Dr Singh`s Surgery

Inspection report

The Surgery
65 Clifford Road
Hounslow
Middlesex
TW4 7LR
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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 06/2015 – 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 Dr Singh's Surgery on 5 June 2018 as part of our inspection programme.

At this inspection we found:

- There were risk assessments in relation to some safety issues. However, there was a lack of understanding about the practice areas of responsibility in relation to fire safety, infection prevention and control, and health and safety matters.
- The practice had some systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had some systems for appropriate and safe handling of medicines. However, the systems for managing high risk medicines, safety alerts and uncollected repeat prescriptions needed to be addressed.
- 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.
- Most patients found the appointment system easy to use and could access care when they needed it, although some patients reported difficulties accessing the practice via telephone and poor interactions with reception staff. The practice was aware of this feedback and were taking action to improve the service.
- The practice took account of the National GP patient survey data, but they did not proactively involve patients and the public to support good quality sustainable services.
- There was a focus on continuous learning and improvement at all levels of the organisation. However, there was a lack of management oversight in managing risks relating to health and safety matters.

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.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and improve reception staff training for their role in the management of patients with severe infections such as sepsis, and customer service skills.
- Review and improve uptake rates for cervical, breast and bowel cancer screening.
- Improve the numbers of patients identified as carers.
- Review and improve patient engagement and satisfaction with the service.
- Develop supporting business plans to achieve practice priorities and share the vision with staff.

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 Dr Singh`s Surgery

Dr Singh's Surgery, also known as Clifford Road Surgery, is an NHS GP practice located in Hounslow, Middlesex. The practice is part of NHS Hounslow Clinical Commissioning Group (CCG) and provides GP led primary care services through a General Medical Services (GMS) contract to approximately 8,785 patients. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

Services are provided from:

- 65 Clifford Road, Hounslow, Middlesex, TW4 7LR

Online services can be accessed from the practice website:

- www.drsinghsurgery.com

The practice is led by two GP partners (one male and one female) who are supported by: two long-term locum GPs (one male and one female); two practice nurses (female); a practice manager (also a health care assistant); a health care assistant (also a receptionist); a phlebotomist (also a receptionist); and three other administrators / receptionists.

The age range of patients is predominantly 15 to 44 years. The practice has a lower percentage of patients aged under 18 years and over 65 years when compared to the national average. The practice population is ethnically diverse with 59% Asian, 26% white, 8% black, 3% mixed race and 4% from other ethnic groups. The practice area is rated in the fourth deprivation decile (one is most deprived, ten is least deprived) of the Index of Multiple Deprivation (IMD).

The practice is registered with the Care Quality Commission to provide the regulated activities of: diagnostic and screening procedures; maternity and midwifery services; family planning; and treatment of disease disorder and Injury.

Requires improvement

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:

- The systems for assessing the risks of infection prevention and control and the storage of hazardous substances needed improving.
- There were shortfalls in the systems for monitoring patients on high risk medicines
- There was no system to manage uncollected repeat prescriptions.
- Records for monitoring blank prescriptions, emergency medicines, emergency equipment, and vaccines were not kept.
- There was a lack of understanding about the practice areas of responsibility in relation to fire safety and the testing of electrical equipment.
- The provider could not provide evidence of actions taken in response to safety alerts.

Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse. However, improvements were needed in respect of infection prevention and control.

- 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. 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 appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control. However, this was not effective as the practice were unable to produce evidence of annual audits or risk assessments relating to infection prevention and control.
- The practice had arrangements to ensure calibration of medical equipment. However, portable appliance testing (PAT) was overdue. Following our inspection the practice made other arrangements for PAT testing and confirmed this had taken place.
- Arrangements for managing waste and clinical specimens kept people safe.

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, and busy periods.
- There was an effective induction system for 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. A sepsis policy was in place and we were told staff had received training, however not all reception staff we spoke with knew how to identify 'red flag' sepsis symptoms.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. 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.

Requires improvement

Are services safe?

Appropriate and safe use of medicines

The practice had some systems for appropriate and safe handling of medicines. However, the systems for managing high risk medicines, uncollected repeat prescriptions, monitoring blank prescriptions, and monitoring emergency medicines and vaccines needed to be addressed.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, records of monitoring emergency medicines, emergency equipment and vaccines were not kept. Medicines we checked were within their expiry dates.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, the practice did not have a safe system for monitoring high-risk medication. For example, we reviewed eight records of patients taking high risk medicines and found in two records there was no record of appropriate monitoring or clinical review prior to prescribing. We were told the results had been reviewed for these patients but the clinician had failed to document this in the patient's record.
- There was a prescription security protocol, however this had not been fully implemented. For example, prescription stationery was securely stored but the system to monitor prescriptions distributed in the practice was not being followed.
- We noted there was no system in place to follow up on prescriptions that had been ordered by patients but not collected from the practice.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Track record on safety

The practice had some systems in place to monitor safety, however at times this was inconsistent.

- The practice reviewed safety within the practice but the lack of consistent monitoring did not support the management of risk. For example, there was a comprehensive risk assessment relating to the premises and for legionella. However, the practice had not assessed the risks of fire safety or the storage of hazardous substances.
- The practice did not monitor and review activity to understand the risks associated with fire. For example, fire extinguishers were not serviced annually, fire drills were not carried out, and fire alarm checks were not recorded. Following our inspection, the practice told us they had completed a fire evacuation drill.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, there was no system to ensure safety alerts were acted on.

- 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, and acted to improve safety in the practice.
- The practice received and disseminated safety alerts. However, there was no system to ensure appropriate action had been taken in response to these alerts and alerts were not logged to enable the practice to monitor progress. During our inspection the GP partners told us they would review historic safety alerts to ensure action had been taken where necessary.

Please refer to the Evidence Tables for further information.

Good

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 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. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- 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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention.
- People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice 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 in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice provided family planning including Intrauterine Contraceptive Device (IUCD) fittings.

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

- The practice's uptake for cervical screening was 56%, which was below the 80% coverage target for the national screening programme. The practice's uptake for breast and bowel cancer screening was also below the national average. The practice was aware of this and told us they faced challenges in improving uptake rates for their practice population due to cultural reasons and lack of education of the screening programmes. The practice had taken action to improve uptake rates for cervical, breast and bowel cancer screening.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good

Are services effective?

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- 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.
- 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 with a learning disability.
- The practices performance on quality indicators for mental health was comparable to or above local and national averages. For example, 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (CCG average 85%; national 84%); and 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption (CCG average 93%; national 91%).

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The most recent published QOF results (2016/17) were 98% of the total number of points available compared with the clinical commissioning group (CCG) and national averages of 96%.
- Overall exception reporting was 5% (CCG average 5%; national 6%) and clinical exception reporting was 7% (CCG average 8%; national 10%). (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. For example, they reviewed their QOF performance on an ongoing basis to ensure they were focussing on patient care and reviews appropriately.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. In the last two years the practice had carried out four clinical audits, two of these had second cycles to check improvements achieved.

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, 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.

Good

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. 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 worked with patients to develop personal care plans that were shared with relevant agencies. Two patients we spoke with confirmed they had received copies of their personal care plan.
- 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. Information leaflets on various conditions were available for patients to download from the practice website.
- 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 and 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.

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.
- Results from the GP patient survey showed that the practice performed comparably to local and national averages in relation 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. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them, although the number of carers identified was low.
- Results from the GP patient survey showed that the practice performed comparably to local and national averages in relation to being involved in decision making.

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. For example, many clinical and non-clinical staff were multi-lingual and could assist the high proportion of patients from India and Pakistan who spoke minimal English. Translation services were available and the practice had displayed important notices languages other than English.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. The practice had also implemented unlimited telephone appointments to meet the demand for urgent appointments.
- The practice utilised text messaging to send patients reminders for appointments, test results, screening, and health campaigns.
- 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 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. The GPs also accommodated home visits for those who had difficulties getting to the practice.

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 quarterly 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice was flexible in scheduling appointments for members of the same family at the same time.

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 from 18:30 to 19:30 on Monday, Tuesday, Thursday and Friday evenings.

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 appointments were followed up by a phone call from a GP.

Timely access to care and treatment

Good

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 the most urgent needs had their care and treatment prioritised.
- Some patients reported difficulties accessing the practice via telephone. The practice was aware of these concerns and had implemented strategies to improve patient satisfaction with telephone access.
- Results from the GP patient survey showed that the practice performed comparably to local and national averages in relation to timely access to care and treatment.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

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.

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

- There was a lack of management oversight in managing risks relating to health and safety matters.
- There was a lack of engagement with patients.
- There were no supporting business plans to achieve priorities and not all staff were aware of the practice's vision.

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.
- The management team understood the challenges, for example language barriers with a large percentage of the practice population. There were multilingual staff and interpreter services were available. In addition, notices and information leaflets in other languages were available to support patients.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy although there were no supporting business plans to achieve priorities.
- Not all 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 inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability. However, there was a lack of management oversight in managing risks relating to health and safety in the practice.

- Structures, processes and systems to support good governance and management were set out, understood and effective with the exception of those relating to health and safety matters.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety, although they could not assure themselves that they were operating as intended. For example, those relating to infection prevention and control and prescription security.

Managing risks, issues and performance

Requires improvement

Are services well-led?

There were some processes for managing risks and issues but these were not always effective.

- There was an ineffective process to identify, understand, monitor and address current and future risks relating to fire safety, infection prevention and control, and monitoring patients on high risk medicines.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents and complaints, however there was no system to manage safety alerts.
- 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.
- 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 submitted data or notifications to external organisations as required.
- 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 took account of data, such as the National GP patient survey, but did not proactively involve patients and the public to support good quality sustainable services.

- Patients', staff and external partners' views and concerns were heard and acted on to shape services and culture although the practice did not proactively consult patients.
- The practice had a patient participation group however this had not been actively pursued by the practice due to previous poor attendance at meetings.
- 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 for staff at all levels. For example, a receptionist was now practice manager, and some receptionists had undergone further training as healthcare assistants and phlebotomists.
- 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. 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.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met:The registered person had not done all that was reasonably practicable to ensure the proper and safe management of medicines. In particular:There were shortfalls in the systems for monitoring patients on high risk medicinesThere was no evidence of action taken in response to safety alerts.There was no system to manage uncollected repeat prescriptions.This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met:The registered person had systems or processes in place that were operating ineffectively in that they failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:There was a lack of understanding about assessing risks associated with fire, infection prevention and control, and the storage of hazardous substances.The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activities. In particular:There were no records to confirm monitoring of emergency medicines, emergency equipment, and vaccines. There was no clear audit trail of the use of blank prescriptions.This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.