Vista Road Surgery

Inspection report

Vista Road
Newton Le Willows
Merseyside
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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. The practice changed its main location in March 2017 and this is the first inspection since that change.

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? - Good

We carried out an announced comprehensive inspection at Vista Road Surgery on 07 November 2018. This was a part of our inspection program.

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.
- There were effective methods of engaging with the community projects and the public.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a clear leadership structure and staff felt supported by management.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Patients found they could access routine and urgent appointments, however patients stated they had to wait a long time to see the clinician of their choice.
- There were gaps in some aspects of medicines management.
- Paper records were not always stored completely in line with personal information security legislation.
- The systems in place were insufficient to ensure that the premises were cleaned to a suitable standard.

We saw one area of outstanding practice:

- The practice was outstanding in collaboration with outside agencies and methods used to encourage patient engagement with health promotion projects, for example, the practice had worked with a charitable trust to distribute cold weather advice and a cold weather risk reduction pack to older patients. These were distributed when patients received their flu vaccines and home visits. The pack contained information about minimising the effects of cold weather and practical items which included, a radiator key, a torch and a room thermometer. Information about how to reduce social isolation was also included. The practice had distributed 50 packs and the plan was to offer a pack to eligible patients at their appointment.

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

- The provider must ensure medicines are managed safely and all infection control risk assessments are completed and the appropriate mitigating action taken.

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

- Extend the use of clinical audits to include using the results to action changes to improve the standard of care and treatment provided.
- Update the safeguarding policy and procedure to include information about all types of abuse and safeguarding concerns.
- Develop systems that will assure that all policies, procedures and activities are operating as intended.
- Ensure there is a cleaning rota for the building which is monitored.
- Provide front of house staff with training in recognising and dealing with the early signs of sepsis.
- Develop a register of patients in vulnerable situations.
- Monitor the processes for obtaining consent from patients.
- Act to assure themselves that staff who are on placement have been appropriately vetted to work with children and vulnerable adults.
- Consider reviewing how performance data is inputted.
- Put systems in place to ensure paper documents are always kept secure.
- Risk assess the choice of emergency medicines provided and carried in the doctors' bags.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Overall summary

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

Population group ratings

Older people	**Outstanding** ☆
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.

Background to Vista Road Surgery

Vista Road Surgery is provided by Market Street Surgery and is situated at Vista Road, Newton-Le-Willows, Merseyside, WA12 9ED. There is also a branch surgery Kinnock Park surgery, Buttonwood, Warrington, Cheshire, WA5 4PU which was visited as a part of the inspection.

The practice is part of the St Helens Clinical Commissioning Group (CCG) and has a General Medical Services (GMS) contract and is part of the St Helens Rota. The provider offers a range of general practice services to the whole population.

The practice has a register of 7,714 and the percentage of people over 65 years is higher than the local and national averages.

The practice is registered with the Care Quality Commission to provide:

- Maternity and midwifery services
- Diagnostic and screening services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice is open between 8am and 9.30pm Monday and Tuesday; and 8am to 6.30pm Wednesday to Friday.

The management team consists of four GP partners; the practice manager and office manager.

The clinical staff consists of five GPs (three males and two females)

One advanced nurse practitioner (female)

One practice nurse (female)

One health care assistant (female)

The practice is also supported by a team of reception and administration staff.

The practice is designated as a teaching practice by the local university and has the responsibility for educating trainee GP's. This means that there are also GP registrars on placement in the practice.

Requires improvement

Are services safe?

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

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. 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.)
- The safeguarding children lead worked closely with child protection agencies and took steps to ensure all staff knew how to recognise and respond to child protection concerns. The practice had a register of vulnerable children could cross reference the adults involved with them.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The safeguarding procedures did not include information about female genital mutilation; modern day slavery and PREVENT. This was discussed with nursing and medical staff who could describe the signs and symptoms which could be an alert to these concerns.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, the provider did not have a system to ensure staff who were on placement had undergone the required checks.
- The systems to manage infection prevention and control needed to improve. This was because the cleaning rota did not provide instructions about the frequency that different rooms and items needed to be cleaned and the standard of cleaning was not checked.
- 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, however, the emergency medicines available did not meet best practice guidance and this had not been risk assessed and oxygen masks were out of date, dusty and needed to be replaced. The provider confirmed that the oxygen masks had been replaced since the inspection visit.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis, however reception staff had not had training appropriate to their role in relation to 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 systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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 acted to support good antimicrobial stewardship in line with local and national guidance.

Requires improvement

Are services safe?

- There were effective protocols for verifying the identity of patients during telephone consultations.
- The systems to ensure regular medicines reviews and blood tests were always carried out and were timely needed to improve. The monitoring of patients using high risk medicines was inconsistent and patients were not always involved in regular reviews of their medicines as required.
- Data concerning medicines reviews indicated the practice performed below the local and national averages. This was discussed during the inspection and we noted that some of the data was based on inaccurate coding. However, we found some patients on high risk medicines had not been monitored as required.
- The management of uncollected prescriptions was not safe as these were destroyed, without been brought to the attention of the GP or prescriber, and their destruction was not recorded in the patients record.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- 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 adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all 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.
- They used innovative IT systems for communication and sharing information about evidence based guidelines and legislation.
- 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, however this was not always effective in relation to medicine checks. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- Families, children and young people: Childhood immunisation uptake rates for booster injections were below the target percentage of 90%. The practice was looking at ways of encouraging hard to reach communities to return for booster immunisations. This included working with the local health visitors. The provider offered immunisations outside of the practice and allowed grandparents, with written consent from the parent, to bring children in for boosters. The provider also identified that some communities chose not to allow their children booster injections and this was an area that needed to be addressed.
- The practice had robust and effective 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 71% which was below the 80% coverage target for the national screening programme. The practice was aware of this and offered women opportunities for tests throughout the day including early morning and early evening. Women were also sent reminders if they missed their original appointments.
- The practice's uptake for breast and bowel cancer screening was in line with 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. The practice noted that this service was decreasing because children were receiving meningitis inoculations at 13 years.
- 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.

Good

Are services effective?

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice did not hold 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 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.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

- The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.
- The data showed that the practices exception rate (where certain patients are not included in overall figures to measure access to treatment) was higher in many indicators than the CCG or national averages. During the inspection we noted that there were discrepancies in coding, particularly for patients with more than one qualifying diagnosis. This meant the information may not be a true reflection of the outcomes for patients.
- 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 appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 had 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 considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice held special events such as tea parties to share health promotion initiatives.
- 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 decide.
- However, the practice did not monitor the process for seeking consent.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

- Feedback from patients was positive about the way staff treat people.
- Staff had a good understanding of the local communities and understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion. The provider was aware of this and action taken to make improvements included discussing the findings at the practice meetings and staff supervision. The practice had completed its own patients survey and a sample of the returns indicated that respondents felt staff treated them well.

Involvement in decisions about care and treatment

- Staff helped patients to be involved in decisions about care and treatment.
- Staff were aware of the Accessible Information Standard (AIS), (a requirement to make sure that patients and their carers can access and understand the information that they are given.) The provider was in the process of finalising the accessible information standard policy. The provider should consider including information about AIS in the surgery and on the practices website.
- 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 practices 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 would have to check room availability before offering a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of these expectations.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all the population groups, as good for providing responsive services except for older people population group which was rated outstanding.

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. However, patients often had a long wait to see their GP of choice.
- Telephone 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. However, when patients needed a quiet area, a consulting room was used.
- The practice made reasonable adjustments when patients found it hard to access services and in special circumstances practice nurses would conduct home visits to give flu vaccines or complete routine health checks.
- 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- We noted an outstanding example of collaboration with an outside agency in relation to health promotion for older people. The practice had worked with a charitable trust to distribute cold weather advice and a risk reduction pack for all older patients. These were distributed when patients received their flu vaccines and during home visits. The pack contained information about minimising the effects of cold weather and practical items which included, a radiator key, a torch and a room thermometer. Information about activities taking place locally was also included. The practice had distributed 50 packs and the plan was to offer a pack to everyone in the target group during appointments.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was part of the St Helens Rota which meant patients had access to extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

- The practice did not hold a register of all patients living in vulnerable circumstances including homeless people and travelers.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

Good

Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend appointments were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times for urgent appointments, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practices GP patient survey results were below the local and national averages in relation to choice of appointment; appointment times and the practices telephone systems. The provider was aware of these findings and had increased the number of phone lines and was reviewing the workforce to address these issues.

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 from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as 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.
- The practice did not monitor 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. 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 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. However, processes in place relating to infection prevention and control were insufficient.
- Practice leaders had established policies, procedures and activities to ensure safety, however, there were limited systems to ensure that policies, procedures and activities were operating as intended.

Managing risks, issues and performance

There were clear and effective around processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints which included verbal feedback.
- Clinical audits had not been used to review practice and so have a positive impact on the quality of care and outcomes for patients. However, there was clear evidence of action to change practice to improve quality.

Good

Are services well-led?

- 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 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 provider was uncertain about inputting data for patients with more than one illness and so was not certain that information used to monitor performance and the delivery of quality care was accurate in all areas. The provider should take steps to understand how data should be inputted for patients with more than one illness.
- 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.
- Arrangements needed to be tightened to be fully in line with information governance security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. This was because paper records were not always held securely.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods, however they needed to develop additional systems to use these to full advantage.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: -Systems in place did not ensure patients on high risk medicines were appropriately managed. the management of uncollected prescriptions was unsafe as these were destroyed without been reviewed by the GP or prescriber.The destruction or uncollected prescriptions was not noted in the patients record or brought to the attention of a GP or the prescriber.emergency equipment, oxygen masks were out of date and dirty. Systems in place did not ensure infection prevention and control measures met legal requirements.This was a breach of regulation 12.