

Horsefair Surgery

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

This practice is rated as requires improvement overall. (Previous inspection 05 December 2017 – rated Requires Improvement)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Horsefair Surgery on 3 May 2018. We undertook this inspection to identify whether improvements had been made since our previous inspection in December 2017 when the practice was rated requires improvement. Prior to the December 2017 inspection the practice had been in special measures and we had undertaken enforcement action.

At this inspection we found:

Some improvements had been made to the practice. However, we identified concerns in similar areas of the service where we had in previous inspections.

For example:

- National data submissions showed improvements in the effectiveness and appropriateness of many care and treatment outcomes, but there was still lower than average performance in some areas including asthma.
- There were still gaps in governance processes which had not enabled improvements in specific areas where

we had identified previous risks. For example, the patient record system was not always accurate, which posed a risk to long term prescribing management and recording of patient data such as care plans.

- The practice was well maintained, accessible and risks to the premises and health and safety were well managed.
- Patients told us that staff were compassionate and caring.
- Patient feedback indicated that there had been some improvement to the ability to book appointments but that there were still significant problems for some in accessing continuity and ongoing care via the appointment and telephone system.
- Staff received training and development where needed. There was a system to monitor ongoing training.
- Staff we spoke with reported a positive change to the service after a difficult period of time in recent years.
- There was some focus on continuous learning and improvement within the practice.
- Communication between patients and the patient participation group (PPG) had improved to enable reporting of concerns and responses to patients and the public to highlighted issues such as appointment access.

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

- Implement appropriate systems to assess, monitor and improve the quality and safety of the services provided and assess and mitigate risks related to the health, safety and welfare of patients.
- Ensure that a secure and accurate record of patient care is maintained.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

The inspection team included a CQC lead inspector, a Nurse specialist adviser, a GP specialist adviser and an Expert by Experience (EXE). EXEs provide inspection

teams with the ability to understand patients' perspectives through their own experiences. They speak with patients during inspections to understand their experiences.

Background to Horsefair Surgery

The practice provides services from Horsefair Surgery, Banbury, Oxfordshire, OX16 9AD. We visited Horsefair Surgery as part of this inspection.

Horsefair Surgery has a modern purpose built location with good accessibility to all its consultation rooms. The practice serves 16,000 patients from the surrounding town and villages. Demographic data shows that the population closely matches the national profile for age spread, with a slightly higher proportion of older patients. According to national data there is minimal deprivation among the local population, although staff are aware of areas in Banbury where economic deprivation is prevalent. There are patients from minority ethnic backgrounds, but this is a small proportion of the practice population.

There are three GP partners, based predominantly at other GP practices. The practice had been successful in recruiting new GPs and nursing staff over recent months. There is a mixture of male and female GPs working at the practice. The schedule for staffing includes three to four GPs and three advanced nurse practitioners (ANPs)

providing care Monday to Friday. These roles are supported by practice nurses and health care assistants. One emergency care practitioner (ECPs) provides home visiting services and led on care for patients at a local care home. A number of administrative staff and a practice manager support the clinical team.

Horsefair Surgery is open between 8.00am and 6.30pm Monday to Friday. There are no extended hours appointments available within the practice but patients could be referred to a local primary care hub for acute problems. Out of hours GP services were available when the practice was closed by phoning NHS 111 and this was advertised on the practice website.

There is a registered manager in post at the practice. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Are services safe?

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

We identified concerns related to accurate record keeping related to care plans and repeat prescribing processes.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks related to staffing and non-clinical risks.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that palliative care plans were not in place for nine out of 11 records we reviewed. The practice informed us in January 2018 that 93% of care plans for this patient group were in place. This data was not accurate based on the detailed sample of records we reviewed. We saw examples where a patient was coded as having a care plan but no record of a plan was stored on the patient's records. We spoke with clinical staff. They informed us it was possible that those patients coded as having a care plan in place had one in their homes, but they acknowledged they were not sure if this was the case. This included a member of staff who led on delivering palliative care. There were 36 patients on the palliative care register.
- There was a documented approach to managing test results and these were dealt with in a timely way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe prescribing of medicines. Onsite medicines were handled and stored safely.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The system for monitoring patients' health and wellbeing whilst on long term medicines was not always accurate and did not enable clinicians to clearly identify those patients who needed reviews of their medicines.

Are services safe?

For example, it was indicated on a search of patients taking lithium that many had not received a review of their medicines to ensure they were safe to continue taking them. The practice was only able to deduce whether these patients had received the necessary checks such as blood tests by reviewing the patients records after the inspection. The monitoring system was not effective.

- Patient feedback on prescribing was mixed. Thirteen patients reported the system worked well and one reported they get prompted for a review of their medicines. Four patients reported being issued incorrect scripts, delays in prescribing (which may be attributed to the pharmacy or practice) and one relative of a patient told us a prescription still stated a review date of 2015 when issued.

Track record on safety

The practice had a good track record on safety regarding non-clinical risks to patients.

- There were risk assessments in relation to safety issues.
- This included fire risk assessment and related actions and premises assessments of safety.

Lessons learned and improvements made

The practice learned and made improvements in response to incidents and significant events.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared outcomes, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

At our last inspection in December 2017 we found that patient outcomes were not always being monitored effectively and that care did not always meet the needs of patients.

We rated the practice and all of the population groups as requires improvements for providing effective services.

We identified some low performance in national clinical data, although there had been improvements in long term conditions care since December 2017. We found that monitoring systems for patient care did not always function as intended.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail were able to access a frailty assessment with a trained emergency care practitioner.
- The practice processed information such as discharge summaries for patients discharged from hospital. It ensured that these records were available to staff.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Most patients with long-term conditions had a structured annual review to check their health and

medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice identified patients at risk of diabetes and offered them lifestyle guidance to reduce the risk of going onto develop the condition.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme but similar to the national average of 72%.
- The practices' uptake for breast and bowel cancer screening was higher than the national average.
- Patients had access to health checks including NHS checks for patients aged 40-74. There had been 221 during 2017/2018.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were 57 patients with a learning disability and 38 had received a health check in 2017/18.
- The practice had a system for vaccinating patients with an underlying medical condition.

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

Are services effective?

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice referred patients with alcohol and drug misuse patients to a bespoke local service commissioned to support these conditions.
- The practice was aware of how to access the crisis team for acute mental health needs.
- 71% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months according to data provided by the practice. This was lower than the national average in 2017 of 90%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. In 2017/18 421 patients were offered dementia screening and 31 were diagnosed with the condition.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had some programmes of quality improvement. They reviewed the appropriateness of the care provided via clinical audit in some specific areas. However, systems intended to monitor patients did not always function appropriately to enable accurate oversight of patient care.

For example:

- Inaccurate coding of information on the patient record system led to a problem in identifying patients who did or did not have care plans in place. The practice regularly reviewed its patients on the palliative care register during meetings held every six weeks. This increase in meetings was in response to CQC requesting clarity over the management of palliative patients at our previous inspection in December 2017. However, the practice had not identified that the coding on their record system indicating which palliative patients had a care plan in place was incorrect. We looked at 11 care records for patients on the palliative register to identify whether care plans were stored on the patients' care records. Of 11 patients, we found only two had care plans stored on their records. Information sent to us in January 2018 by the practice indicated 93% of patients had a care plan in place.

- The QOF results in 2017/18 showed significant improvement in patient outcomes and where reviews were needed for patients with long term conditions, these were undertaken in the majority of cases. However, there were still lower than average outcomes overall in the clinical performance for asthma, mental health and diabetes indicators.
- There had been an increase in audit activity since December 2018. We saw four two cycle audits and saw that changes had been made to practice as a result of the audits reviewed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings and appraisals.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

Are services effective?

- The practice worked with local care homes to coordinate care for patients who were registered at the care homes.
- Palliative and end of life care was led by trained members of staff. However, the practice was not aware of which patients had care plans in place or where they could be accessed.

Helping patients to live healthier lives

The practice supported patients with schemes and initiatives to encourage healthier lives.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

- National cancer screening programmes were undertaken.

Consent to care and treatment

The practice supported staff to obtain consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients on the day of inspection was positive overall about the way staff treated people.
- Most patients reported that staff were caring and helpful.
- The practice considered patients' personal, cultural, social and religious needs.
- The practice gave patients support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. The practice was aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given) but had not yet undertaken a comprehensive assessment of the potential needs to enable patients to access all the information they needed. However, considerations were made regarding patients' communication needs.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- Patient feedback from those we spoke with on the day of inspection showed patients felt involved in decisions about their care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- Patient feedback from those we spoke with on the day of inspection indicated privacy and dignity was respected by staff.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our last inspection in December 2017 we identified concerns regarding phone and appointment accessibility.

We rated the practice, and all of the population groups, as requires improvement for providing responsive services and all population groups.

We identified patient concerns related to phone access continued at this inspection.

Responding to and meeting people's needs

The practice organised much of its services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The premises were accessible for frail patients and those with limited mobility.

People with long-term conditions:

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Same day appointments were available for children with urgent needs.

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

- Patients who worked and needed to see a GP or nurse did not have access to any extended hours appointments for ongoing care which needed to be provided within the practice.
- There was a local GP led 'hub' service for patients who needed to see a GP out of routine hours for any acute issues.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- Patient feedback gathered during the inspection consistently indicated that booking appointments for follow-up or ongoing care was often difficult. This may impact on those patients who are vulnerable more than other patient groups due to the complexity of need.

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

- Staff had training on how to support patients with mental health needs and those patients living with dementia.
- Dementia screening was undertaken.
- A dementia register was held.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Of the patients we spoke with on the day on inspection the majority reported difficulties in accessing appointments due to issues with the telephone lines and lack of appointment availability.

Are services responsive to people's needs?

- The practice had no means of monitoring the phone system to identify waiting times or dropped / missed calls.
- Waiting times fluctuated for routine GP appointments. On the day of inspection the waiting time was eight working days.
- Patients with the most urgent needs had their care and treatment prioritised via a system of signposting.
- Information about how to make a complaint or raise concerns was available. Staff had means of escalating complaints to the practice manager.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Listening and learning from concerns and complaints

The practice responded to complaints and concerns appropriately.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our last inspection in December 2017 we identified concerns regarding governance of patient care.

We rated the practice and all of the population groups as inadequate for providing a well-led service.

At this inspection we found areas where we had identified risks to patients and a lack of appropriate governance at our last inspection, had not been fully acted on or rectified.

Leadership capacity and capability

Leaders did not always ensure systems to monitor care and treatment were in place and functional. Monitoring of non-clinical aspects of the service were in place.

- Local leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges.
- Leaders within the practice were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The partners were based at other GP practices.

Vision and strategy

The practice did have a clear vision and to deliver high quality, sustainable care. However, this was not accompanied by a strategy which was entirely aligned to the needs of patients.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and their role in achieving them.
- Not all the strategic aims were in line with the needs of patients. For example, a review of clinical pathways led to improvement plans for the future of their services but did not consider and review the problems encountered by patients in accessing care and treatment. No monitoring of the phone system was undertaken.
- The practice had been successful in recruitment of new salaried GPs. Two new GPs were being inducted with a third to join the practice in the coming months.

Culture

The practice had a culture of openness.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was consideration on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Responsibilities, roles and systems were not always clear and did not always enable monitoring of patient care. For example:

- The practice had not adequately acted on risks identified by CQC inspections. In April and August 2017, CQC identified a lack of suitable system to ensure patients who required reviews of their medicines received such reviews. In May 2018, we continued to identify concerns regarding the system to monitor whether patients were receiving reviews of their medicines. This included patients taking medicines such as lithium and methotrexate which require regular blood tests to ensure that the associated risks with taking these medicines was not causing patients harm.
- The practice regularly reviewed its patients on the palliative care register during meetings held every six weeks. This increase in meetings was in response to CQC requesting clarity over the management of palliative patients at our previous inspection in December 2017. However, the practice had not identified that the coding on their record system indicating which palliative patients had a care plan in place was incorrect. We looked at 11 care records for patients on the palliative register to identify whether care plans were stored on the patients' care records. Of

Are services well-led?

11 patients, we found only two had care plans stored on their records. This evidence further indicated that the patient record system was not being used to effectively monitor patient care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- There were practice specific policies and procedures in place.

Managing risks, issues and performance

Risks related to clinical care were not always identified, assessed and mitigated

- Quality improvements were not always identified on the basis of previously identified risks, such as those highlighted from previous CQC reports.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit was undertaken.
- The practice had plans in place and had trained staff for major incidents.
- National data indicators showed improvements in performance on unverified data from 2018.

Appropriate and accurate information

The practice did not always have appropriate and accurate information.

- The patient record system was not always accurate in terms of the information stored on patients.
- Quality and operational information was used review performance.

- Quality and sustainability were discussed in relevant meetings.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients and representatives in assessing its performance.

- A survey had been organised for spring and summer 2018 in coordination with the patient participation group (PPG).
- Regular meetings took place with the PPG. Members of the PPG told us they felt included about decisions and changes to the practice.

Continuous improvement and innovation

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

- The practice had undertaken a review of its clinical pathways and was planning on implementing a system whereby all muscular-skeletal conditions or concerns would be seen by an employed physiotherapist and then an assessment will be passed onto a GP.

Please refer to the Evidence Tables for further information...

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Governance and monitoring systems or processes must be established and operated effectively We found the provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities, nor did they always assess, monitor and mitigate the risks related to the health, safety and welfare of service users. The provider did not always maintain securely an accurate, complete and contemporaneous record in respect of each service user. Risks identified and alerted to the provider were not always fully assessed and managed. Specifically in regard to long term prescribing and care planning. Testing of the quality of the services provided was not always undertaken to ensure areas requiring quality improvement were identified. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.