Drs Masterton, Thomson, Bolade & Otuguor

Quality Report

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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 service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Masterton, Thomson, Bolade & Otuguor on 26 July 2016. Overall the practice is rated as inadequate.

Our key findings across all the areas we inspected were as follows:

- Risks to patients associated with recruitment of staff, management of medicines and emergencies and infection control were not always assessed and well managed.
- Safeguarding processes and procedures were not sufficiently robust to ensure that patients were kept safe from harm.
- The processes in place for receiving, reviewing and taking action in response to test results from secondary care organisations did not keep patients safe.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, investigations were not always thorough enough and it was not always clear what action had been taken in response to significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the clinical knowledge and skill to deliver effective care and treatment, though essential training had not been completed by all staff.
- We were told that clinical staff were working excessive hours and that the practice found it difficult to recruit additional staff due to financial pressures.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. However, patients were sometimes given insufficient information about what had caused the incident which resulted in the complaint.

Summary of findings

- Some patients said they sometimes found it difficult to make advanced appointments with a named GP but they were satisfied with the level of continuity of care and urgent appointments were available the same day if needed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place but more needed to be done to ensure that staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

- Establish effective systems and processes which significant event process and ensuring that all relevant staff are involved in discussions regarding significant events, that all investigations are thorough and appropriate action is taken to prevent similar incidents from happening in the future and ensuring that there are effective systems in place to keep patients safeguarded from abuse.
- Ensure that care and treatment are provided in a safe way by ensuring that medicines are managed safely and properly, that staff recruitment processes are adequate, infection control risks are assessed and mitigated, that equipment is safe to use and that the practice has equipment and systems in place to respond to emergencies and that risks associated with these are regularly reviewed and acted upon.
- Maintain securely such records necessary to be kept in relation to the management of the regulated activity including policies that are complete, reviewed periodically and are easily accessible to staff.
- Ensure that staffing levels are sufficient to ensure safe and effective care and treatment.
- Put systems in place to ensure all staff receive regular appraisals and appropriate training in accordance with current legislation and guidance.

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

- Monitor the high exception rates for those with chronic kidney disease and cancer to ensure that all exemptions are appropriate.
- Review induction processes for locum staff to ensure they have all necessary information.
- Continue to work on improving and documenting multidisciplinary working and clinical meetings.
- Ensure that all staff are aware of current legislation and guidance for assessing capacity and obtaining consent from children and young people.
- Continue work to ensure that staff feel valued and supported.
- Consider how best to address the action points detailed in any risk assessment.
- Ensure complaints policy and responses comply with current legislative requirements.

Due to delay on the part of CQC in producing a finalised report from this inspection and the significant patient safety concerns identified, we undertook a second focused inspection of the practice on 1 December 2016 in order to ascertain whether or not the provider had taken the necessary action to address the concerns raised. The current overall rating for this practice is an aggregation of the ratings for caring and responsive in this report and the rating for safe, effective and well led in our second inspection report which focused on these key questions. You can read the report from the subsequent comprehensive inspection by selecting the 'all reports' link for Drs Masterton, Thomson, Bolade & Otuguor on our website at www.cqc.org.uk.

Had CQC found that the practice were still inadequate for any key question during our inspection on 1 December 2016 the service would have been placed in special measures for a period of six months after which time a further inspection would have been undertaken to see if sufficient improvement had been made.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services, and improvements must be made.

- The systems, processes and practices designed to keep patients safe and safeguarded from abuse were not sufficiently robust.
- Risks to patients associated with recruitment of staff, management of medicines and emergencies and infection control were not always assessed and well managed which could have potentially placed patients at risk of harm.
- There was an effective system in place for reporting and recording significant events and the practice showed good examples of reflective learning. Patients always received an apology. However the analysis of one event reviewed was not sufficiently thorough and it was unclear what had caused the event or what action the practice had taken to prevent this from reoccurring in the future.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Though exception reporting in some clinical domains was higher than local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance in most respects. However one staff member could not adequately outline the guidelines for assessing the capacity of children. We also found that poor systems and processes for reviewing results from secondary care left patients at risk of harm.
- Clinical audits and other work demonstrated quality improvement.
- Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. However there were gaps in essential training.
- Not all staff had been appraised within the last 12 months.
- Though some multidisciplinary working took place there were certain agencies, including the district nursing team, which the practice had not been regularly meeting with. Multidisciplinary team meetings were not documented.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with local and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice undertook holistic health and social care assessments for those over 65 and housebound and patients over 80 as part of a CCG wide initiative.
- Patients said they sometimes found it difficult to make advanced appointments with a named GP but they were satisfied with the level of continuity of care and urgent appointments were available the same day if needed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. However, patients were sometimes given insufficient information about what had caused the incident which resulted in the complaint.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The practice had a clear plan to deliver high quality care and promote good outcomes for patients. However the effectiveness of this plan was hindered by insufficient staffing and deficiencies in governance and risk management.
- There was a leadership structure in place but not enough was being done to ensure staff felt supported by management. The practice had a number of policies and procedures to govern

Summary of findings

activity, however some of these policies did not contain the requisite information, were not easily accessible to staff, did not work effectively to ensure patient safety or had not been reviewed.

- We saw evidence of work undertaken to improve the quality of care for patients within the practice.
- The arrangements in place to monitor and act on risk were ineffective in respect of staff recruitment, infection control, management of medicines and emergencies.
- The provider was aware of the requirements of the duty of candour. However there were deficiencies in the systems and processes in place for managing significant events which could have potentially hindered the practice's ability to comply with the duty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Inadequate

The provider was rated as inadequate for safe, effective and well led resulting in the practice being rated as inadequate overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the Holistic Health Assessment scheme, an initiative run by Southwark CCG, which involved undertaking comprehensive assessments of those over 65 and housebound and patients over 80 years of age and using the information gathered to put in packages of care that targeted both patients' health and social needs. The practice had over achieved their targets for the number of assessments completed. The practice told us that they had undertaken 116 assessments; 72 of these in patients' homes.
- The practice provided GP services to seven care homes which catered for frail elderly patients and/or those with dementia. The practice undertook weekly visits to three of these homes and ad hoc visits when required at others. The practice provided feedback they had gathered from these homes prior to our inspection which stated that practice staff were good at providing high quality personalised care and worked well with staff from other organisations to devise and implement appropriate packages of care for frail elderly patients.
- The practice had a dedicated telephone line for use by staff in care homes.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe, effective and well led resulting in the practice being rated as inadequate overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for the management of diabetic patients was either in line with or higher than local or national averages.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Feedback provided by multidisciplinary agencies and reflective case studies completed by staff at the practice indicated that GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care for those with complex needs. However the practice were unable to evidence recent collaborative working for these patients
- The practice referred patients to educational and support services which aimed to prevent or enable patients to manage their long term conditions.
- Patients at risk of admission to secondary care were actively managed under an admissions avoidance enhanced service with a view to assisting patients managing their long term condition and reducing the need for admission to secondary care. The practice had a dedicated telephone number for patients who were managed under this pathway.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, effective and well led resulting in the practice being rated as inadequate overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice did not place alerts on the records of all children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women who had a cervical screening test was higher than local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe, effective and well led resulting in the practice being rated as inadequate overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Some patients told us that it was difficult to access an appointment in advance.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe, effective and well led resulting in the practice being rated as inadequate overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice would register patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice told us they regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns. However the practice nurse told us that they were unsure how to make a safeguarding referral and the practice's safeguarding policies did not all contain information of external safeguarding contacts; though this was documented on posters around the practice.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe, effective and well led resulting in the practice being rated as inadequate overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher that the local and national averages.

Summary of findings

- Performance for other mental health indicators were higher than local and national averages.
- The practice provided support to 378 patients in care homes and hostels; many of these patients had mental health problems including dementia. The practice provided feedback gathered from the services for which they provided GP services. All feedback commented on the excellent service provided by the surgery and the care and compassion for service users displayed by practice staff.
- Feedback forms completed by care homes and other healthcare providers demonstrated that the practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. However there were no documented minutes of these meetings.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups, counselling and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients being treated for substance misuse issues were under the care of a GP trained in substance misuse in conjunction with a substance misuse counsellor.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifty one survey forms were distributed and 112 were returned. This represented 2% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Many of the comment cards referred to how caring and compassionate both the clinical and non-clinical staff were. Clinical staff were often commended for listening to patient concerns and involving them in decisions about their care and treatment. The seven comment cards that contained mixed feedback also expressed satisfaction with the quality of care received but stated that they have to wait a long time to be seen by a GP when they attended for their appointment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The only negative comments related to difficulties getting advanced appointments and the length of time patients had to wait when they attended the practice for an appointment.

Drs Masterton, Thomson, Bolade & Otuguor

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

Background to Drs Masterton, Thomson, Bolade & Otuguor

Drs Masterton, Thomson, Bolade & Otuguor is part of Lambeth Clinical Commissioning Group (CCG) and serves approximately 5300 patients. The practice is registered with the CQC for the following regulated activities: maternity and midwifery services, diagnostic and screening procedures, surgical procedures, family planning and treatment of disease, disorder or injury.

The practice population is located in an area ranked in the fourth most deprived decile on the index of multiple deprivation. Those over 65 years old make up 17% of the practice list, those over 75 8% and those aged over 90 2% of the practice list. The practice also has a slightly higher proportion of working age people compared to the national average. The practice cares for 378 patients in sixteen supported living facilities, including care homes, supported accommodation for those with learning disabilities and services for patients with mental health concerns.

The practice is run by one female and two male GP partners who work full time. The practice employs a former partner as a part time locum. There is one female practice nurse. The practice has 3.43 whole time equivalent GPs and one whole time equivalent nurse. The practice is a training practice but there were no students at the time of our inspection.

We were told by the practice that one of the partners had recently retired. Staff reported feeling overworked and under pressure. The practice reported experiencing financial difficulties which was impacting on the partner's ability to draw a salary and recruit additional staff. However we were told that the practice was in the process of recruiting an additional GP to cover the hours worked by the former partner within the practice.

The practice is open from 8.00 am Monday to Friday. The practice closes at 7.30 pm on Monday, 7.00 pm on Tuesday, Thursday and Friday and 6.30 pm on Wednesday.

Drs Masterton, Thomson, Bolade & Otuguor operates from Prentis Road, Streatham, London, SW16 1XU which is a purpose built property. The service is accessible.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Influenza and Pneumococcal Immunisations, Patient Participation, Rotavirus and Shingles Immunisation and Unplanned Admissions.

Detailed findings

The practice is a member of the Southwest Lambeth GP Federation.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and were provided with information from other organisations that worked with the practice. We carried out an announced visit on 26 July 2016.

During our visit we:

- Spoke with a range of staff (GPs, the practice nurse, the practice manager and deputy practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with a carer.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting and recording significant events. However, we saw that this process was not always followed through and that the practice policy on significant event management had not been reviewed since 2011.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice told us that they had four significant events within the past 12 months. Three of these significant events were dealt with appropriately and there was evidence of learning and action taken to ensure safety. For example, we reviewed an incident related to consent and capacity issues around the administration of a flu vaccination in a care home. The practice amended their consent forms so that clinicians could easily review discussions had regarding consent at a glance. Analysis was thorough and the patient's relative was informed of the results of the analysis of the incident, in accordance with the duty of candour.
- However another of the significant events reviewed involved a patient contracting an illness. It was not clear exactly what the concern raised by the event was or if the practice were responsible. It was also unclear what the practice had learned or what action had been taken to ensure that similar incidents did not occur in the future.
- Although for the majority of significant events the practice carried out a thorough analysis we were told that not all clinical staff were invited to meetings where clinical significant events were discussed and there was no system to ensure this information was shared with all clinical staff.

The practice had systems in place for acting on patient safety alerts and we saw evidence that appropriate action was taken in response to these alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse however some of these were not effective:

- Practice arrangements for safeguarding did not ensure that children and adults were protected from abuse. There was a lead member of staff for safeguarding. The practice had safeguarding policies, although some members of staff were not able to locate these. The practice's child safeguarding policy did not contain details of external contacts for safeguarding within the locality; though this was displayed within all rooms in the practice and the practice have since provided evidence the policy had been updated. We reviewed the notes of four patients where clinicians had identified potential safeguarding concerns but there were no safeguarding alerts placed on two sets of patient notes to flag these issues. One member of clinical staff said that they were unsure of how to make a safeguarding referral. We were told that GPs attended a Lambeth peer group where safeguarding referrals were discussed every six weeks with a health visitor. We were provided with a calendar invite for one such meeting but staff were unable to supply any minutes. Not all staff had received training on safeguarding children and vulnerable adults including the practice nurse and one of the partners. After our inspection the practice provided us with evidence that the lack of mandatory training, including safeguarding training, had been raised as a significant event and an action plan for training completion had been drafted. The plan stated that child safeguarding training would be completed for all staff by the end of December 2016 and safeguarding adults by January 2017.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the 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 practice did not maintain appropriate standards of cleanliness and hygiene. We observed that one of the chairs in the reception area were torn exposing fabric. Though the toilets were clean, there was a permeable

surface in one of the toilets under the sink that was wet, and all light cords in toilets were dirty. Clinical waste was stored in a secured area outside, but the bin itself had not been locked. The secure area was accessible from the fire escape of a neighbouring shop. We also observed non disposable equipment lying next to a sink in one of the consulting rooms. Staff told us that they did not use this non disposable equipment but could not explain why it was there. The practice nurse was the infection control clinical lead, but there was no evidence that they had received up to date training for this role. A number of other staff also did not have up to date infection control training at the time of our inspection. The training action plan the practice sent after our inspection stated that infection control training would be completed by all staff by the end of November 2016. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address areas of concern. However the lack of infection control training for staff had not been identified by the audit.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines and we saw examples where these were implemented effectively. However, we reviewed the records of one patient who required medicine to be reviewed every three months. This patient's medicines had not been reviewed by the practice. The practice told us that this was because the patient had been admitted to hospital, but prescriptions for this medicine continued to be issued. The practice informed us that they were undertaking a review of all patients on high risk medicines used to treat rheumatoid arthritis as it was not always clear which organisation was responsible for monitoring patients taking these medicines and that they planned to introduce a protocol for how these patients should be managed.
- Patient Group Directions (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation but those for three vaccinations (rotarix and Haemophilus influenza type b (Hib) and meningitis C) had expired. New PGDs were put in place on the day of our inspection. We reviewed the practice systems for the management of vaccines. We saw that fridge temperatures had gone out of range on two separate occasions but no action had been taken in response to ensure that the vaccines were still effective. The vaccination fridge did not have a second failsafe thermometer.

Although concerns had been identified with the management of some high risk medicines we saw evidence that the practice had conducted out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing of other medicines was in line with best practice guidelines for safe prescribing. A community pharmacist also attended the practice daily to oversee the management of prescriptions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- We reviewed four personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, there was no proof of identification for the most recently recruited staff member, no Disclosure and Barring Service (DBS) check had been completed and no references obtained; though we were provided evidence that the DBS and references had been requested for this staff member after our inspection. A copy of their ID was provided after the inspection. One of the partners had not been DBS checked. Again we saw evidence that this had been requested after our inspection. For one member of non-clinical staff the practice did not have a record of their full employment history.

Monitoring risks to patients

Most risks to patients had been assessed, but in some instances mitigating action had not been taken.

- We saw evidence that although some risks to patient safety had been considered and mitigating action had been taken there were some health and safety risks which had not been considered or where action had not been taken to address the risks identified. There was a health and safety policy available with a poster in the reception area. The practice had fire risk assessments completed in July 2014. The assessment recommended that fixed wire testing be conducted but there was no evidence of this having been completed. The practice

carried out a fire drill in May 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. No documented legionella risk assessment had been completed on the day of the inspection (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice was carrying out and documenting monthly water temperature checks, to ensure that water was hot enough to prevent legionella bacteria multiplying. The practice provided evidence of an internal risk assessment completed after our inspection.

- The arrangements in place for planning and monitoring the number of staff and mix were not sufficient to ensure patients were safe. One of the partners had recently retired and was now working on a part time basis. Five sessions per week were split between the remaining partners. We spoke with clinical and non-clinical staff who told us they felt overworked and clinical staff in particular found it difficult to complete all necessary tasks including the management of test results. One partner told us that they worked between 12 and 16 hours a day and felt that the financial pressures faced by the practice limited their ability to recruit additional clinical staff, which resulted in existing staff taking on additional work. We were told that the practice was recruiting for another GP to cover the sessions of the partner who had recently retired. We were also told that the practice were reviewing their non-clinical staffing arrangements as some staff were reducing hours, others were on long term leave and others had recently left.

Arrangements to deal with emergencies and major incidents

The arrangements in place to respond to emergencies and major incidents were inadequate.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training, but the annual update training for some staff members including two clinical staff was overdue from May 2016.
- There were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises, the oxygen cylinder had passed its expiration date and there were no children's masks available. After the inspection, the practice provided evidence that oxygen; children's masks and a defibrillator had been ordered. A first aid kit was available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All medicines were kept in a secure location and staff were aware of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff told us that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and guidance from the CCG and we saw evidence to confirm this.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. The practice exception reporting rate was 13%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Exception rates for some indicators was higher than average, for example:

- The practice exception rate for atrial fibrillation was 21% compared with the CCG average of 13% and national average of 11%.
- The exception rate for chronic obstructive pulmonary disease was 26% compared with the CCG average of 8% and 12% nationally.

The practice attributed these higher exception rates to the large proportion of patients on their list who were in care homes that were unable to participate in these assessments. The practice supplied feedback from the senior clinical commission pharmacist within the CCG which commended the practice on their management of patients with atrial fibrillation and those with respiratory problems.

- The exception rate for cancer patients was 31% compared with the CCG average of 13% and 15% nationally.
- The chronic kidney disease exception rate was 16% compared with the CCG average of 7% and 8% nationally.

The staff at the practice said they were unable to explain why these exception rates were higher than average.

Prescribing data also showed that the practice was an outlier in one area.

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit was almost double the national average and more the double the CCG prescribing average.

The practice told us that they were reviewing their Benzodiazepine (a type of hypnotic medicine, often prescribed for sleeping problems) prescribing as they were aware that they had higher proportions of patients on this medicine due to the high number of patients with mental health problems and those based in care homes. The senior CCG pharmacist acknowledged the practice's high rates of prescribing in their feedback form and confirmed that this was due to high numbers of complex patients the practice cared for. The pharmacist stated that the practice had undertaken a lot of work to try and bring prescribing in line within their prescribing budget.

This practice was not an outlier for any other QOF (or other national) clinical targets. Data for 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example,
  - The percentage of patients with diabetes who had an influenza immunisation within the last 12 months was 97% compared to a CCG average of 90% and a national average of 94%.
  - The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared with 87 % in the CCG and 88% nationally.

- Performance for mental health related indicators was similar to the national average For example,
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared with 85% CCG average and 88% nationally.
  - The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review in the preceding 12 months was 97% compared with 88% within the CCG and 84% nationally.

Inadequate

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits.

The practice told us that they held 'virtual clinics' for patients with Chronic Obstructive Pulmonary Disease, diabetes, asthma, hypertension and atrial fibrillation with the input of consultants from local hospitals. This enabled staff to keep up to date with best practice for managing complex patients with these conditions. We were provided with a copy with a document that detailed improvements made to the care of patients with atrial fibrillation that were reviewed at a virtual clinic.

The practice had reviewed all diabetic patients not reviewed at their 'virtual clinic' and optimised their medicines in accordance with current best practice and guidance. Review of these patients during the second audit cycle showed improved outcomes for the majority of patients.

The practice also provided us with two reflective case studies concerning the management of palliative care patients. These case studies assessed the positive aspects of how these patients were managed and identified areas where future management of these patients could be improved. We saw evidence that changes had been made to processes as a result of this reflection.

Effective staffing

Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. However the practice did not have a locum pack and required essential training had not been completed by staff.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control health and safety and confidentiality. The practice manager told us that all locum staff were verbally inducted and we saw no evidence of a documented locum pack. However we were told that the use of locum staff was minimal as practice staff would work extra hours to cover absences.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, medicines optimisation and mental health.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- We were provided with evidence of four formal appraisals for administrative staff which had been undertaken within the previous 12 months. We were told by other staff that they had not received a formal appraisal within the previous year. The practice manager told us that this task had been delegated to a member of staff who had since left.
- Some staff had not completed essential training or this training was out of date. This included training in safeguarding, fire safety awareness, basic life support and information governance. Staff had access to e-learning training modules and in-house training but this had not been utilised by all staff. The practice provided a training action plan after our inspection which detailed a timetable for all essential training to be completed by January 2017.

Coordinating patient care and information sharing

The majority of information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. However on the day of the inspection we found that there was no consistent approach to the management of test results and that the systems that were in place could put patients at risk.

- We saw evidence of care and risk assessments and care plans and staff had access to medical records.
- The systems in place for managing test results were not sufficiently effective. One of the partners had 219 test results in their inbox and told us that they would only review test results which required urgent action and the results of microbiology investigations on the day they arrived but that they would not review other test results. Another partner had 383 results in their inbox, the oldest

of which was dated October 2015. This partner told us that he did not have time to look at all results but that all of the results had been reviewed, urgent results actioned and other non-urgent results reviewed but not archived in the patient's notes.

- We were told that test results may not be reviewed for up to two weeks if a member of staff was away. A buddy system had been in place but we were told this was not currently operational.
- The practice manager told us that a member of the administrative team had been trained by one of the partners to file all normal results and that those results which required action were sent to the GPs. This member of staff confirmed this was the case.
- The management of test results was raised as a concern with the practice on the day of the inspection. The practice provided a comprehensive action plan for the management of future results and confirmed that all of the outstanding results had been appropriately dealt with and that test results would be reviewed and actioned within two working days and filed in the appropriate record within a week of receipt.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However there was no failsafe monitoring system in place for patients who were referred for urgent test and assessments.

The practice showed us feedback forms completed by homes and community services that the practice worked with. These said that the practice were good at working with staff within these services and external healthcare organisations to formulate and deliver packages of care for patients.

The practice provided reflective case studies regarding the management of palliative care patients which evidenced multidisciplinary working and communication between the practice and these organisations. We saw examples where the practice had reflected on its multidisciplinary working practices and had suggested improvements for better management of patients and more effective communication.

However there were no minutes of multidisciplinary meetings and therefore we were unable to evidence recent collaborative working being used to care for patients with complex needs. We were told by one member of staff that this had ceased due to time constraints. Other staff members said that this was a result of lack of availability of staff within community health teams to meet with practice staff.

We were also provided with evidence that the practice had liaised with the district nursing team after our inspection and had put arrangements in place to ensure regular meetings going forward.

Consent to care and treatment

Although most staff sought patients' consent to care and treatment in line with legislation and guidance one staff member was unaware of the current guidance around assessing the consent and capacity of minors.

- Most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, most staff carried out assessments of capacity to consent however the practice nurse told us that they would conduct these assessments for all patients under 18 and not under 16 in accordance with legislation and guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice would refer patients to a local dietician or support group for smoking cessation advice where required.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 80% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring that a female sample taker was available. There were failsafe systems in place to ensure results were

Inadequate

Are services effective?

(for example, treatment is effective)

received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 92% and five year olds from 77% to 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were very happy with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Scores related to satisfaction with consultations with GPs and nurses was comparable to local and national averages. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 patients as carers (over 2% of the practice list). Written information was available on a carers' notice board in the reception area, which directed carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For instance, the practice were participating in the holistic health assessment scheme; providing in depth holistic assessments for those over 65 and housebound, those over 80 including and those who had not attended their GP within the previous eighteen months. The practice then put together a comprehensive package of care to meet these patients' health and social needs, involving a variety of organisations including those operating in the voluntary sector.

- The practice offered extended hours access between 6.30pm and 7.30pm on Monday and 6.30pm and 7.00pm on Tuesdays, Thursdays and Fridays which were prioritised for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The practice had 51 learning disabled patients on their register and all of these patients had received an annual health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as some only available privately.
- The facilities were accessible and there was a hearing loop available. Translation services were advertised in reception and there was an electronic check in facility in the reception area. In addition, we were told that staff spoke languages commonly spoken within the local community including French, Turkish, Italian, Portuguese, Yoruba, Urhobo, Okpe, Hausa and Gujarati.
- The practice provided GP services to a number of care homes and facilities that catered to patients with learning disabilities or mental health concerns. Feedback provided from these services indicated that they felt the quality of care was high.
- Patients being treated for substance misuse issues were under the care of a GP trained in substance misuse in conjunction with a substance misuse counsellor.
- The practice had a dedicated telephone line which could be called by staff in nursing homes or for those who were at risk of admission to secondary care. This enabled quicker access to a GP over the telephone.

Access to the service

The practice was open at 8.00am Monday to Friday. The practice closed at 7.30pm on Monday, 7.00pm Tuesday, Thursday and Friday and 6.30pm on Wednesday**.** Appointments were available during these times. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages though satisfaction with appointment access was lower.

- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Some people told us on the day of the inspection that they were able to get appointments when they needed them, but others said that they sometimes had difficulty accessing appointments in advance and would usually have to wait a long time to be seen when they attended for an appointment. Some patients said that they were happy to wait longer to see a clinician because they knew that they would be given enough time to discuss all of their concerns when they were seen and that the standard of care was high.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

Good

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had systems in place for handling complaints and concerns. However, we found some responses lacked sufficient detail on the circumstances which led to the complaint or the corrective action taken by the practice to address complaints.

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. However we found that some responses were lacking in detail and did not include information about external agencies patients could contact if they were dissatisfied with the practice's response.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example there was a leaflet available in reception and a complaint form that patients could fill in. In addition, there was a prompt on the practice's automated telephone system for patients who wanted to make a complaint.

We looked at three complaints received in the last 12 months and found that one of these was satisfactorily handled. However two of the complaints reviewed did not contain information of what caused the error complained of and one did not detail any corrective action taken by the practice or provide the patient with details of external agencies they could contact if they were dissatisfied with the practice's response. The practice told us that they had taken action to improve the quality of care as a result of complaints. For example, the practice had received a number of complaints about the attitude of reception staff and had employed a reception supervisor to ensure better management and support.

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

Deficiencies in governance, risk management and insufficient staffing hindered the practice's ability to deliver a consistently high quality safe service. However, the practice did have a mission statement and staff knew and understood the values.

We saw evidence of team meetings where strategy was discussed and all staff were involved in discussion about how to improve services and the financial sustainability of the practice.

We were provided with a documented plan for 2016/17 which divided responsibility for various activities between different members of staff, including the management and monitoring of QOF, medicines optimisation, complaint handling, infection control and practice management responsibilities.

Governance arrangements

There were weaknesses in the practice's governance systems which impacted on the practice's ability to provide high quality safe care. For example:

- Though the practice had devised a structured plan for the upcoming year which detailed practice roles and responsibilities, there were some areas where governance and oversight was lacking. For example the practice's safeguarding arrangements and processes for managing test results did not keep patients safe and there was a lack of systems to ensure staff completed essential training and received regular appraisals.
- The practice had a number of policies in place but these were not all complete or up to date. Staff that we spoke with knew that all policies were stored on the practice's internal computer system but were sometimes not able to find these when asked. Many of the practice policies were incorrectly dated, indicating that reviews had taken place on future dates and the practice' significant event policy had last been reviewed in 2011. The processes in place for reviewing results were unsafe and could have resulted in patient harm.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to clinical care. The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not sufficient. For example we saw that though significant events were generally well managed there were occasions where investigations were not sufficiently thorough, adequate recruitment checks were not always completed prior to staff being appointed and infection control risks were not properly assessed or addressed. We also found that medicines were not always managed safely and the practice did not have satisfactory arrangements in place to enable staff to respond effectively in an emergency.

Leadership and culture

Staff aimed to provide high quality safe care and staff told us the partners were approachable. However it was evident that lack of adequate staffing, high workloads and lack of time meant that senior staff did not have time to provide the leadership and support required.

The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There was a clear leadership structure in place but the management acknowledged that more could be done to support staff.

- Staff told us the practice held regular team meetings and we saw minutes of these meetings. Clinical meetings were not documented.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so. We saw evidence of a team meeting held within the last six months where the practice had informed staff about the financial pressures they were facing and had involved all staff in decisions about how to put systems and processes in place to ensure that the business remained financially viable.
- It was acknowledged by staff during our inspection that the practice had not historically done enough to ensure that staff felt respected, valued and supported. A number of staff had not received an appraisal within the last twelve months. We were told that this had been delegated to another member of staff who had left and that these had not been completed subsequently due to time pressures. We were told that staff would were not

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

often acknowledged for their hard work. However we saw evidence of an all staff meeting where the partners had acknowledged this and apologised for not recognising the hard work of staff in the practice. We were told that the practice had recently implemented a system of reward vouchers which would be given to staff in recognition of good performance.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through patient feedback and complaints received. The PPG met regularly, gathered suggestions and comments from patients and submitted proposals for improvements to the practice management team. For example, they held a coffee morning to raise money for a national cancer charity and were currently in the process of making a film to explain the work undertaken by GPs and the impact this can have on waiting times. The PPG had also assisted the practice in hosting three "well in winter" evenings which were evenings targeted at the elderly population; providing advice on how to remain healthy during the winter months.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice secretary had asked the practice to move the waiting area for counselling patients away from staff offices in order to reduce noise. As a result counselling patients were instructed to wait in the general reception area when they attended for an appointment. Staff told us they felt involved and engaged to improve how the practice was run.

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 were not being met. The provider must send CQC a report that says what action they are 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:** Care and treatment was not always provided safely as: • The practice did not adequately assess the risks associated with infection control and take action to detect, prevent and control the spread of infections • Medicines were not always managed properly or safely as high risk medicines were not always monitored appropriately, two of the practice's PGDs had expired and vaccines were not being monitored appropriately. • The practice did not ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely as the practice had not completed satisfactory recruitment checks for all staff prior to employment. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have effective systems in place to ensure that the regulated activities at Drs Masterton, Thomson, Bolade & Otuguor were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met:** Systems and processes did not operate effectively to ensure that risks to health, safety and welfare of service users were mitigated.

This section is primarily information for the provider

Requirement notices

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • Staffing levels were not sufficient • Not all staff had received the appropriate training and were not receiving regular appraisals. This was in breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014