

The Brook Surgery

Inspection report

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Date of inspection visit: 31 July to 31 July 2018
Date of publication: 27/09/2018

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?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall.

The key questions at this inspection are rated as:

- Are services safe? – Requires improvement
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Requires improvement
- Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at The Brook Surgery on 31 July 2018 as part of our regular inspection programme of a newly registered practice.

At this inspection we found:

- The practice was unable to demonstrate that steps taken to identify, monitor or mitigate risks were fully effective.
- Staff whose files we viewed had not always had disclosure and barring service (DBS) checks or had completed risk assessments for carrying out the role of chaperoning as part of their duties.
- The practice showed us the work they had done to increase access to services for patients. In the absence of monitoring the practice were unable to demonstrate improved patient satisfaction regarding access to appointments, care and treatment.
- Although the practice evidenced that they had engaged in quality improvement activity they were unable to demonstrate improved patient outcomes or uptake regarding childhood immunisations and cancer screening.
- The practice was unable to demonstrate effective oversight of governance systems and processes.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed.

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

- Consider ways to ensure that all staff are aware of the warning signs and symptoms of sepsis.
- Continue to encourage patients to attend childhood immunisations and cancer screening.
- Review and improve the process to demonstrate improvements following patient feedback.
- Consider how appropriate communication could take place with patients requiring extra support, particularly the hearing impaired.

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

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

Population group ratings

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

Our inspection team

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

Background to The Brook Surgery

The Brook surgery, known locally as the Spark Medical group, is situated in the Sparkbrook area of Birmingham within a purpose-built health centre. The practice also has a branch site situated in Moseley and patients can access both sites. The practice population is approximately 5300 patients with a higher number of patients under 65 years of age compared to the national average. Approximately 67% of the practice population identify as Black, Minority, Ethnic (BME). The level of deprivation in the area according to the deprivation decile is one out of ten (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks areas in England from one (most deprived area) to ten (least deprived area). For more information on the practice please visit their website at .

The Brook Surgery is led by a single-handed GP (male) and also has four sessional GPs (three female and one male), a female Advanced Nursing Practitioner (ANP), a female Advanced Clinical Practitioner (ACP) and two Health Care Assistants (HCA) who are also both female. The practice manager is supported by administration and reception staff.

The practice's opening hours are Monday to Friday 8am until 6.30pm at the main site. The Branch site opening hours are Monday 8.30am until 5pm, Tuesday 8.30am until 1pm and then from 3pm until 8pm, Wednesday from 8.30am until 1pm, Thursday from 8.30am until 6.30pm and Friday from 8.30am until 1pm and then from 4pm until 6.30pm. Patients can access services at either site. The practice is a member of the My Healthcare federation that offer extended hours at local hub centres, each weekday until 8.30pm and at weekends from 8am until 8pm.

The practice provides NHS primary health care services for patients registered with the practice and holds a Primary Medical Service (PMS) contract with the local Clinical Commissioning Group (CCG).

The Brook Surgery is registered with CQC to provide five regulated activities associated with primary medical services, which are; treatment of disease, disorder and injury, family planning, maternity and midwifery, diagnostic and screening procedures and surgical procedures.

The practice's out of hours service is provided by Birmingham and District General Practitioner Emergency Rooms (BADGER). Telephone lines are automatically diverted there when the practice is closed.

Are services safe?

We rated the practice as requires improvement for providing safe services due to lack of effective processes in identifying, assessing and mitigating risk within the practice.

Safety systems and processes

The practice did not always have clear systems to keep people safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse however, the practice was unable to demonstrate that these were fully effective. The practice was able to demonstrate that staff had received up-to-date safeguarding and safety training appropriate to their role.
- Staff knew how to identify and report concerns and they knew how to access learning should there be a safeguarding incident.
- The practice demonstrated that staff who acted as chaperones were trained for their role but hadn't always received a Disclosure and Barring Service (DBS) check. In the absence of a DBS check a risk assessment had not been completed. (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.)
- The practice took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice did not have a system for carrying out appropriate staff checks at the time of recruitment and on an on-going basis.
- There was a system to manage infection prevention and control and the practice had arrangements to ensure that facilities and equipment were safe and in good working order but these was not fully effective.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were 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, including locum staff.
- The practice had equipment to deal with medical emergencies and staff told us they were suitably trained in emergency procedures.
- Staff we spoke with understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Although clinicians knew how to identify and manage patients with severe infections including sepsis, not all staff had an awareness of this. Since the inspection, the practice told us that staff will be provided with sepsis training.
- 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.
- 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 had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered 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.
- The practice was unable to demonstrate that they stored all appropriate emergency medicines. However, on the day of the inspection the practice purchased a medicine that was required to be available in the event of a medical emergency.

Are services safe?

Track record on safety

The practice generally had a good track record on safety.

- There were risk assessments in place in relation to safety issues. Although after the inspection, the practice provided communications that had taken place between themselves and the building owners in relation to safety issues, they were unable to demonstrate that actions had yet been completed.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and identified themes.
- 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 and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

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

- Patients' immediate and on-going 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.
- The practice used online appointment booking, electronic prescribing (EPS) and telephone consultations to ensure effective care and treatment.
- Staff we spoke with told us how they 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 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 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 we spoke with had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice was the palliative care lead for the federation and conducted multi-disciplinary team (MDT) meetings and gold standard framework (GSF) meetings with other healthcare professionals innovatively to support accurate and personalised information sharing for patients who were complex or at the end of their lives.

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.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes and chronic obstructive pulmonary disease (COPD).
- The practice screened diabetic patients with an electrocardiograph (ECG) machine to identify underlying issues.
- The practice's performance on quality indicators for long term conditions were in line with local and national averages.
- The practice had engaged with local improvement schemes to improve outcomes for patients with long term conditions.

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. The practice were aware of and had considered how to encourage patients to attend, but they were unable to demonstrate improvements in uptake. Following the inspection however, data provided by the practice demonstrated some improvement.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- Data provided by Public Health England (PHE) showed the practice's uptake for cervical screening was 68%, the national average was 73%. These were below the 80% coverage target for the national screening programme.
- The practice's uptake for breast cancer screening was in line with the national average.
- The practice's uptake for bowel cancer screening was below the national average. The practice were aware of this and were able to demonstrate work done to encourage patients to attend screening, however they were unable to show an improvement in uptake rates.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 homeless people and those with a learning disability.
- 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 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.
- The practice's performance on quality indicators for mental health was generally above local and national averages.

Monitoring care and treatment

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

- Exception reporting in one indicator was above local and national averages. We saw, from the examples we viewed that these were appropriately completed in line with guidance and the practice's policy.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice told us that they understood the learning needs of staff who confirmed that protected time and training was provided to meet those needs. Staff we spoke with told us they were encouraged and given opportunities to develop.
- The practice provided staff with on-going 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. They shared

Are services effective?

information with, and liaised, with community services, social services 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

The practice was 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 and patients at risk of developing a long-term condition.

- 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 providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff we spoke with 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. CQC comment cards we received on the day confirmed this.

Involvement in decisions about care and treatment

The practice 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 we spoke with told us that they communicated with people in a way that they could understand, for example easy read materials were available. Patient feedback we received confirmed this. Communication aids were present but were not working.
- The practice 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.
- 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 requires improvement for providing responsive services due to patient satisfaction scores regarding access.

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 made changes to those 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 tried to make reasonable adjustments when patients found it hard to access services. For example, the practice had considered the language barrier and employed staff who spoke languages specific to their population, such as Somali.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services within 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Transport home was offered to elderly patients who had walked to the practice.
- The practice used the alerts on the clinical system to inform clinicians of extra support elderly patients might need.

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 could be reviewed at one appointment, and consultation times were flexible when required 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.
- The practice engaged with local improvement schemes for the management of long term conditions such as diabetes and chronic obstructive pulmonary disease (COPD).

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 five were offered a same day appointment when necessary.
- The practice provided a sexual health clinic and condoms free of charge.
- The practice were signed up to a young person's charter regarding healthcare, and told us that this had resulted in young people being able to access healthcare more easily, including sexual health.

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 weekend appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Patients, whose first language was not English, had access to interpreter services and staff who were multi-lingual.

Are services responsive to people's needs?

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call. Those patients that continued to not attend appointments, would be visited at home by a nurse and a receptionist, to act as an interpreter where required.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within a timescale that they felt suited their needs.

- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment.
- From the national GP patient survey, patients felt that they did not, in all cases, have timely access to appointments and therefore to initial assessment, test results, diagnosis and treatment. The survey also reflected that waiting times were not always acceptable but the practice demonstrated on the day of the inspection that these were managed sensitively.

- Patients reported that the appointment system was not always effective or easy to use.
- The practice had worked to address these issues but had not monitored this and were unable to demonstrate any evidence that action taken had improved satisfaction.
- Patients with the most urgent needs had their care and treatment prioritised.

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, 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.

Leadership capacity and capability

Leaders had the capacity and skills to deliver 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 in their staff, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and a strategy to deliver sustainable care.

- There was a clear vision and set of values. The practice had a 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.

Culture

The practice had a culture of sustainable care.

- Staff we spoke with stated they felt respected, supported and valued. They were happy to work in the practice.
- The practice had a focus on the needs of patients. Staff we spoke with confirmed this.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisals and

career development conversations. All staff received annual appraisals. Staff, whose files we viewed had been supported to meet the requirements of professional revalidation where necessary.

- Staff we spoke with told us that there was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff told us that they had received equality and diversity training and were treated equally. Files we viewed confirmed this.
- On the day of the inspection there appeared to be positive relationships between staff and teams.

Governance arrangements

The practice showed us that they had clear responsibilities, roles and systems of accountability. However, governance and management were not always fully effective.

- Processes and systems to support governance and management were in place, however we found examples where the approach was inconsistent. Practice leaders had not, in every case, ensured that policies, procedures and activities to ensure safety were operating as intended. For example, in relation to appropriate recruitment including DBS checks and medical indemnity cover.
- Structures, processes and systems were set out and understood by staff we spoke with. 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, however, further improvements were required in respect of infection control processes.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance however improvements were required.

- There was a process to identify and understand current risks including risks to patient safety however, this was not fully effective and some actions identified had not been completed. The practice was unable to demonstrate that these were always effectively monitored.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- 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; however, the practice could not demonstrate improved patient outcomes.
- 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.
- Quality and operational information was used to ensure and improve performance but the practice had not yet been able to demonstrate that this had improved patient outcomes: for example, the uptake of cervical screening, breast and bowel screening and indicators concerning childhood immunisation were lower than the local and national averages. Data provided by the practice following our inspection has shown some improvement in relation to some childhood immunisation rates.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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 try to 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 involved patients, the public, staff and external partners to support sustainable services.

- A full and diverse range of patients, staff and external partners' views and concerns were encouraged, heard and acted on to try and shape services and culture but the practice had not yet been able to show an increase in patient satisfaction. 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.
- 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.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>The registered persons had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. For example, Failure to ensure that infection control audits were carried out at the branch site and failure to review and ensure that health and safety risk was monitored and mitigated.</p> <p>There was additional evidence of poor governance. In particular: Governance was not well embedded for example; DBS checks were not completed for non-clinical staff until the six-month probation period had passed. There had been no risk assessments for these staff members in relation to chaperoning and visiting patient's homes. There was no system in place to ensure appropriate indemnity insurance was in place for all staff.</p> <p>These were in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met...The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (RA) regulation 2014 was available for each person employed. In particular: Satisfactory evidence of conduct in a previous employment concerned with the</p>

This section is primarily information for the provider

Requirement notices

provision of services relating to – Health or social care;
orChildren or vulnerable adults.These were in breach of
regulation 19 of the Health and Social Care Act 2008
(Regulated Activities) Regulations 2014.