test results log to ensure all results are received and actioned appropriately.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines, except in relation to the documentation of one high-risk medicine.

- 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 had taken action to support good antimicrobial stewardship in line with local and national guidance.
- Public Health England data for 1 July 2017 to 30 June 2018 for the number of antibacterial prescription items prescribed per specific therapeutic group age-sex related prescribing unit was below the national average (0.66 for the practice, compared to 0.95 nationally). This indicates lower antibiotic prescribing on the part of the practice.
- 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.
- In relation to the management and monitoring of high-risk medicines, the GPs had not documented the INR results for patients prescribed Warfarin within the patient's notes (the international normalised ratio 'INR' is a laboratory measurement of how long it takes blood to form a clot, which is used to determine the effects of

oral anticoagulants on the clotting system). On the day of inspection, the GPs told us they did not have access to patients' INR results on their electronic record system, so patients would bring in paper copies of their recent INR results for the GPs to view, which GPs would check before prescribing. Following the inspection, the practice told us that in fact they did have access to patients' INR results electronically and provided evidence of this, and said these are checked before prescribing. The practice told us the check of INR results was not always documented and coded into the patients' notes. The practice said that, going forward, the GPs would ensure that they document that the INR result has been checked within the patient's individual notes prior to the prescription being issued.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues, although some aspects of the practice's fire safety processes were not effective.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice had a system for recording receipt and acknowledgement of safety alerts. However, they had not documented what, if any, action was required or taken by the practice in response to the alerts received. The GPs told us that they had taken action where appropriate, for example changing a patients' adrenaline auto-injector devices following receipt of a safety alert, which was evidenced in the patients' individual records. Following the inspection, the practice sent us a copy of a spreadsheet they had created to log received safety alerts and document what action, if any, was taken.



Are services safe?

Please refer to the evidence table for further information.

Are services effective?

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

Effective needs assessment, care and treatment

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

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

Older people:

- Patients aged over 75 were invited for an annual health check. If necessary they were referred to other services such as voluntary services. The practice had 80 patients aged over 75, and 60% of these patients had received an annual health check in the last 12 months.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that care plans and prescriptions were updated to reflect any changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Patients at risk of hospital admission were identified for priority care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 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's performance on quality indicators for long term conditions was in line with national averages.

Families, children and young people:

- The practice's childhood immunisation uptake rates were below the target percentage of 90% or above. Staff told us that the practice nurse and advanced nurse practitioner would both be completing immunisations going forward which they hoped would improve uptake rates, but there was no formalised or documented plan. However, we saw information around the practice encouraging childhood immunisations, and there were alerts on patients records for those requiring an immunisation. We saw that there was a recall process to routinely invite patients in for their immunisations and this was discussed with patients when they attended the practice for a consultation.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice carried out chlamydia screening and administered whooping cough vaccines for pregnant patients. The practice worked with the local perinatal mental health team and counselling service to support patients experiencing postnatal depression.

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

- The practice's uptake for cervical screening from April 2016 to March 2017 was 68%, which was below the 80% coverage target for the national screening programme. Practice staff were aware of the low data and had put in place appropriate actions to try and improve the screening rate.
- In addition, the practice did not have a system to monitor or audit inadequate smear rates, although when we checked it was very low (less than 1%). Following the inspection, the practice sent us evidence that an audit had been completed and told us this would be completed every three months for the practice nurse's first year of employment.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.

Are services effective?

- 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:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had 14 patients on the register who had a learning disability and 85% of these patients had received an annual health check in the last 12 months.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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

- The practice assessed and monitored the physical health of people with poor mental health.
- There was a system for following up patients who failed to attend for administration of long term medication.
- There was a system for following up patients who attended A&E when they may have been experiencing poor mental health.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients experiencing poor mental health. The practice had 10 patients on the register who had dementia and 90% had received an annual health check in the last 12 months. The practice had 23 patients on the register who had poor mental health and 87% had received an annual health check in the last 12 months.
- The practice's performance on quality indicators for mental health was in line with national averages.

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.

- The most recently published Quality Outcome Framework (QOF) results were 95% of the total number of points available, compared with the CCG average of 96% and national average of 96% (QOF is a system intended to improve the quality of general practice and reward good practice).
- The overall exception reporting rate was 3.5%, which was below the local average of 5.8% and national average of 5.7% (exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).
- The practice 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 the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, clinical supervision and 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.

Are services effective?

- 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.
- 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 were proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the evidence table 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 all patients was extremely 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 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.

- 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, although only 18 patients (0.47% of the practice population) had been identified.
- The practice's GP patient survey results were above 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 area in the reception office 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 table 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.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them.
- The practice was responsive to the needs of older patients, and offered home visits for those with enhanced needs or who had difficulty travelling to the practice.
- The nurse offered home visits to older patients to administer influenza and shingles vaccines.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- Patients at risk of hospital admission were identified for priority care.
- The practice took part in multidisciplinary meetings with the local healthcare teams 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 and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Children 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 at the practice and out of hours appointments available at other practice locations in Waltham Forest.
- Walk in appointments were available three days per week.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode or refugees.
- Appointment requests from vulnerable patients were prioritised. Vulnerable patients will often be seen opportunistically, as reception staff will alert the GPs if a patient attends the practice for another reason.
- The practice offered longer appointments for patients with a learning disability. For example, one patient who is distressed by crowds and noise is always given an appointment during lunchtime between surgeries.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice offered flexible appointments for patients with poor mental health.
- The practice was involved in multidisciplinary meetings to discuss case management of patients experiencing poor mental health, and signposted patients to support groups and voluntary organisations.

Timely access to care and treatment

Are services responsive to people's needs?

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with urgent needs and vulnerable patients had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were above 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 respond 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 table 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.

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.
- 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 information discussions, appraisals and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.

- The practice promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, significant events and infection prevention and control.
- Practice leaders had established policies and procedures to ensure safety.

Managing risks, issues and performance

There were 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, except in relation to some aspects of fire safety and equipment calibration.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

- The practice used performance information which was reported and monitored.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

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

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- 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 table for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:--- The practice had not completed a risk assessment supporting the decision to allow a receptionist to work whilst their Disclosure and Barring Service (DBS) check was pending.--- There was no process to carry out regular fire alarms tests and the fire extinguishers had not been checked.--- There was no evidence that some medical equipment had been calibrated to ensure it was in good working order.--- The practice did not have an effective failsafe system to ensure that cytology test results were received and acted upon and was not auditing inadequate smear rates.--- In relation to monitoring a particular high-risk medicine (Warfarin), some patient test results were not documented within the patient's notes before prescribing.--- The practice had a system for recording receipt and acknowledgement of safety alerts. However, there was no documentation of what action was taken by the practice.</p>