

Primary Care Today Limited

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous rating–September 2017 Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Primary Care Today Ltd on 25 July 2018 in response to concerns.

At this inspection we found:

- The practice did not have clear systems to assess and 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 had identified that some staff were not up to date with refresher training, an online training package had been purchased to improve this and additional training was scheduled.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- The practice had been without a practice manager between December 2107 and May 2018. The new practice manager had reviewed areas such as use of IT systems, training and appraisal and policies and procedures and implemented changes to improve these systems. During the inspection there was difficulty locating some of the records such as health and safety risk assessments and complaints records. Since the inspection the manager has provided evidence of action taken in response to health and safety matters.
- There was evidence of continuous learning and improvement at all levels of the organisation.

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.

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

- Obtain evidence of satisfactory conduct from the practice managers previous employer.

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

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	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 CQC lead inspector.
The team included a GP specialist adviser.

Background to Primary Care Today Limited

The practice is privately owned by Primary Care Today Ltd and operated by Dr Z A Khan. The practice is also known as The Queens Medical Centre.

Primary Care Today Ltd is based in a detached building that was purpose built in 1989. There is on-site parking for up to eight vehicles including disabled parking.

The practice provides Personal Medical Services (PMS) for 1,565 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area. The practice is in one of the second most deprived areas nationally.

There is one full time male GP. There is an advanced nurse practitioner, a practice nurse and a small administration team led by a practice manager.

The practice opens as follows:

The reception is open Tuesday to Friday 8am to 6.30pm and on Mondays 8am to 7.30pm.

Nurse and GP appointments are available at variable times during the day and telephone consultations are also available. Access to out of hours care is provided via NHS 111.

Are services safe?

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

The practice was rated as requires improvement for providing safe services because:

- Not all staff had completed up to date refresher training for safeguarding and health and safety. There was no documented evidence the GP had received the appropriate level of safeguarding training.
- There were gaps in the recruitment records for a recently recruited member of staff.
- Shortfalls in infection prevention and control (IPC) had not been identified and addressed.
- Health and safety risk assessments could not be located.
- Storage facilities for clinical waste did not keep people safe.
- Not all staff had completed refresher training in emergency procedures and emergency equipment was not checked in line with Resuscitation Council guidance.
- Shortfalls in monitoring vaccine fridge temperatures had not been acted upon appropriately.
- There were no records to evidence action taken in respect of external safety events and patient and medicine safety alerts.

Safety systems and processes

There were shortfalls in 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 safeguarding and safety training appropriate to their role but not all staff had completed up to date refresher training. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- The practice carried out staff checks at the time of recruitment and on an ongoing basis although there were gaps in the recruitment records for a recently recruited member of staff.
- There was a system to manage infection prevention and control (IPC) although some shortfalls had not been identified and addressed in the audit process.
- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order. However, health and safety risk assessments could not be located during the inspection. Evidence was provided after the inspection to show action had been taken.
- Arrangements for storing clinical waste did not keep people safe. The practice manager has told us after the inspection that this has been addressed this by relocating the storage area.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were not adequate.

- 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 induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were trained in emergency procedures. However, not all staff had completed refresher training in fire and basic life support the last 12 months and emergency equipment was not checked in line with Resuscitation Council UK guidance. The practice manager told us basic life support training was scheduled for September 2018 and they had implemented weekly checks of emergency equipment.
- 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. However, information relating to sepsis had not been shared with staff or patients. Evidence was provided after the inspection to show this had been addressed.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Are services safe?

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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. Improvements had been made in this area since May 2018 to address concerns relating to low rates of electronic referrals.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines although there were some historical issues relating to vaccine storage.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks at the time of the inspection. However, there had been previous shortfalls in monitoring vaccine fridge temperatures which had not been acted upon appropriately. The Commission requested the practice report this to NHS England screening and immunisation team and we have received confirmation this was completed.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

Processes to support safety in the practice were not adequate.

- Risk assessments in relation to safety issues could not be located at the time of the inspection. The provider has, since the inspection, provided evidence of a risk log and some risk assessments completed since the inspection.
- The practice monitored and reviewed activity. This helped it to understand risks that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong although records did not always support what actions had been taken.

- 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 learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts although there were no records to evidence action taken.

Please refer to the Evidence Tables for further information.

Are services effective?

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

Effective needs assessment, care and treatment

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

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

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their 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 practice had completed an audit on the identification and care and treatment of patients over 65 years with atrial fibrillation. Improvements were implemented and the number of patients who had initial checks increased from 40% to 83%, 15 patients were identified as having an irregular pulse and four new patients were identified as having atrial fibrillation.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People

with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

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

The practice's performance on quality indicators for long term conditions was above average local and national averages. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions was 96% compared to CCG and England average of 76%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 94% compared to CCG average of 74% and England average of 78%.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above and in three of the four reported areas the practice had achieved 100%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- A safeguarding protocol had been developed and applied to patient records for children on a plan and children with concerns as an extra alert to clinicians and staff on the status of children at risk.

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

- The practice's uptake for cervical screening was 82%, which was above the 80% coverage target for the national screening programme.
- The practice had been working to improve the uptake of cancer screening and had completed an audit and had put systems in place to improve this area. For example, we saw there was a 15% improvement in patients 25 to 49 years of age participating in the cervical screening programme and an 8% increase in patients 50 to 64 years of age for cervical screening. There was also a 38% increase with patients been screened for bowel cancer

Are services effective?

over a two year period. The practice had achieved the improvements by focusing on patient education and providing leaflets in reception. Reminders and recalls had also been added to patient's records to assist the practice nurse to monitor patients.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice provided weekly shared care substance misuse clinics for 12 patients. Patients prescribed long term hypnotic or sedative medicines were also monitored through this clinic.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 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. Clinical staff had completed specific training in this area and patients were reviewed four monthly following a diagnosis of dementia.

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face meeting in the preceding 12 months was 100% compared to the CCG and England average of 84%.
- The practice offered annual health checks to patients with a learning disability.
- The practice hosted the improving access to psychological therapies (IAPT) service once per week. This was to be increased to twice per week due to demand in the area.

Monitoring care and treatment

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

- QOF data for 2016/17 showed the practice had achieved higher than the CCG and England average. The practice showed us data for 2017/18, which was yet to be verified and published but showed the practice had maintained or improved performance. The practice had used information about care and treatment to make improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Although training and appraisals were not fully up to date systems had been put in place to address this prior to the inspection.

- 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. Records of skills, qualifications and training were maintained and the practice manager was reviewing these and bringing them up to date. Staff were encouraged and given opportunities to develop. Records showed that some staff were not up to date

Are services effective?

with training in safeguarding and health and safety matters. An online training programme had been purchased to enable staff to access this training more easily and they were working through this.

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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.

- 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 have relocated into the local area.
- 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 did not develop personal care plans other than for those patients living in care homes.

- The practice ensured that end of life care was delivered in a coordinated way which considered 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 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.
- 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's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff 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 such as a hearing loop was provided and easy read materials were available on request.
- 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.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

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.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice 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 and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child 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 consultation.

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.
- Patients who failed to attend were proactively followed up by a phone call from a nurse.

Timely access to care and treatment

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

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

Are services responsive to people's needs?

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. However, some of the records of complaints received prior to May 2018 could not be found. A summary of these complaints was available which set out the complaint and the action taken in response.

- Information about how to make a complaint or raise concerns was available.

- The complaint policy and procedures were in line with recognised guidance and had been updated and improved.
- 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 requires improvement for providing a well-led service.

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

- The safety in areas such as infection prevention and control and health and safety had not been adequately risk assessed and monitoring systems were not effective.
- Records required for the management of the practice were not always available, for example, there was a lack of records to evidence the action taken in response to safety alerts and not all complaint records were available.
- The practice had not always submitted data or notifications to external organisations as required. For example, data about vaccine fridge temperatures being outside of the recommended range had not been reported as per guidance and the practice policy and procedure.

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 processes to develop leadership capacity and skills.

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 to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Due to shortfalls in records there was limited evidence to show how the provider responded to complaints and incidents. Records that were available showed openness, honesty and transparency when responding to complaints and incidents. The provider was aware of the requirements of the duty of candour.
- Staff we spoke with told us they could 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. Staff received annual appraisals although some were overdue and the practice manager was in the process of scheduling these. Staff were supported to meet the requirements of professional revalidation where necessary.
- The safety and well-being of all staff in areas such as infection prevention and control and health and safety had not been adequately risk assessed. The practice manager has provided evidence that work to address this area has commenced since the inspection.
- The practice actively promoted equality and diversity. Some staff had completed equality and diversity training and this was provided in the practice new online training package. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Some governance systems had not been maintained by the provider during the period the practice was without a manager and some records could not be found by the new manager during the inspection. The new manager had been in post since May 2018 and was undertaking a review of all the governance systems.

- Structures, processes and systems to support good governance and management were clearly set out,

Are services well-led?

understood but not always 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 some policies, procedures and activities to ensure safety. However, there was a lack of risk assessment of health and safety matters and we found some shortfalls in fire procedures and some safety checks were overdue. The practice manager provided evidence that work to address these areas had commenced since the inspection. The practice manager had, since their employment in May 2018, been reviewing the policies and procedures and updating these as required. They had also reviewed use of the IT systems and provided training to staff to improve medicine stock control records and the referral process.

Managing risks, issues and performance

There were shortfalls in processes for managing risks, issues and performance.

- There was a lack of process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice manager provided evidence that work to address these areas had commenced since the inspection.
- Practice leaders had some oversight of safety alerts, incidents, and complaints. However, there was a lack of records to evidence the action taken in response to alerts and not all complaint records were available.
- 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 although some refresher training was overdue.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice had not always submitted data or notifications to external organisations as required. For example, data about vaccine fridge temperatures outside of the recommended range had not been reported as per guidance and the practice policy and procedure.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support 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 was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Are services well-led?

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</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:</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out.</p> <p>Shortfalls in infection prevention and control (IPC) had not been identified and addressed. For example, staff training and management of sharps boxes.</p> <p>Not all staff had completed refresher training in emergency procedures in the last 12 months and emergency equipment was not checked in line with Resuscitation Council UK guidance.</p> <p>There had been previous shortfalls in monitoring vaccine fridge temperatures which had not been acted on appropriately.</p> <p>Staff received safeguarding and safety training appropriate to their role but not all staff had completed up to date refresher training in these areas.</p> <p>There were no records to evidence action taken in respect of external safety events and patient and medicine safety alerts.</p> <p>Equipment safety checks such as portable appliance testing checks were overdue.</p> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met:

The registered person had failed to establish and operate effectively an accessible system for recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:

There were no records, other than a summary, of complaints for the period before May 2018.

This was in breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.