

Graham Road Surgery

Inspection report

22 Graham Road
Weston-super-mare
BS23 1YA
Tel: 01934 628111
www.grahamroadsurgery.nhs.uk

Date of inspection visit: 07/11/2018
Date of publication: 28/12/2018

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?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires improvement.

(Previous rating under a different provider February 2016 – Good, but the domain of safe was rated as requires improvement).

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive at Graham Road Surgery on 7 November 2018 as part of our inspection programme.

At this inspection we found:

- 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.
- The practice were aware of their patient population needs with high deprivation, the practice's performance on quality indicators for long term conditions, mental health and dementia show they were in line with local and national averages.
- Childhood immunisation uptake rates were below the target percentage of 90%. The practice had systems in place to try to encourage uptake. Nursing staff took any opportunistic chance to provide immunisations if the child attended the practice and had visited patients in their own home to ensure they were not missed.
- The practice supports patients living in rehabilitation services for drug and alcohol addiction in the local area and works closely with other local addiction support services when patients leave residential services.
- Staff, on the whole, involved and treated patients with compassion, kindness, dignity and respect. Some patients said they had experienced rudeness of staff.

- Patients found it difficult at times to access an appointment but reported that when they obtained an appointment they received the treatment and care they needed in a timely way.

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

- The recruitment process must ensure that all the necessary information is obtained such as a current Disclosure and Barring Service (DBS) check before a new member of staff is employed.
- The provider must ensure a good oversight of the training achieved and the training required for staff.
- Ensure safe medicines management systems are followed as out of date medicines were not identified and removed.
- The provider must ensure they continue with the development of the overarching health and safety management including fire safety.
- The provider needs to continue to develop how it records significant event management and complaints to monitor themes and trends and to ensure that actions put in place are effective to prevent reoccurrence.

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

- The provider should continue with developing a central oversight of staff's immunisation status to ensure that staff and patients were protected from the spread of infection.
- The provider should continue with developing an effective monitoring system so that out of date information and instructions such as patient group directions for the provision of immunisations are removed and replaced when required.

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

Our inspection team

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

Background to Graham Road Surgery

The Locality Health Centre CIC is the registered provider of Graham Road Surgery. The Locality Health Centre CIC is a community interest company based in Weston Super Mare which also provided up to recently two other GP services in the local area. This changed in the week before this inspection at Graham Road Surgery as the providers contract ended at another location. This had impacted upon the delivery of the service as some staff who worked across all of the locations transferred to the new provider.


Graham Road Surgery is provided from one address, 22 Graham Road, Weston Super Mare, BS23 1YA and delivers a personal medical service to approximately 8,631 patients. The practice is situated in an adapted building in a residential area, with limited parking. Information about Graham Road Surgery can be found on the practice website www.grahamroadsurgery.co.uk.

At the time of this inspection the provider was in the process of reviewing the services it provides with the possible merging the patient lists from the providers other location, Clarence Park Surgery to one location at Graham Road.

According to information from Public Health England the practice area population is in the second most deprived decile in England – the lower the number the most


deprived population group. The practice population of children aged 18 and under is below local and national averages at 16%. The practice population of with a working or in full time education was at 49% which is below local 66% and national averages at 62%. Unemployed patients made up 9% of the practice population, 3% being the local average and national average 5%. The practice population of patients living with a long-term condition was above the local and national averages at 67%, the local being 53% and national being 54%. Of patients registered with the practice, 96% are White or White British, 1.3% are mixed race, 2.3 % are Asian or Asian British, 0.7% are Black or Black British, and Other 0.3%.

The provider has told us the practice team is made up of eight salaried GPs one being the Clinical Lead for the provider, which means overall the practice has the equivalent of 4.75 WTE (whole time equivalent) GPs at the practice. Two advanced nurse practitioners (ANP) equivalent to 2 WTE, two practice nurses equivalent to 1.6 WTE and one health care assistant(HCA). The practice also employed a full time assistant practitioner (extended HCA role) and a clinical pharmacist. The registered



manager (RM), who is the RM for both locations is the Chief Executive of the organisation. The practice manager and the deputy manager are supported by a team of administrators, secretaries, and reception staff.

When the practice is not open patients can access treatment via the NHS 111 service.



The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as requires improvement for providing a safe service.

This was because:

- **The recruitment process must ensure that all the necessary information is obtained such as a current Disclosure and Barring Service (DBS) check before a new member of staff is employed.**
- **Medicines management systems were not always followed as out of date medicines were not identified and removed.**

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. The practice provided evidence that most staff received up-to-date safeguarding and safety training appropriate to their role. However, there were a small number of clinicians who had not shared their training information with the provider at the time of this inspection. Staff knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) Minor changes in the system of oversight of patients at risk were proposed to be implemented so that monitoring was more effective at practice level.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out most staff checks at the time of recruitment although they did not retain evidence of information to support their decision making. They had not sought a current DBS check for one clinician when they started employment. A central oversight of staffs' immunisation status was the process of being collated so that the provider could ensure that staff and patients were protected from the spread of infection.
- There was a system to manage infection prevention and control.
- 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 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. Non-clinical staff had recently been provided with formal training in the identification of 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.
- 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 systems for appropriate and safe handling of medicines. However, not all systems were functioning well.

- Most systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Safe storage and monitoring of stock medicines was not

Are services safe?

always maintained as we found medicines out of date. One Patient Group Direction (PGD), instructions from GPs for specific immunisations, was found to be not signed for but was amended during the inspection.

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and 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 gaps in its systems for safety.

- The practice staff could not provide information regarding any risk assessments in relation to safety issues. The overarching health and safety risk assessments and documents were not detailed sufficiently to show that a recent effective assessment had been completed or reviewed. The provider submitted a reviewed risk assessment document following the inspection that highlighted two areas of concerns and confirmed they were taking action to address the issues, including a thorough health and safety risk assessment process being carried out by an external provider.

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. The system identified some themes and took some actions to improve safety in the practice. However, there were opportunities missed to review again if the actions implemented were effective sufficiently to ensure the event did not reoccur. For example, failure of the emergency electronic call system in a treatment room. Actions were taken at the time to check the system was working but there was no indication these checks were repeated to ensure no further issues arose.
- 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.

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 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 provided the most up to date information regarding the practice's performance on quality indicators for long term conditions. The indicators show they were in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90%. The practice had identified a number of possible reasons for this and had systems in place to try to encourage parents or guardians to attend the practice with their children to receive their immunisations. Nursing staff took any opportunistic chance to provide immunisations if the child attended the practice and had visited patients in their own home to ensure they were not missed.
- 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):

- The practice's uptake for cervical screening was 67%, which was below the 80% coverage target for the national screening programme. The practice was aware they were below the national screening programme target and called patients and sent reminder letters to those who had failed to attend and prompted them opportunistically when patients came in contact with the practice.
- The practice's uptake for breast and bowel cancer screening was below or similar to the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Are services effective?

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, travellers 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 had a system to assess and monitor 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 practice's performance on the quality indicators for mental health was similar to local and national averages.

Monitoring care and treatment

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

- The practice used information about care and treatment to make improvements.
- Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Oversight records of skills, qualifications and training were not maintained regularly, the practice informed us that they were reviewing and updating the information, seeking confirmation from the clinicians regarding training they had achieved and required. 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.
- 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

Are services effective?

hospital. The practice worked with most patients to develop personal care plans that were shared with relevant agencies. Improvements were needed for patients with a diagnosis of mental health or dementia.

- 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.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mixed regarding their experiences of how the way staff treat people.
- Staff expressed they understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results (2018) were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids 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 proactively identified carers and supported them.
- The practice's GP patient survey (2018) results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

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

Older people:

- All patients had a named GP who supported them 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 practice had named GPs for care and residential homes patients and held regular fortnightly 'ward rounds' to monitor the care and treatment needs. The ANPs and pharmacist also visited regularly to monitor care and treatment needs of patients and provide advice and support to the care service staff where needed.

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.

- Home visits were carried out by practice nurses for reviews of care and treatment when patients had difficulty attending the practice.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments which could be accessed at another location within the provider organisation.
- The practice runs a contraceptive service and hosts a maternity service three times per week.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- An ANP took the lead in supporting patients with a learning disability to lend continuity of contact for patients for their annual review of their care needs and at other times when required.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice supports patients living in rehabilitation services for drug and alcohol addiction in the local area and work closely with other local addiction support services when patients leave residential services.

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

Are services responsive to people's needs?

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Annual reviews of care and treatment needs were undertaken regularly for patients with mental health and dementia needs.
- Longer appointment times were given where needed and patients encourage to contact the practice if they felt their mental health was deteriorating.
- Patients who failed to attend appointments were proactively followed up by a phone call from a member of staff.
- The practice hosts counselling services who hold regular clinics at the practice.

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 told us they experienced difficulties in making an appointment and at times delays in obtaining an appointment. However, when accessed the initial assessment, test results, diagnosis and treatment was received in a timely way.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- The practice's GP patient survey results (2018) were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and 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. They acted as a result to improve the quality of care. However, we noted that there were some areas of improvement that could occur to ensure that all of the complainant's questions or concerns were addressed. In addition, minor changes to the monitoring system for complaints would ensure that themes and trends are fully identified and addressed.

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.

This was because:

- **The recruitment process did not ensure that all the necessary information was obtained such as a current Disclosure and Barring Service (DBS) check before a new member of staff was employed.**
- **The practice did not have a robust oversight of the training achieved and the training required for staff.**
- **Medicines management systems were not always followed as out of date medicines were not identified and removed.**
- **There was not a robust overarching health and safety system to identify and manage risks to patients and staff. This included fire safety.**
- **The provider must continue to develop how it records significant event management and complaints to monitor themes and trends and to ensure that actions put in place are effective to prevent reoccurrence.**

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. Although the organisation was going through a change they understood the challenges and were in the process of addressing some of 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, 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 strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of 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 responsibilities, roles and systems of accountability to support governance and management. However, some aspects of governance arrangements required improvement. These included recruitment practices, information regarding staffs training, and oversight of medicines management, health and safety and significant events.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, long term conditions and the delivery of the service.

Are services well-led?

- Practice leaders had established policies, procedures and activities to ensure safety but didn't have strong systems in place to assure themselves that they were operating as intended. For example, ensuring that recruitment and employment records supported that appropriate recruitment was undertaken and that they had oversight of staff training achieved and could plan effectively.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- The practice was unable to provide information regarding any current risk assessments in place for any specific issues of the environment or provision of service.
- The health and safety risk assessment process and the oversight of significant events did not show sufficient detail of the risks assessed or that when events occurred that actions taken were reviewed for their effectiveness.
- Practice leaders had some oversight of safety alerts, incidents, and complaints. However, themes and trends of complaints were not always highlighted and actions taken to address issues not reviewed to ensure they were effective.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- 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.
- 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 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 at staff meetings and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Ensure care and treatment is provided in a safe way to patients. In particular:</p> <ul style="list-style-type: none">• The provider must have a safe recruitment process that ensures that all the necessary information is obtained such as a current Disclosure and Barring Service (DBS) check before a new member of staff is employed.• Safe medicines management systems must be followed as out of date medicines were not identified and removed.
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>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular:</p> <ul style="list-style-type: none">• The provider must have good oversight of the training achieved and the training required for staff.• The provider must continue with the development of the overarching health and safety management including fire safety.• The provider needs to continue to develop how it records significant event management and complaints to monitor themes and trends and to ensure that actions put in place are effective to prevent reoccurrence.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.