

Cedar Practice

Inspection report

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

Ratings

Overall rating for this location

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

This practice is rated as Requires Improvement overall. (Previous rating 05 2015 – Good)

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 inspection at Cedar Practice on 19 July 2018, as part of our inspection programme.

At this inspection we found:

- There was no evidence on the personnel file of one member of the clinical team to show that they had received a Disclosure and Barring Service (DBS) check or Criminal Records Bureau (CRB) check, nor was there a suitable risk assessment for lack of a DBS or CRB check.
- The practice had some systems to manage risk so that safety incidents were less likely to happen. However, it had not undertaken a recent fire risk assessment or a health and safety risk assessment. The practice subsequently provided us with evidence that it had carried out a suitable fire safety risk assessment and a health and safety risk assessment. The health and safety risk assessment contained an action plan but did not specify dates for rectification or review of any issues identified.
- The practice had not carried out an infection prevention and control audit since 2016. Following the inspection, the practice prepared and provided us with an infection prevention and control audit. However, it did not include an action plan for any non-compliant issues, or dates by which it would rectify or review any issues.

- There was no electrical safety policy or business plan. During our inspection the practice prepared and implemented an appropriate electrical safety policy and business plan.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients reported that they could access care when they needed it.
- The practice used information technology systems to monitor and improve the quality of care.
- Structures, processes and systems were not consistently effective to support good governance and management.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and consider what action it can take to increase uptake of childhood immunisations.
- Review and consider ways to increase uptake of its cervical, breast and bowel cancer screening programmes for the benefit of patients.

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.

Background to Cedar Practice

Cedar Practice is situated within NHS City and Hackney Clinical Commissioning Group. The practice holds a General Medical Services contract (a GMS contract is a contract between general practices and NHS England for delivering primary care services to local communities) and provides a range of enhanced services including, maternity services, child and adult immunisations, family planning clinic, and contraception services.

The practice is located at John Scott Health Centre, Green Lanes, Springpark Drive, London, N4 2NU. The building is a purpose built medical centre. There is another GP practice, The Heron Practice, that shares the building.

The practice website can be found at: www.cedarpractice.co.uk.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Family planning, Treatment of disease, disorder or injury, Diagnostic and screening procedures and Maternity and midwifery services.

The practice had a patient list of approximately 6,960 at the time of our inspection.

The staff team at the practice includes four GP partners (one male and three female) and a part-time regular

locum GP. Between them the GPs worked the equivalent of four full-time GPs. The clinical team is completed by three part-time female practice nurses and a full-time healthcare assistant.

The non-clinical staff consist of a full-time practice manager, a full-time assistant practice manager, a part-time system administrator, a full-time practice administration manager, a full-time practice secretary and seven administrative and reception staff (who work a mixture of full-time and part time-hours).

The practice is open:

Monday to Friday 8.00am - 6.30pm. Between 1.00pm-2.00pm each day the reception desk is closed but phones are still answered.

Appointments are available:

Monday to Friday 9.00am – 12.30pm, and 3.00pm-5.30pm.

The practice runs early morning clinics for the benefit of working patients four times a week between 7.00am-8.00am. Outside of these hours patients can access appointments at one of five local GP Hub locations which offer appointments: 6.30pm-8.00pm on weekdays and 8.00am-8.00pm on weekends.

To assist patients in accessing the service there is an online booking system. Urgent appointments and home

visits are available each day and GPs also provide telephone consultations and online e-consults for patients. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

Cedar Practice serves a practice population with a deprivation score that is higher than the England average. For example, 21% of working age patients are unemployed, compared to a local average of 9 %, and the national average of 6%.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

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

Safety systems and processes

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

- The practice generally carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, one of the clinical team had not received a Disclosure and Barring Service (DBS) check or Criminal Records Bureau (CRB) check, nor was there a suitable risk assessment for lack of a DBS or CRB 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.
- There were some systems to manage infection prevention and control, but the practice had not carried out an infection prevention and control audit since 2016. Staff had received training and those we spoke to were aware of their responsibilities in regard to infection prevention and control. Following our inspection, the practice prepared and provided us with an infection prevention and control audit. However, it did not include an action plan for any non-compliant issues, or dates by which it would rectify or review any issues.
- The practice had not undertaken a health and safety risk assessment within the last 12 months. The practice subsequently provided us with evidence that it had carried out a health and safety risk assessment. The health and safety risk assessment contained an action plan but did not specify dates for rectification or review of any issues identified.
- The practice had undertaken a fire risk assessment but it did not contain an action plan for rectification of any issues found or dates for rectification or review of any issues found. The practice subsequently provided us with evidence that it had amended the fire safety risk assessment to include an action plan and dates for rectification of any issues found.
- There was no electrical safety policy. However, during our inspection the practice prepared and implemented an appropriate electrical safety policy.
- Staff who acted as chaperones were trained for their role and had received a DBS check.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- 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, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- 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 or supplied medicines to patients and gave advice on medicines in

Are services safe?

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.

- There were effective protocols for verifying the identity of patients during remote or online consultations.
- 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

- There were some risk assessments in place in relation to safety issues. However, the practice had not carried out a premises safety risk assessment or a health and safety risk assessment within the last 12 months. It had carried out a fire risk assessment within the last 12 months but it did not contain an action plan for rectification of any issues found or dates for rectification or review of any issues found..
- Following our inspection, the practice provided us with:
 - A suitable fire safety risk assessment

- a health and safety risk assessment which contained an action plan but did not specify dates for rectification or review of any issues identified.
- 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 took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice 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.
- 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 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 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's performance on quality indicators for long term conditions was in line with local and national averages. (see Evidence Table for details).
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Families, children and young people:

- Not all childhood immunisation uptake rates were in line with the target percentage of 90% or above (see evidence table for details).
 - The practice was aware of this and explained that it had a large number of patients who refused to attend for the vaccine. It telephoned non-attenders, doctors offered the vaccine opportunistically when patients attended the surgery for other matters and health visitors visited families to explain the benefits of the immunisations. The practice also recorded when patients refused the vaccine on behalf of their children.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
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Working age people (including those recently retired and students):

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- The practice's uptake for cervical screening was 61%, which was in line with the local average of 66% and the national average of 72% but was below the 80% coverage target for the national screening programme.
- The practice was aware of this issue and:
 - eligible patients were offered appointments at different times throughout the week and a female sample-taker was available.
 - The practice phoned non-attenders and opportunistically reminded them of the need for screening.
 - The practice had systems in place to ensure that a result was received for every sample sent and followed up any abnormal results

Are services effective?

- The practice's uptake for breast and bowel cancer screening was above the local CCG average but below the national average. For example, 67% female patients aged between 50-70, screened for breast cancer in last 36 months compared to a CCG average of 59% and a national average of 70%. And 50% of patients aged 60-69 had been screened for bowel cancer in the last 30 months, compared to a CCG average of 43% and a national average of 55%.
- The practice was aware of this issue and:
 - eligible patients received telephone reminders and were opportunistically invited for screening.
 - A large number of patients belonged to cultural groups that discouraged them from attending for screening.
 - The practice had a high patient turn-over of approximately 25% per year, combined with some patient groups regularly leaving the country for extended periods of time.
 - Some patient groups had cultural objections to bowel cancer screening process.
- 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.

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 assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity,

- obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages (see evidence table for details).

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.

- Results of the Quality and Outcome Framework (QOF) were in line with local and national averages (see evidence table for details).
- 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 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.

Are services effective?

- 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 hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through 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 positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were 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 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.
- The practice shares the building with another GP practice. The reception desks are on opposite sides of the building.
- 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, early morning (between 7.00am – 8.00am) appointments and e-consult GP consultations were available which supported patients who were unable to attend the practice during normal working hours. E-consult is an online triage and consultation tool. It allows patients to make requests, such as for sick notes, and to give symptoms online.
- 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 were more vulnerable or who had 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.
- There was a medicines delivery service for housebound patients.

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, e-consults, telephone calls and 7.00am-8.00am early appointments. In addition, patients could access appointments at local GP Hub locations between 6.30pm – 8.00pm on weekdays and between 8.00am-8.00pm on weekends

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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held dedicated weekly mental health clinics in conjunction with mental health specialist practitioners. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were in line 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 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 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 vision and credible strategy to deliver high quality, sustainable care.

- The practice had a vision and set of values. The practice had a realistic strategy and supporting business continuity plan to achieve priorities. However, it did not have a business plan to set out its goals for the future. During the inspection the practice prepared and implemented a business plan.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. 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 felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There was a lack of clarity about responsibilities, roles and systems of accountability to support good governance and management.

- Practice leaders had not established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- The practice was unable to provide evidence that one of the clinical team had received a Disclosure and Barring Service (DBS) check or a Criminal Records Bureau (CRB) check, nor was there a suitable risk assessment for lack of a DBS or CRB check.
- The practice had not undertaken recent infection prevention and control audits. Following our inspection, the practice prepared and provided us with an infection prevention and control audit. However, it did not include an action plan for any non-compliant issues, or dates by which it would rectify or review issues identified.
- The practice it had not undertaken a recent health and safety risk assessment and although it had undertaken a fire safety risk assessment, it did not contain an action plan or dates for review or completion of any actions. The practice subsequently provided us with evidence that it had carried out a suitable fire safety risk

Are services well-led?

assessment and a health and safety risk assessment.

The health and safety risk assessment contained an action plan but did not specify dates for rectification or review of any issues identified.

- It did not have an electrical safety policy. However, during out inspection the practice prepared a suitable electrical safety policy.
- The practice had undertaken electrical safety portable appliance testing (PAT) in the last 12 months. Portable appliance testing (PAT Testing) is the term used to describe the examination of electrical appliances and equipment to ensure that they are safe to use.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that:</p> <ul style="list-style-type: none">• All staff that need one had received a Disclosure and Barring Service (DBS) check or a Criminal Records Bureau (CRB) check or a suitable risk assessment for the lack of a DBS or CRB check.• It had undertaken a health and safety risk assessment.• The fire risk assessment carried out within the last 12 months contained an action plan and dates for review or completion of any identified actions.• It carried out regular infection prevention and control audits. <p>This was in breach of Regulation 12 (1) 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 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 Provider had not established adequate systems and processes to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>For example, the provider had not:</p>

This section is primarily information for the provider

Requirement notices

- Ensured that it had all necessary policies and procedures to govern activities.
- Carried out a full range of risk assessments including infection prevention and control and health and safety.
- Ensured that all staff that needed one had received a DBS or CRB check.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.