

Church View Surgery - Hedon

Quality Report

Market Hill
Hedon,
East Riding of Yorkshire
HU12 8JE

Tel: 01482 899348

Website: www.churchviewsurgery.com

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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

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 Church View Surgery – Hedon on 21 June 2016. We visited the main surgery in Hedon and the branch surgery at Keyingham, during the inspection. The practice is rated as good.

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 in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of those relating to the management of medicines.
- 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.

- 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.
- Patients said they were able to get same day appointments and pre bookable appointments were available.
- 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 proactively sought feedback from staff and patients, which it 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 needs to make improvements.

Summary of findings

Importantly the provider must:

- Ensure medicines are managed and dispensed safely and in accordance with practice policies and procedures.

Importantly the provider should:

- Implement a process to identify any patterns or trends with incidents to identify actions to prevent recurrence.

We saw an area of outstanding practice:

- As part of the dispensing service the practice delivered 14,976 prescription items annually at no cost to the patients, to their own homes so they did not have to travel to the practice to collect them.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, some of the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Practice policies and procedures were not always followed in relation to the management of medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. Gold Standard Framework meetings were held monthly to discuss palliative care patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national survey showed that patients rated the practice similar to or higher than others for most aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- There was a carer's register and information was available in the waiting room for carers on support services available for them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice 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 worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Urgent appointments were available the same day. Patients said they could make an appointment with a named GP however they may have to wait a few weeks to see them. Five patients told us it could be difficult to get an appointment.
- The practice had employed a paramedic who was training as an Advanced Clinical Practitioner so they would be able to deal with emergency visits and patients requiring urgent appointments.
- Telephone consultations and e mail consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- As part of the dispensing service the practice delivered 14,976 prescription items annually at no cost to the patients, to their own homes so they did not have to travel to the practice to collect them.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a documented strategy and supporting business plan for the following 12 months regarding how they would continue to deliver their vision. The business plan included a review of staff skill mix and future staffing requirements.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels. The practice was working with the local CCG to become a pilot site for 'Skype' consultations. The practice was a research practice and was involved in the Early Arthritis Study; Identification of Arthritis at a Pre-clinical stage.

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. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans.
- The practice was delivering 'A Care Home Scheme'. This ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, review of clinical care and advanced care planning with the GPs and nurses.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/2015 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; this was 1.9% above the local CCG average and 2.1% above the England average.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 85% compared to the local CCG and England average of 88%.
- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 or who failed to attend hospital appointments.
- Immunisation rates were comparable to or higher than the local CCG area for all standard childhood immunisations. For example, rates for all immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 96% to 100% compared to 94% to 98% for the local CCG area.
- 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.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 86% compared to the local CCG average of 85% and the England average of 82%.
- The practice had 'in house' gynaecology clinics where patients could get advice and treatment, for example with regard to; hormone replacement therapy and contraception. This service was offered to other practices so they could refer their patients. The practice provided health care assistant and administration support for the service.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

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 for this age group.

Summary of findings

- Telephone consultations and e mail consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone or by e mail.
- Saturday morning appointments were available with the GPs and with nurses or health care assistants (HCAs). Early morning appointments were available during the week with nurses and HCAs.

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 registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told 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.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.

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).

- Nationally reported data from 2014/2015 showed 91% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local CCG and England average of 84%.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective

Good



Summary of findings

disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 93%. This was above the local CCG average of 91% and the England average of 88%.

- 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 advanced care planning for patients with dementia. Staff had completed dementia friends training (a dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action). Dementia Advisor sessions run by the Alzheimers society were held on a monthly basis in the practice.
- A drug and alcohol service was provided by the GPs with support from the local drug and alcohol worker. A counselling service was offered twice a week and counsellors had data sharing access so that information could be kept up to date.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The National GP patient survey results published in January 2016 showed 239 survey forms were distributed for Church View Surgery - Hedon and 135 forms were returned, a response rate of 56%. This represented 1% of the practice's patient list. The practice was performing similar to or above the local CCG and national averages in 19 of the 22 questions. For example:

- 76% were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours compared with the local CCG average of 77% and national average of 78%.
- 73% stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared the local CCG and national average of 76%.
- 78% described their experience of making an appointment as good, compared to the local CCG and national average of 73%.
- 90% described the overall experience of their GP surgery as good, compared with the local CCG average of 87% and national average of 85%.
- 85% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 83% and national average of 79%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 36 completed comment cards which were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said staff were friendly, caring, listened to them and provided advice and support when needed.

We spoke with two members of the patient participation group (PPG) and received questionnaires that were completed during the inspection from 11 patients who used the service. They were also very positive about the care and treatment received and most patients said they were able to get appointments when they needed them. Five patients said it could be difficult to get appointments.

Feedback on the comments cards, the questionnaires and from patients we spoke with reflected the results of the national survey. Patients were very satisfied with the care and treatment received.

Areas for improvement

Action the service **MUST** take to improve

Ensure medicines are managed and dispensed safely and in accordance with practice policies and procedures.

Action the service **SHOULD** take to improve

Implement a process to identify any patterns or trends with incidents to identify actions to prevent recurrence.

Outstanding practice

We saw an area of outstanding practice:

- As part of the dispensing service the practice delivered 14,976 prescription items annually at no cost to the patients, to their own homes so they did not have to travel to the practice to collect them.

Church View Surgery - Hedon

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a CQC Pharmacist Inspector and a GP Specialist Advisor.

Background to Church View Surgery - Hedon

Church View Surgery – Hedon, Market Hill, Hedon, HU12 8JE is located in the centre of the market town of Hedon and is close to local bus routes. There is a car parking on the street outside the practice and there are public car parks within walking distance. The practice is in an adapted building which has been extended to continue to meet the clinical needs of the patients. There is disabled access and consulting and treatment rooms are available on the ground and first floors; there is a stair lift to access the first floor. There is one branch site, Prospect Surgery, Chapel Lane, Keyingham HU12 9RA which is located in the village of Keyingham, approximately six miles from Hedon. There is disabled access and all consulting and treatment rooms are on the ground floor. This site was also visited during the inspection.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 11714, covering patients of all ages. The practice covers a large rural area. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy.

The proportion of the practice population in the 65 years and 75 years and over age group is similar to the local CCG average and above the England average. In the 85 years

and over it is similar to the local CCG and England average. In the under 18 age group the proportion of the practice population is slightly below the local CCG and England average. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has seven GP partners and a salaried GP, three are full time and five are part time. There are five female and three male GPs. There is an advanced clinical practitioner, two nurse practitioners; two nurse prescribers, two practice nurses, two health care assistants (HCA) and an apprentice HCA. The advanced clinical practitioner and apprentice HCA are full time and the rest of the nursing team are part time, there is one male and nine females in the nursing team. There is a practice manager and a team of administrators, secretaries and receptionists. There is a pharmacist, two senior dispensers and five dispensers.

Church View Surgery - Hedon is open between 8am to 6pm Monday to Thursday and 8am to 5pm on Friday. Appointments are available from 9.20am to 12pm on a Monday and 8.30am to 11am Tuesday to Friday. Afternoon appointments are from 3pm to 5.40pm Monday to Thursday and from 2pm to 4.40pm on Friday. The surgery is open on a Saturday between 9am and 12pm for pre-bookable appointments only between 9am to 11am.

The Prospect Surgery is open between 8am and 1pm Monday to Friday and 2pm to 6pm Monday and Thursday. Appointments are available from 9.20am to 12pm on a Monday and 8.30am to 11am Tuesday to Friday and from 3.30pm to 5.40pm Monday and Thursday. The Surgery is open for dispensing medicines only (no GP or nurse is present) on a Tuesday from 2pm - 6.00pm.

Information about the opening times is available on the website and in the appointment times leaflet.

Detailed findings

The practice is a training practice for GP Registrars; doctors who are training to become GPs, there are three GP registrars working at the practice. The practice is also a teaching practice which takes final year medical students and Foundation Doctors (FY2). This is a grade of medical practitioner in the United Kingdom undertaking the Foundation Programme – a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training. The practice is a training site for student nurses.

The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection 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

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 21 June 2016 and visited the Church View Surgery-Hedon and the Prospect Surgery branch site at Keyingham. During our visit we:

- Spoke with a range of staff including two GP partners and a GP registrar, one nurse prescriber, one practice nurse, a health care assistant and dispensing staff. We also spoke with the practice manager, administration, secretarial and receptionist staff.
- Spoke with two members of the patient participation group (PPG) and received completed questionnaires from 11 patients who used the service.
- Reviewed 36 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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 in place for reporting and recording significant events.

- 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).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and they were discussed at the practice meetings. Lessons were shared with staff involved in incidents to make sure action was taken to improve safety in the practice. Quarterly significant events meetings were held where incidents were reviewed and confirmation made that actions had been implemented. However the practice did not identify any patterns or trends that might be emerging and actions required to prevent a recurrence.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, a patient was advised to go in for a consultation by a receptionist but they were not the correct patient. The consultation record and prescription were entered into the wrong patient record. An apology was given to both patients involved. The practice reiterated its' policy to all staff that they should check a patient's identity, name and date of birth, before commencing a consultation.

Overview of safety systems and processes

The practice could not fully demonstrate that systems, processes and practices were in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. GPs were trained to safeguarding children level three.

- Information telling patients that they could ask for a chaperone if required was visible in the waiting room and in a chaperone leaflet. 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year. Annual infection control audits were undertaken and the practice scored 92% in the audit undertaken in January 2016. We saw evidence that action was taken to address any improvements identified as a result. The practice had produced an annual statement with regard to their compliance with infection prevention and control in line with the Department of Health Code of Practice for IPC. This was displayed in the waiting area.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at Hedon for people who did not live near a pharmacy and this was appropriately managed. Dispensary staff showed us comprehensive standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Some of the SOPs were overdue a review and others had not been signed by all staff to whom they applied. There was a process in place to ensure repeat prescriptions were signed by a GP before being dispensed to patients.

Are services safe?

- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and we saw records showing all members of staff involved in the dispensing process had received appropriate training and ongoing assessments of their competency.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place SOPs that set out how they were managed. Controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. However, the controlled drugs cupboard at the Prospect branch surgery did not meet the relevant requirements. There was also no controlled drugs register at the Prospect surgery to record when stock had been transferred from the main practice at Hedon or given out to patients. In addition, we found a number of blank requisition forms for ordering controlled drugs had been pre-signed by a GP. This is unacceptable practice; controlled drugs requisitions should be treated as controlled stationery and signed on each occasion by the GP authorising the order. The practice sent confirmation the day after the inspection to inform us that they were no longer keeping controlled drugs at the Prospect surgery and all the pre-signed blank requisition forms had been destroyed.
- Expired and unwanted medicines, including controlled drugs, were disposed of according to waste regulations. There was a procedure in place to ensure dispensary stock was fit for use, and staff told us about procedures for monitoring prescriptions that had not been collected. There was a system in place for the management of repeat prescriptions, including high risk medicines.
- Dispensary staff responded appropriately to national patient safety alerts and medicines recalls, and we saw records of the action taken in response to these. Dispensing errors were appropriately recorded and staff kept a 'near-miss' record (a record of dispensing errors that have been identified before medicines have left the dispensary). These were analysed for trends and patterns, and discussed at team and practice meetings to share learning and prevent reoccurrence.
- We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff. Staff at the Prospect surgery did not record maximum and minimum fridge temperatures as per national guidance; on the day of our inspection both thermometers showed the fridge had been out of the recommended range for storing medicines and staff had not identified or recorded this. This meant we could not be sure medicines stored in this fridge were safe to use. Following the inspection the practice sent a copy of the protocol they had developed for recording fridge temperatures at the Prospect surgery and what action staff should take if they were out of range.
- Vaccines were administered by nurses and health care assistants using directions which had been produced in accordance with legal requirements and national guidance. Blank prescription forms were handled in accordance with national guidance; the practice kept them securely and a procedure was in place to track them through the practice.
- We reviewed four personnel files and found that appropriate 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.

Monitoring risks to patients

Risks to patients were mainly assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had up to date fire risk assessments and carried out regular fire drills. Staff were aware of what action to take in the event of a fire and there were trained fire wardens.
- 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff told us they provided cover for sickness and holidays and locums were engaged when required. Following a review of the nursing team the practice had employed an apprentice health care assistant. They had also employed apprentice administration and reception staff.

Arrangements to deal with emergencies and major incidents

- 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.
- The practice kept oxygen and a defibrillator with adult pads for use in an emergency. There were some stocks of emergency medicines, however we found one medicine at Church View surgery had expired in January 2016 and two medicines at Prospect surgery had expired in July 2015. There was a checking procedure in place, but this had failed to identify the medicines were not fit for use. The practice removed the expired medicines during the inspection.
- There was a first aid kit and accident book available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 in place 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 for 2014/2015 showed the practice achieved 98.4% of the total number of points available, compared to the local CCG average of 96% and national average of 95%. The practice had 8% exception reporting compared to the local CCG average of 10% and national average of 9%. (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).

There were two areas in the QOF in 2014/2015 where the practice results varied significantly from the local CCG and national average. Data from 2014/15 showed;

The percentage of patients with atrial fibrillation with CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy, was 90%. This was compared to the local CCG and national average of 98%. There was an alert on the practice patient record system to remind GPs to check patients with a CHAD2 score of 1 were being treated with appropriate therapy. The practice was going to undertake an audit to identify all relevant patients and check they were receiving anticoagulation or an antiplatelet (blood thinning) therapy.

The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March, was 82%. This was compared to the local CCG average of 95% and national average of 94%. Figures provided by the practice for the 1 August 2015 to 31 March 2016 showed this had increased to 84%. The practice continued to encourage these patients to attend for their influenza immunisation.

The practice QOF results for 2014/2015 were comparable to or higher than the local CCG and national average for all the other areas, for example;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 85% compared to the local CCG and England average of 88%.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 78%. This was comparable to the local CCG average of 77% and the England average of 75%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 94%. This was above the local CCG average of 89% and the national average of 90%.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 91%. This was above the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, three of these were a completed audit cycle where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.

Findings were used by the practice to improve services. For example, a minor surgery audit was done to confirm that standards for minor surgery were being met. The audit

Are services effective?

(for example, treatment is effective)

confirmed that six of the seven standards were being met. The practice had reviewed its protocol for the filing of histology letters to assist them in meeting the standard that had not been met.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. Nursing staff had completed training in diabetes, asthma and respiratory disease.
- 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.
- 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 these learning needs and to cover the scope of their work. This included on-going support during staff meetings, appraisals, peer supervision and support for the revalidation of the GPs and nurses.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 test results. Information such as NHS patient information leaflets was also available.

- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place quarterly and that care plans were routinely reviewed and updated. Gold Standard Framework meetings were held monthly to discuss palliative care patients.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Clinical staff had completed MCA training.
- 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, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had been monitored through records or minor surgery audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

Are services effective?

(for example, treatment is effective)

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 86% compared to the local CCG average of 85% and the England average of 82%. Nursing staff used easy read leaflets to assist patients with learning disabilities to understand the procedure. The practice sent written reminders to patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Immunisation rates were comparable to or higher than the local CCG area for all standard childhood immunisations.

For example, rates for all immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 96% to 100% compared to 94% to 98% for the local CCG area.

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. The practice provided NHS health checks for their own patients and for patients from other practices in the area.

Nationally reported data for the practice from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 91%, this was comparable to the local CCG and England average of 91%. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated 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 and that 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 the opportunity to discuss their needs in private. There was a notice informing patients this room was available.
- The practice had installed a partition between the reception front desk and the back office where staff answered telephones so that confidential calls were not overheard at the front desk by patients.

Feedback from the 36 patient CQC comment cards we received was very positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG) and received questionnaires that were completed during the inspection from 11 patients who used the service. They were also very positive about the care and treatment received.

Results from the national GP patient survey published in January 2016 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were above the local CCG and national average for seven of the nine questions about how they were treated by the GPs, nurses and receptionists. For example:

- 94% said the last GP they saw was good at giving them enough time compared to the local CCG average of 91% and national average of 87%.

- 93% said the last GP they saw was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 92% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 88% and national average of 85%.
- 98% said they had confidence and trust in the last GP they saw or spoke to, compared to the local CCG average of 97% and national average of 95%.
- 96% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 95% and national average of 92%.
- 99% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 93% and national average of 91%.
- 95% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 92% and national average of 91%.
- 98% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 87% said they found the receptionists at the practice helpful compared to the local CCG average of 87% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP or nurse was poor or very poor at giving them enough time and listening to them was 2% or less; this was below the local CCG and national average.

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 very positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their

Are services caring?

involvement in planning and making decisions about their care and treatment. Results were above the local CCG and national average for three of the four questions about GPs and nurses. For example:

- 91% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.
- 88% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 85% and national average of 82%.
- 91% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 91% and national average of 90%.
- 91% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 87% and 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. There was a notice in the reception area informing patients this service was available. The self-check in screen had a translation facility.

Patient and carer support to cope emotionally with care and treatment

There was also information available in the waiting room to direct carers to the various avenues of support available to them and encouraging patients to inform the practice if they were a carer.

The practice had identified 82 patients as carers; this was 0.7% of the practice list. The practice's computer system alerted staff if a patient was also a carer. Staff sign posted carers to local services for support and advice.

Staff told us that if families had suffered bereavement the practice sent a bereavement card. A visit would then be arranged if required and staff also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. There was information on bereavement services available in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person. Staff worked with older patients to arrange appointments around bus timetables.
- A text messaging service was available to remind patients about their appointments.
- Telephone consultations and e mail consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Saturday morning appointments were available with the GPs and with nurses or health care assistants (HCAs). Early morning appointments were available during the week with nurses and HCAs.
- The practice had employed a paramedic who was training as an Advanced Clinical Practitioner so they would be able to deal with emergency visits and patients requiring urgent appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Practice nurses visited patients at home to do long term conditions reviews and monitor patients on anti-coagulation (blood thinning) medication.
- Urgent access appointments were available for children and those with serious medical conditions.
- Consulting and treatment rooms were accessible and there was a disabled toilet. There was a hearing loop for patients who had hearing problems.

- There was a facility on the practice website to translate the information into different languages.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- The practice was delivering the 'Care Home Scheme'. This ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, review of clinical care and advanced care planning by the GPs and nurses. There was a named GP for care homes and they had a monthly telephone call with the care home staff to discuss any issues. Quarterly reviews were also carried out in conjunction with the care home staff and the district nurses. We saw confirmation from staff at a care home that the scheme had reduced emergency admissions and that they received an excellent service from the practice.
- There was a dedicated telephone line for professionals to call the practice, for example district nurses and care home staff so they could access advice and support quickly.
- Staff had completed dementia friends training (a dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action). Dementia Advisor sessions were held at the practice every month. Memory assessment clinics were available at the practice.
- The practice had 'in house' gynaecology clinics where patients could get advice and treatment, for example with regard to; hormone replacement therapy and contraception. This service was offered to other practices so they could refer their patients. The practice provided health care assistant and administration support for the service.
- There was a prescription delivery service for patients who used the dispensary. The practice had delivered 14,976 prescription items annually at no cost to the patients, to their own homes so they did not have to travel to the practice to collect them.
- A drug and alcohol service was provided by the GPs with support from the local drug and alcohol worker. A counselling service was offered twice a week and counsellors had data sharing access so that information could be kept up to date.

Are services responsive to people's needs?

(for example, to feedback?)

- One of the GPs with a special interest in dermatology provided a dermatoscope/skin clinic twice a month. Patients could self-refer or were referred by other GPs and registrars in the practice for a second opinion when they had concerns about skin lesions which had changed. The dermatoscope was used to identify patients with skin changes that might indicate early melanoma or early non-pigmented skin cancer. The practice referred these patients to hospital and audit results consistently showed a 30% cancer 'pick up' rate. The service also provided general dermatology care for conditions including; inflammatory dermatoses, psoriasis, eczema, infections and urticaria. This had reduced the need for patients to be referred to hospital for these conditions.
- The practice produced a regular newsletter which gave patients information about the practice, for example, on any staff changes, the appointment system and times when the practice might be closing for bank holidays or training. Copies of the newsletters were available in the waiting areas and on the practice website.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with the service was positive; results were above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 90% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and national average of 85%.
- 85% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

Access to the service

Church View Surgery - Hedon was open between 8am to 6pm Monday to Thursday and 8am to 5pm on Friday. Appointments were available from 9.20am to 12pm on a Monday and 8.30am to 11am Tuesday to Friday. Afternoon appointments were from 3pm to 5.40pm Monday to Thursday and from 2pm to 4.40pm on Friday. The surgery was open on a Saturday between 9am and 12pm for pre-bookable appointments between 9am to 11am.

The Prospect Surgery was open between 8am and 1pm Monday to Friday and 2pm to 6pm Monday and Thursday. Appointments were available from 9.20am to 12pm on a

Monday and 8.30am to 11am Tuesday to Friday and from 3.30pm to 5.40pm Monday and Thursday. The Surgery was open for dispensing medicines only (no GP or nurse is present) on a Tuesday from 2pm - 6.00pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be provided with an appointment that day. We received feedback from 47 patients during the inspection; five patients said it could be difficult to get appointments. The practice monitored appointment availability and feedback from patients regarding appointments and had recently employed an Advanced Care Practitioner to increase capacity.

Information about the opening times was available on the website and in the patient information leaflet – Booking Appointments.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was fairly positive. Results were slightly below or similar to the local CCG and national average. This reflected the feedback we received on the day. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the local CCG average of 77% and national average of 78%.
- 61% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 78% of patients described their experience of making an appointment as good compared to the local CCG average of 73% and national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 76% and national average of 76%.

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.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. In cases where

Are services responsive to people's needs?

(for example, to feedback?)

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 a system in place for handling complaints and concerns.

- The practice 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.
- Information was available to help patients understand the complaints system in the complaints and patient information leaflets which were available in the waiting room. Information was also available on the practice website.

The practice had received 18 complaints in the previous 12 months and we found they were dealt with in a timely way. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained after they were not offered an appointment. The complaint was discussed with the reception team and the procedure for referral to the on call GP or advanced nurse practitioner was reiterated.

At the most recent review of complaints an analysis of trends had identified three areas that the practice was going to look at to identify actions to prevent the same type of complaint recurring. The practice had also identified that further training was required for the reception staff in how to deal with complaints.

Are services well-led?

Good 

(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 values and mission statement were displayed in the waiting room, on the practice website and were available on the staff intranet. Staff knew and understood the values.
- The practice had a documented strategy and supporting business plan for the following 12 months regarding how they would continue to deliver their vision. The business plan included a review of staff skill mix and future staffing requirements in response to staff changes and retirements. The practice had employed a paramedic to train as an advanced clinical practitioner and appointed apprentices for administration, reception and a health care assistant.
- A strategic away day was held twice a year for the GPs and departmental managers to review and discuss the strategy and business plan. Departmental managers then shared the outcomes of the away days with their teams at staff meetings.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice standards to provide good quality care. This outlined the structures and procedures in place and ensured that:

- 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.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions. However action plans did not always contain details of a date for completion and progress.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice kept records of written correspondence and verbal communication.

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

- Staff told us the practice held regular team meetings.
- Staff told us that 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 GPs and the practice manager. All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Feedback from staff showed that they were proud to work at the practice.
- Nursing staff were given protected time each week to complete stock and equipment checks and carry out administration tasks.

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

Are services well-led?

Good 

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

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 virtual about patients overhearing what the receptionists said when they were on the telephone. The practice installed a partition between the reception front desk and the back office where reception staff answered telephones so that confidential calls were not overheard at the front desk by patients.
- The practice was encouraging patients to join the virtual PRG to give more patients the opportunity to express their opinion on future developments at the practice. One of the receptionists had taken on the role of co-ordinating the PRG and information about this role and a request for patients to join the PRG had been included in the April 2016 newsletter.
- The practice had also gathered feedback from staff generally 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. Staff told us they felt involved and engaged to improve how the practice was run. For example, following a suggestion from staff, nurse and health care assistant provision was provided on a Saturday morning so patients who worked could access their services.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area. For example:

- The practice was working with the local CCG to become a pilot site for 'Skype' consultations.
- The practice was a research practice and was involved in the Early Arthritis Study; Identification of Arthritis at a Pre-clinical stage.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable in managing medicines safely; checks done on medicines did not ensure they were in date and fit for use; controlled drugs were not stored securely; appropriate records were not kept in relation to controlled drugs; monitoring of fridge temperatures did not ensure the efficacy of medicines.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>