

Downs Way Medical Practice

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

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 Downs Way Medical Practice on 18 February 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system for reporting and learning from significant events, however, not all significant events were recorded.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment; however gaps in training were identified.
- 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 comment or complain was available online however this was not readily available or on display at the practice.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice Patient Participation Group (PPG) was proactive in seeking feedback from patients which the practice took account of and where possible acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there were areas of practice where the provider must make improvements:

Summary of findings

- Ensure that all events that affect the health, safety or welfare of patients are reported, reviewed and thoroughly investigated and improvements made as a result.
- Ensure that all staff have completed appropriate mandatory and role specific training.
- Ensure that infection control risks are assessed, monitored and mitigated at the practice.
- Establish and operate an accessible system for identifying and receiving complaints within the practice and ensure verbal complaints are recorded with response and action taken.

In addition the provider should:

- Ensure that all required recruitment checks are carried out and all appropriate documents maintained.
- Take appropriate action to ensure greater confidentiality at the reception desk.

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?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events and for learning from these; however there was evidence of a significant event that was not recorded in line with the practices policy.
- Lessons were mainly shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems and processes to keep patients safe and safeguarded from abuse, however, these systems must be embedded and monitored at governance level, to ensure that all staff receive appropriate safeguarding training, that all staff are up to date with their infection control and basic life support training and that required recruitment checks are carried out.
- Risks to patients were assessed and on the whole were well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 80% compared to the national average of 84%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and were devised according to patient need.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, however the practice must ensure that all nursing staff have completed and are up to date with their mandatory training.
- There was evidence of appraisals and personal development plans for all staff other than recently recruited staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- 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.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example,
93% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
92% said the GP gave them enough time (CCG average 85%, national average 87%).
96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
91% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)
- 'Immediate and necessary' appointments were available for people not registered with the practice who were in need of care and treatment.
- The practice proactively identified carers and other vulnerable groups of people and had a care co-ordinator. This enabled them to offer appropriate support services.

Good



Are services responsive to people's needs?

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.
- Patients spoken with on the day said that on the whole they found it easy to make an appointment with a named GP, that there was continuity of care, and that urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Home visits were available for older patients and those who had difficulty attending the practice.
- Two branches of Downs Way Medical Practice are part dispensing for patients who fit the criteria.
- Information about how to complain was available on-line and was easy to understand but was not available at the practice. Evidence showed the practice responded quickly to written issues raised but that verbal complaints were not recorded. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care, however, areas of this were not fully embedded or monitored.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a focus on continuous learning and improvement at all levels.
- The practice carried out proactive succession planning.
- There was constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had an active patient participation group which influenced practice development.

Requires improvement



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

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- People over 75 had a designated GP to oversee their care and treatment.
- The practice operated an unplanned admissions enhanced service to help avoid older people being admitted to hospital unnecessarily.
- The practice had a process to identify and review patients repeat attending at A and E.
- The practice had a care co-ordinator to support older people and signpost relevant services.
- Regular multi-disciplinary meetings were held which included other health professionals who specialised in the care of older people.
- Dispensing services were available for those patients that were eligible.
- A minor operations service was offered by the practice.
- (AAA) clinic was offered by the practice.

People with long term conditions

The practice is rated as good for the care of people with long term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice carries out medication reviews every six months.
- Regular multi-disciplinary meetings were held which included other health professionals who specialised in the care of people with long-term conditions.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 82% which is the same as the England national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had in-house Long Acting Reversible Contraception (LARC) fitting by suitably trained and qualified staff.
- We saw that midwives and health visitors were available at the practice.
- The practice carried out 6-8 week baby checks and post-natal checks.
- Immunisation indicators were comparable or slightly higher than CCG and England averages.
- An audit was undertaken regarding Attention deficit hyperactivity disorder (ADHD) medicine and how monitoring and prescribing was carried out and reviewed.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

Good



- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- Appointments, travel vaccination appointments and repeat prescriptions could be booked on-line.
- The practice offered appointments outside of normal working hours.

Summary of findings

- A minor operations service was offered by the practice.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a specific GP to lead on the care and treatment of people with a learning disability.
- People with learning disabilities had an annual review of their care, treatment and medication and their care plan updated.
- The practice offered longer appointments (20 minutes) for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and there was a community mental health nurse attached to the practice who attended multi-disciplinary meetings.
- 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 and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a list of patients on the mental health register and care plans were being put in place for these patients.
- An 'Immediate and necessary' appointment was available to ensure that everyone had access to care and treatment that needed it.
- The practice used 'docman' as a means of sharing information between clinicians to ensure that people were safeguarded.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia in liaison with the mental health team for older people.

Good



Summary of findings

- Patients newly diagnosed with dementia were routinely referred to the memory clinic and an alert placed on their notes.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and the care co-ordinator at the practice was involved in this.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided access to a counsellor.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 243 survey forms were distributed and 125 were returned. This represented 1% of the practice's patient list.

- 92% found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 73%, national average 78%).
- 97% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 86%).

- 93% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were mainly positive about the standard of care received. However, three contained both positive and negative comments, which related to issues with the appointment system and the lack of privacy at the reception desk.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all events that affect the health, safety or welfare of patients are reported, reviewed and thoroughly investigated and improvements made as a result.
- Ensure that all staff have completed appropriate mandatory and role specific training.
- Ensure that infection control risks are assessed, monitored and mitigated at the practice.

- Establish and operate an accessible system for identifying and receiving complaints within the practice and ensure verbal complaints are recorded with response and action taken.

Action the service **SHOULD** take to improve

- Ensure that all required recruitment checks are carried out and all appropriate documents maintained.
- Take appropriate action to ensure greater confidentiality at the reception desk.

Downs Way Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and a practice manager specialist adviser. A pharmacist specialist was available by phone if required.

Background to Downs Way Medical Practice

Downs Way Medical Practice is a GP practice based in Istead Rise, Kent. It is part of the NHS Dartford, Gravesham and Swanley Clinical Commissioning Group (CCG). A CCG is an NHS body of GP's and other clinicians/health care professionals who are responsible for the planning and commissioning of healthcare services in their local area.

The practice is structured over three sites, the main site for Downs Way Medical Practice is Istead Rise Surgery and there are two branch sites, Shorne Village Surgery and Summerhouse Surgery. The administration for the practice is centralised at Istead Rise, however there are independent reception teams at each site.

There are eight partners at Downs Way Medical Practice which includes six GP's (four male and two female) the practice manager and an advanced nurse practitioner. The practice manager works across all three sites, as does the advanced nurse practitioner, however the six GP's all work across two sites and cover a third as required. Each site has a specified clinical lead GP.

The partners are supported at by a deputy practice manager, a finance manager and two business admin assistants, two practice nurses, two health care assistants, a phlebotomist, four dispensing staff and an administrative team.

Two of the branch surgeries at Downs Way Medical Practice are dispensing practices being Istead Rise Surgery and Shorne Village Surgery. There is a dispensing lead GP.

The Practice is a training practice and there are three GP trainers who oversaw two GP trainees each.

The practice has a general medical services contract via NHS England for delivering primary care services to local communities. It has a registered patient population of approximately 12,500 and it is in an area of low deprivation.

Istead Rise Surgery is open from Monday to Friday between the hours of 8.30am and 6.30pm, however the phones are operated from 8am. Extended hours are offered on Wednesday and Thursday from 6.30pm to 8.30pm. Primary medical services are available to patients via an appointments system which includes emergency book on the day appointments. As the main practice, telephones at Istead Rise Surgery are operated between 8.00am and 6.30pm.

Shorne Village Surgery is open from 8.30am to 12 noon and 3.30pm to 6.30pm Monday, Tuesday and Thursday and from 8.30am to 12 noon on Wednesday and Friday. There is an open surgery in the morning, whereby all patients who attend by 10.30am are seen by either a doctor or the nurse practitioner. An appointment system operates in the afternoon. The telephone is diverted to Istead Rise Surgery during lunchtime closure and on Wednesday and Friday afternoons.

Summerhouse Surgery is open from Monday to Friday between the hours of 8.30am and 6.30pm, except Thursdays when services are provided between 8.30am

Detailed findings

and 12.00 noon. Extended hours are available on alternate Tuesday evenings between 6.30pm and 8.30pm. Summerhouse Surgery operates an appointment system which includes book on the day, emergency and advance appointments.

Telephones at Downs Way Medical Practice are operated between 8.00am and 6.30pm. There are arrangements with other providers - Integrated Care 24 (known as IC24) – to deliver services to patients outside of the practice's working hours.

Services are delivered from:

Downs Way Medical Practice, Istead Rise Surgery, Worcester Close, Istead Rise, Gravesend, DA13 9LB

Shorne Village Surgery, Crown Lane, Shorne, Gravesend, Kent DA12 3DY

Summerhouse Surgery, Beaconsfield Road, Bexley, Kent, DA5 2AE.

The main site at Istead Rise Surgery was inspected; however the branch sites were not. The dispensary at Shorne Village Surgery was visited and inspected.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 asked other organisations to share

what they knew. We carried out an announced visit at Downs Way Medical Practice at the Istead Rise Surgery site and the dispensary at Shorne Village Surgery on 18 February 2016.

During our visit we spoke with a range of staff (four GPs, one GP trainee, the practice manager, two practice nurses, and four non-clinical staff) and spoke with four patients who used the service, as well as the chair of the patient participation group.

We also reviewed comment cards where patients and 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and that these were recorded.
- The practice carried out a thorough analysis of significant events and there was evidence that these were discussed in an open, transparent and timely way at Clinical Governance meetings with learning disseminated at staff meetings, however, one significant adverse incident was noted in meeting minutes but had not been recorded. This meant that the practices procedures had not been followed which could impact on their ability to learn from the event and prevent its reoccurrence.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that five significant events were raised with the practice for 2015-2016. These incidents were reported, investigated and discussed at a clinical meeting. As a result processes were reviewed and changes made to the issuing of prescriptions following an incident whereby a higher dose of a medicine was prescribed and administered for a period of time. As a result of this incident the practice implemented a system to ensure incidents of this nature did not reoccur. Additionally, for learning purposes the practice had highlighted improving their knowledge of the medicine and the correct dosage required for different medical conditions.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. Staff told us that feedback from investigations was discussed at staff meetings.

National patient safety alerts were read and highlighted and forwarded electronically to staff as necessary. Minutes of meetings showed that action was taken by the practice in response to relevant alerts. For example a drug safety update regarding drugs and driving was included in a

clinical governance meeting with the directive to advise and alert patients taking any of the specified controlled drugs and to add guidance to the relevant prescriptions as a warning.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.

The systems included a proactive approach towards keeping people safe with the availability of training for all staff. However, the practice was not always able to provide evidence that all staff had been trained.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Children and adults at risk were identified on the practice computer system using an alert flag on their record/care plan. There was a lead member of staff for safeguarding children and adults. The GPs had attended safeguarding meetings and taken action to raise alerts where concerns were noted. GPs were trained to Safeguarding Children level 3. Staff we spoke with demonstrated they understood their responsibilities and most had received training relevant to their role. Nursing staff spoken with were able to detail the procedure for identifying and reporting abuse, however, from the training schedule we found that three of the six nursing staff had completed Child Safeguarding training and four out of six had completed Adult Safeguarding training.
- We saw that one of the nursing staff had not completing required training updates. This included basic life support, infection control, safeguarding children, safeguarding adults and information governance.
- 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 check (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).

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Patients that we spoke with told us that they always found the practice clean and had no concerns regarding cleanliness or infection control. There was a cleaning schedule at the practice. The advanced nurse practitioner was the infection control lead and was able to tell us how infection was prevented at the practice, including a cleaning schedule for curtains in clinical areas, which were seen to be dated, use of paper couch roll, single use instruments and supplies of PPE (e.g. gloves and aprons). There was an infection control protocol and most staff had received up to date training. All of the GP's and partners had completed infection control training, however, the training schedule demonstrated that eight of 12 administrative staff and four of six nursing staff had completed infection control training. Staff told us that annual infection control audits were not undertaken and that there were no records of infection control audits having been carried out. As a result of this, it was not possible to see an action plan or improvements to the overall system. We raised this with the practice manager, who subsequently sent us documentary evidence to show that an infection control audit at Downs Way Medical Practice had been conducted within the required 48 hours following our visit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Staff involved in dispensing activities at both Istead Rise Surgery and Shorne Village Surgery were trained to an appropriate level. One dispenser told us that they had attained a NVQ level 2 in dispensing. Records viewed confirmed this. Staff told us that there was a lead GP for dispensing.
- There were standard operating procedures which were signed by relevant staff, for example, the lead GP for dispensing. Prescription pads and blank prescription paper for printers were stored securely and records showed that they were logged as used. Staff told us that where a handwritten prescription was used, the prescription number was entered into the patient's notes. Arrangements for controlled drugs (medicines which are more liable to misuse and so need closer monitoring) were appropriate, including up to date standard operating procedures. We checked records for ordering, receipt, supply and disposal of controlled drugs and found that these met legal requirements. Denaturing kits were available for controlled drugs returned to the practice to be disposed of and staff told us that two people (dispensers and the lead GP) carried out this process. The dispensing staff were not able to provide evidence of the room temperature being recorded daily at either dispensary; however, the fridge at Istead Rise Surgery was within the appropriate range and staff told us that they would inform the practice manager if the temperature was out of range, and would dispose of temperature sensitive medicines. We saw that the medicines storage fridge at Shorne Village Surgery was kept in a separate consulting room located outside of the dispensary.
- The dispensary at Istead Rise Surgery was protected by electronic metal shutters which were used when the dispensary was closed or when the dispenser was not present, which included shutters over the ground floor double glazed windows. At Shorne Village Surgery, the metal shutters were across the door adjoining the dispensary to the reception area and across the dispensing hatch, but not over the two ground floor double glazed windows. These were obscured by blinds and lockable. Staff told us that there was a robust alarm system. However, a full risk assessment was ordered of the dispensary at Shorne Village Surgery in order to ensure that it is suitably secure for the storage of medicines.
- Staff told us that there were systems for receiving medicines safety alerts and that these were actioned as required, for example by checking the shelves for stock of medicines contained within the alert and returning them to the supplier where necessary.
- A barcode scanning system was used to check the accuracy of dispensing. Staff told us that the medicine prescribed would be selected and checked against the prescription, this would then have a barcode scan which would conduct a second check and confirm as correct. The medicines would then be prepared for collection and checked again by a second dispenser prior to be given to the patient.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for

Are services safe?

safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines after specific training when a doctor or nurse were on the premises.

- We reviewed four non-clinical personnel files and found that most recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service, however, although names of referees were requested, there were no copies of references stored within the files. The recruitment policy for the practice stated that two references need to be received prior to employment.

There were systems to ensure results were 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.

Patient records were in electronic and paper form and were held in a secure way so that only authorised staff could access them. For example, at Istead Rise Surgery patients paper notes were stored in cabinets within a room that was secured by keypad entry in a staff only area.

Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room. The practice had up to date fire risk assessments, carried out regular fire drills and followed advice from the fire service. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested, calibrated and maintained regularly. There were equipment maintenance logs and other records that confirmed this.

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 and infection control. The practice were not able to produce a formal Legionella risk assessment, (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had evidence to show that a Legionella hazard assessment was carried out 09/02/2014 and a Legionella risk assessment order form was seen, with a full risk assessment of the practice ordered.

There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us that Locum GP's were not used at the practice and that all of the existing staff cover any absence amongst themselves.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents

- There was a telephone alarm system which identified the room the emergency was in and panic buttons in the consultation and treatment rooms which alerted staff to any emergency.
- All of the GP's, management staff team and dispensers had received basic life support training. However, training records showed that two out of six nursing staff and four of 12 non-clinical staff had not had updated training.
- The practice had a defibrillator available at Istead Rise Surgery and oxygen with adult and children's masks. Records confirmed that these were checked regularly. A first aid kit and accident book were available at reception.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan for major incidents such as power failure, fire, flu epidemic or building damage. The plan included emergency contact numbers for staff. Staff told us that the plan had been put to use recently and had worked well. They told us that as a

Are services safe?

precautionary measure they routinely print off the patient appointment list each evening for the following day, so they would be able to continue to consult patients in the event of a power cut.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 99.9% of the total number of points available.

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

- Performance for diabetes related indicators was comparable to the CCG and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 85% which was higher than the CCG average of 76% and higher than the national average of 78%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 91% which was better than the CCG average of 87% and the national average of 88%.
- Performance for mental health related indicators was better than 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 (01/04/2014 to 31/03/2015) was 96% compared to 86% within the CCG and 88% at national level.

The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 80%, compared to 82% at CCG and 84% at national average. The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 Royal College of Physicians (RCP) questions (01/04/2014 to 31/03/2015) was 71% compared to 73% within the CCG and 75% nationally. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 77% compared to 78% within the CCG and 81% nationally.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits undertaken in the last two years, and all of those seen were completed audits where the improvements made were implemented and monitored. There were a number of smaller audits also seen.
- Findings were used by the practice to improve services. For example, a recent audit to monitor the requirements for prescribing stimulants for Attention Deficit Hyperactivity Disorder (ADHD). This was necessary because all patients prescribed this medication should be appropriately monitored within a six month timeframe of starting treatment, with specific checks carried out and reviewed annually. The audit tracked all patients at the practice prescribed this medicine and reviewed their monitoring. The outcome resulted in changes to the way the medicine was prescribed, to ensure reviews were carried out.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff which included a presentation to welcome them and give an overview of the practice and their role. Induction timetables for clinical and non-clinical staff covered such topics as safeguarding

Are services effective?

(for example, treatment is effective)

adults and children, fire safety, Mental Capacity Act, the patient experience and confidentiality. The induction programme was tailored to the specific role of the new employee. All staff spoken with told us that they had the opportunity for shadowing other staff, for training and were well supported.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Records showed that two out of three nurses that did administer had received immunisations and vaccinations training and all three nurses had completed their cervical screening three year update. Flu immunisation training had been carried out by the appropriate staff. Staff who administered vaccines could demonstrate how they stayed up to date with safety and medicines alerts, for example the practice nurse advisor (at the hospital) who hosted two monthly meetings for practice nurses, by receiving email alerts and discussions at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and the facilitation and support of revalidating GPs. The practice made use of clinical governance meetings to include presentations to improve learning. Staff told us that clinical staff attend monthly 'potential to learn' training run by the local CCG which covered clinical topics. Non-clinical staff had meetings and time to learn sessions during this time and the out of hours service (IC24) provided cover for the practice. All staff had an appraisal within the last 12 months except for the newest employees.
- Training was available for staff that included: safeguarding, fire procedures, basic life support, customer care, Mental Capacity Act, manual handling and information governance awareness. Not all staff had completed this training. The practice had a comprehensive training policy and a training passport for each staff member where their training and objectives were recorded, and a system whereby certificates should be placed into their personnel files on completion of training. Evidence of training in the form of certificates was limited in the personnel files

seen. The training schedule provided a record of all training completed, to be completed and updated. The practice also provided training in sexual exploitation and FGM (female genital mutilation).

Coordinating patient care and information sharing

The 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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice had a care co-ordinator who worked to join up health and social care. When patients required care support they were referred to the co-ordinator who signposted patients to supporting organisations. This included when patients moved between services, for example when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that the gold standards meeting was part of this. (The aim of the gold standards framework is to improve supportive care for all people as they near the end of their lives). Staff told us that these meetings were attended by the practice GP's, social services, the community matron, care co-ordinator, community CPN and local MacMillan nurse. Minutes of these meetings confirmed this. Care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant 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. We saw an example of a capacity assessment being carried out and the action taken as a result of this, which was appropriately conducted and recorded.
- The process for seeking consent was recorded on the practice computer system and monitored through records audits. We saw two examples of records of consent. This included a minor operation procedure form which had a tick box to ensure that patient consent was obtained and a copy of a patient/parent/guardian consent form where a signature was required to agree to the procedures proposed which had been explained fully.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from the nurse team and at local pharmacies. Addiction services were also signposted with the patient referred by a GP or by self-referral.

- A counselling service was available for patients, who were also signposted to self-refer to MIND.

The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 77% and the national average of 74%. 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 using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake of these screening services was higher than the CCG and national average. There were systems in place to ensure results were 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.

Childhood immunisation rates for the vaccinations given were worse than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 94% and five year olds from 72% to 96% whereas the CCG average rates for the vaccinations given to under two year olds ranged from 82% to 93% and five year olds from 83% to 94%

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. NHS health checks were conducted independently outside of the practice by the CCG. We were told that letters were sent to relevant patients registered at the practice inviting them to book an external appointment. Appropriate follow-ups for the outcomes of health assessments were made once the results were received and where abnormalities or risk factors were identified.

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 both in person and on the telephone.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Staff told us that a room could be made available should patients want to speak confidentially away from the reception area. The reception area was open plan and adjacent to the waiting area. We noted that staff dealt with patients quietly and politely. However, three patients told us, in person or in comment cards, that they had concerns regarding confidentiality at the reception desk. Staff told us that a TV had been introduced into the waiting area at Summerhouse Surgery and that this was a pilot which, if successful, would be implemented at Istead Rise Surgery.

We spoke with five patients including one member of the patient participation group. They told us they were satisfied with the care provided by the practice and that they felt listened to and involved in their care and treatment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Almost all of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. People said that they felt listened to by the doctors at the practice and that the reception staff were always very kind and approachable. However, two comment cards said that it was sometimes difficult to get an appointment at 8.30am due to the phone being busy and then when they did get through all the appointments were gone.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 90%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 84%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 much better than local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%)

Are services caring?

- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

The practice website was translatable, meaning that patients whose first language was not English could access online information and services. Staff told us that translators were available if required and that there was a hearing loop in the practice.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, for example there were posters about a memory café, a peer support group for people with personality disorder, a 24 hour dementia helpline, a befriending service and carer information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 0.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them in the waiting areas and staff told us that the care co-ordinator also worked to support carers and signpost them to appropriate services.

Staff told us that if families had suffered bereavement, their usual GP routinely contacted the next of kin either face to face or by telephone. Staff told us that the practice uses the Macmillan service and the hospice for bereavement support and that patients' can also access CRUSE bereavement counselling (CRUSE is a national charity offering support to bereaved people). We saw that there were administrative processes to ensure a swift and accurate response to bereavement.

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.

- The practice offered extended appointments every Wednesday and Thursday at the Istead Rise Surgery from 6.30pm to 8.30pm and at Shorne Village Surgery on alternate Tuesdays between 6.30pm and 8.30pm for working patients who could not attend during normal opening hours. Telephone consultations were also available at Downs Way Medical Practice.
- There were longer appointments available for patients who needed them, for example a patient with a learning disability or living with dementia.
- Home visits were available for older patients and patients who were too unwell to access the practice.
- Same day appointments were available for children and those with serious medical conditions.
- 'Immediate and necessary' appointments were available for those people who were unwell and not registered at the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- Patients were able to book travel vaccinations and order repeat prescriptions online.
- There were disabled facilities and disabled parking, as well as ground floor consulting rooms and a lift.
- The practice provided baby changing facilities.
- The practice was part dispensing at two sites for those patients who lived more than 1.6 km from a pharmacist.
- The practice was planning to move the IT and telephone aspects of reception to an admin office upstairs to increase confidentiality.
- The practice had an active PPG and proactively encouraged patients to join.
- The practice maintained registers of people with learning disabilities, dementia and those with mental health and long term conditions to assist staff to identify them and ensure they had access to relevant services.
- There was a range of clinics for all age groups.

Access to the service

Istead Rise Surgery was open from Monday to Friday between the hours of 8.30am and 6.30pm. Extended hours were offered on Wednesday and Thursday from 6.30pm to 8.30pm. Appointments were available to patients registered at the practice via a system which included emergency book on the day appointments. As the main branch, telephones at Istead Rise Surgery were operated between 8.00am and 6.30pm.

Shorne Village Surgery was open Monday, Tuesday and Thursday between the hours of 8.30am to 12pm and 3.30pm to 6.30pm. There was an open surgery in the morning, whereby patients could attend by 10.30am and be seen by either a GP or the advanced nurse practitioner. An appointment system operated in the afternoon. On Wednesday and Friday the practice was open between the hours of 8.30am to 12 noon. The telephone was diverted to Istead Rise Surgery during lunchtime closure and on Wednesday and Friday afternoons.

Summerhouse Surgery was open Monday to Friday between the hours of 8.30am and 6.30pm, except Thursdays when services were provided between 8.30am and 12.00 noon. Extended hours were available on alternate Tuesday evenings between 6.30pm and 8.30pm. Summer house Surgery operated an appointment system which included book on the day, emergency and advance appointments.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).

However when asked about seeing or speaking to a preferred GP, the practice was comparable to the local and national averages.

- 59% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 60%).

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We did not see any information available in the practice to help patients understand the complaints system, however, the information was available on-line. Although the policy stated that there was a complaints leaflet, when asked staff said there was not one. We were shown a copy, however, this was out of date as it referred to the primary care trust (PCT), which was superseded by the clinical commissioning group (CCG). Not all of the patients we spoke with knew how to complain. Some people said they did not know how to complain and others said that they would phone the practice manager.

- Verbal complaints were not recorded at Downs Way Medical Practice.

We looked at five complaints received in the last 12 months. Three of these had been initially documented as significant events. We found that these were investigated in detail with transparency and openness. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that a letter of complaint was sent to the practice manager and that a response was sent to the complainant within seven days. The response highlighted the concerns raised and explained the process of investigation being carried out. It detailed the conclusion of the investigation and the actions that would be taken by the practice to mitigate the risk of the issue re-occurring. The letter provided details of the Ombudsman and the NHS Complaints Advocacy Service and offered a full apology. This resulted in a further letter from the complainant thanking the practice manager for the prompt and detailed response to their complaint. Records showed that the initial telephone call was listened to, that staff were spoken with and that the complaint was taken to a partners meeting for discussion.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a patient charter which was displayed online on the practice website and staff spoken with reflected the values. There was no mission statement displayed in the practice.
- The practice had a clear strategy and supporting statement of purpose which reflected the vision and values.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care, however, governance arrangements were not always effectively implemented.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff and reviewed.
- A comprehensive understanding of the performance of the practice was maintained. The practice had a designated lead for reviewing their performance of QOF. Documents demonstrated that this was a standing item on the monthly clinical governance meeting agenda. There were designated clinical lead GP's across the practice who assumed responsibility for monitoring performance in their area of expertise.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for securing staff training, however the practice was not able to demonstrate that all staff had been trained appropriately. We saw that one of the nursing staff had not completing required training updates. This included basic life support, infection control, safeguarding children, safeguarding adults and information governance. We also saw that not all staff were up to date with Basic Life Support updated training.

- All of the GP's and partners had completed infection control training, however, the training schedule demonstrated that four of 12 administrative staff and two of six nursing staff had not completed infection control training. Staff told us that annual infection control audits were not undertaken and that there were no records of infection control audits having been carried out. As a result of this, it was not possible to see an action plan or improvements to the overall system. A system of internal audit for infection control purposes was implemented on the day after the inspection.
- The complaints procedure was not readily available at the practice and there were no records of verbal complaints.
- The practice was unable to demonstrate that all recruitment checks had been undertaken for all relevant staff prior to employment.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and aim to provide high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and a 'Being Open' policy was forwarded to the Commission within 48 (working) hours of the inspection, which was detailed and comprehensive. The practice had systems for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of some verbal interactions as well as written correspondence. Records of a follow up to a significant event confirmed this.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice held regular team meetings. This included a weekly partners meeting and a monthly

Are services well-led?

Requires improvement 

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

partners meeting, a monthly clinical governance meeting, nurse meetings and other team meetings were also held regularly and staff told us that learning from Significant events and complaints was disseminated.

- 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 and felt supported if they did.
- Staff said they felt respected, valued and supported, by the partners in the practice and by colleagues.

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

The practice valued feedback from patients, the public and staff.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice valued learning and demonstrated a positive learning environment. There was a culture of openness to reporting and learning from patient safety incidents.

The practice was a training practice and therefore involved in the training of future GPs. GP's spoken with said that this ensured that they kept up to date with current best practice. The practice was overseen by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training and had won a training award in 2015.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 Health and Social Care Act 2008 (Regulated Activities) regulations 2014: Good governance.
Maternity and midwifery services	How the Regulation was not being met:
Surgical procedures	Systems and processes must be established and operated effectively by the practice to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.
Treatment of disease, disorder or injury	This was in breach of Regulation 17(1)(2)(a)(b)(e) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.