

Dr Rajesh Pandey

Inspection report

The Surgery
83 Priory Road
Hastings
East Sussex
TN34 3JJ
Tel: 01424430800
www.prioryroadsurgery.co.uk

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

Ratings

Overall rating for this location

Good 

Are services safe?

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. (Previous rating June 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? – Good

We carried out an announced comprehensive inspection at Dr Rajesh Pandey on 07 August 2018. Dr Rajesh Pandey came out of special measures in June 2017. This inspection was carried out as part of our programme to ensure that improvement is sustained in practices that have come out of special measures.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

- The practice ran an open surgery every morning ensuring that any patient that wanted to see a clinician could do so.
- Following a practice initiative they had decreased the prescribing of opioid (strong, potentially addictive pain killers) medicines in appropriate patient groups by 42%.
- The practice had been running a substance misuse clinic for more than five years which was run fortnightly by a clinician from a local specialist team.
- There was a strong focus on 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.

Ensure specified information is available regarding each person employed.

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

Review and implement appropriate advice on the appointment of fire marshals.

Review and improve the system for updating protocols and registration checks..

Review and improve uptake of childhood immunisations.

Review and improve how the medicines reviews are reflected within the clinical system.

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 second CQC inspector a GP specialist adviser and a practice manager adviser.

Background to Dr Rajesh Pandey

Dr Rajesh Pandey is an individual provider offering general medical services to approximately 2,700 patients living and working in and around Hastings. The practice is a single-handed practice with one GP providing 10 sessions a week (nine clinical sessions) with locums providing holiday and training cover. The GP is supported by a locum advanced nurse practitioner for one session a week. There is also a part-time practice nurse, a full-time practice manager and three administrative/reception staff.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support. There is also a substance misuse service onsite for patients of the practice. This takes place every two weeks and is run by a specialist substance abuse nurse from a local service.

Services are provided from: 83 Priory Road, Hastings, East Sussex, TN34 3JJ. We inspected this address on the day of the inspection.

The practice population has a slightly higher number of patients under the age of 18 and fewer patients over the age of 65 compared with the England average. The practice population also has a higher number of patients with a long-standing health condition compared to the

national average. The latest figures that CQC have access to show a slightly lower level of unemployment (4.3%) compared to the national average (5.0%). The practice area is rated as being in the second most deprived decile in England. Other indicators show that income deprivation affecting both children and adults is higher than the England average.

Patients needing to access care between 6.30pm and 8am on weekdays and at weekends and bank holidays can phone the practice and are directed to the NHS 111 service who will signpost them to the most appropriate service.

The practice is registered to carry out the following Registered Activities:

Diagnostic and screening procedures and treatment of disease, disorder and injury.

The practice were made aware that they also need to be registered with CQC to carry out the registered activity of maternity and midwifery services and have now applied to do so.

Further information about the practice can be accessed through the website:

www.prioryroadsurgery.co.uk

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:

They had not ensured that care and treatment was always provided in a safe way to patients. Specifically, they were unable to guarantee that temperature dependant medicines had been stored within the recommended temperature range,.

One member of the clinical staff did not have the appropriate medical indemnity cover for their role.

The records of clinical staff immunisation status were not clear or complete.

Safety systems and processes

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

The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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. However, inspection of clinical staff medical indemnity showed that the documents the practice held in respect to one member of the nursing staff were not appropriate to adequately cover their role. The record of registration that was held on file for one member of the nursing staff was out of date although the member was appropriately registered.

There was an effective system to manage infection prevention and control although the records of clinical staff immunisation status were not clear or complete.

The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were 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.

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.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment did not always minimise risks. Although the

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temperatures of fridges containing vaccines were measured twice a day, the practice were not measuring maximum and minimum temperatures as recommended in national guidance and the practice protocol.

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 taken action 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

The practice had a good track record on safety since coming out of special measures.

There were comprehensive risk assessments in relation to safety issues.

The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

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 acted on and learned from external safety events as well as patient and medicine safety alerts.

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:

This population group was rated good for effective because:

- The practice engaged in a local Frailty and Vulnerable Patients Scheme lead by the local clinical commissioning group (CCG).
- 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 their medicines.
- 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.
- Where necessary the GPs would visit patients in their home.
- The practice provided shingles, influenza and pneumococcal vaccines to patients as appropriate.

People with long-term conditions:

This population group was rated good for effective because:

- 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to 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 mostly in line with local and national averages.

Families, children and young people:

This population group was rated good for effective because:

- Childhood immunisation uptake rates were just below the target percentage of 90% or above. The practice was aware that immunisation levels were below the WHO target and had made efforts to maximise the uptake.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Pregnant women were offered Pertussis (whooping cough) vaccination if appropriate.

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

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 73% (Clinical commissioning group (CCG) average 74%, England average 72%) which was below the 80%

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coverage target for the national screening programme. The practice was aware of this and had sent reminders as well as advising patients opportunistically of the need to be screened.

- The practice's uptake for breast cancer screening was above the national average. However, bowel cancer screening was below the national average. The practice was aware of this and advised patients opportunistically of the need to be screened.
- The practice offered young people about to leave for university for the first time, the ACWY meningitis vaccine.
- 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.
- The GP was trained in the management of sexually transmitted infections and the practice also offered contraceptive and safe sex advice.

People whose circumstances make them vulnerable:

This population group was rated good for effective because:

- 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 asylum seekers, patients with issues around substance misuse and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The provider had identified that there was higher than average substance misuse within the practice population and hosted a fortnightly substance misuse clinic. This was run by a clinician from a local specialist team who worked with the provider to monitor patients of the practice.
- The practice was aware of the national increase in prescription of opioid (strong, potentially addictive pain killers) medicines and invited the local Medicines Management team to advise them and look at the practice's prescribing of these medicines. Following the

visit, the provider carried out medicine reviews on appropriate patients and over a period of three and a half months reduced the prescribing of opioids for patients with chronic non-malignant pain by 42%.

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

This population group was rated good for effective because:

- 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 medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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. They had been commended by an external service for the quality of their service delivery to patients with learning disability.
- The practice's performance on quality indicators for mental health was above local and England averages, but statistically comparable to England 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 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.

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- 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 where appropriate.
- 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 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 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 referral to 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 through referral to a local service.

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 above local and England averages, (but mostly statistically comparable to England averages) for questions relating to kindness, respect and compassion. (See the evidence table for further detail.)

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 signpost patients and their carers to find further information and access community and advocacy services.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above local and England averages (but statistically comparable to England 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 and GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice held a daily morning walk-in surgery where any patient registered with the practice could attend and would be guaranteed to see a clinician if arriving before 10.30am.
- 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:

This population group was rated good for responsive because:

- 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.
- Patients could request longer appointments should they require them.

People with long-term conditions:

This population group was rated good for responsive because:

- 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 and adult social care teams to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated good for responsive because:

- 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 were offered a same day appointment when necessary.

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

This population group was rated good for responsive because:

- 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, they offered extended opening hours with both GP and nurse appointments one evening a week.
- The practice offered a range of online services including the ability to book appointments and order repeat prescriptions.
- Text message reminders could be sent to patients' telephones. The service included reminders of when vaccinations, chronic disease annual reviews and appointments were due.
- Telephone consultations were available if required.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including asylum seekers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Some patients with learning difficulties required longer appointments and had this need highlighted on their clinical notes.
- The GP had a knowledge of regional Indian languages, which helped communicate with patients for whom these were their first languages.
- The practice held multi-disciplinary team meetings that would involve discussion of vulnerable patients with social as well as clinical needs.

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice offered dementia screening to identify cognitive impairment and referral to a memory assessment service.
- They signposted patients to a self-referral counselling service where appropriate.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- 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 provided a walk-in service for its registered patients every weekday morning from 9-10.30am. Any patient that attended would be guaranteed to be seen.
- The practice's GP patient survey results were above, local and England averages (but were statistically comparable to England averages) for questions relating to access to care and treatment.
- The results of one indicator 'The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment' statistically showed a positive variation from other local and national practices.

Listening and learning from concerns and complaints

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

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

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision 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. For example, they had identified a need for additional substance abuse service input and had arranged for a specialist nurse to run a clinic every fortnight. The practice had also decreased the prescribing of opioid medicines (which are potentially addictive) for chronic (non-malignant) pain by 42%.
- 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 a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and 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. The governance and management joint working arrangements and shared services promoted co-ordinated person-centred care. However we found one policy and one staff registration document that had not been updated,
- 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 however they had not assured themselves that the policy relating to the cold chain had been operated as intended.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance, but they had not always been adhered to:

There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, staff had not been carrying out the

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protocol for monitoring the temperatures of the fridges containing temperature sensitive medicines correctly. Additionally, a member of the clinical staff did not have appropriate medical indemnity insurance for their role. The practice took action to remedy both of these issues both during and after the inspection.

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.
- 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 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.
- 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 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 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>Fridges containing vaccines and other temperature sensitive medicines did not have their maximum and minimum temperatures recorded daily. One fridge was overstocked with medicines.</p> <p>Unclaimed scripts other than for controlled drugs were not reviewed for five to six months.</p> <p>The practice could not produce evidence that one member of the nursing staff was adequately covered by medical indemnity for their role.</p> <p>Assessing the risk of, and preventing, detecting and controlling, the spread of infections, including those that are health care related:</p> <p>The practice could not demonstrate that staff vaccination was maintained in line with current Public Health England (PHE) guidance.</p> <p>This was in breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>