

Minster Surgery

Inspection report

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Minster
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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

This practice is rated as good. (Previous inspection July 2016 – rated good)

The key questions are rated as:

Are services safe? – good

Are services effective? – good

Are services caring? – good

Are services responsive? – good

Are services well-led? – requires improvement

We carried out an announced comprehensive inspection at Minster Surgery on 15 May 2018.

At this inspection we found:

- The practice had systems to manage risk, but staff did not recognise or report incidents providing the practice with an opportunity to investigate and learn from them
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. However, they did not have established systems for following up on patients who failed to collect their medicines from the dispensary.
- The practice had conducted risk assessments but had not followed up on some actions to mitigate the risks to patients.
- The practice routinely reviewed their clinical performance in respect of the Quality and Outcome Framework. This ensured that care and treatment was delivered according to evidence- based guidelines.

- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- The national GP patient survey results were consistently above the local and national averages for patient experiences of the service.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice's national GP patient survey results were consistently above the local and national averages for patient experiences of the service.
- Patients reported that they were able to access care when they needed it.
- The practice invested in their staff and provided them with opportunities for continuous learning and improvement at all levels of the organisation.
- The practice had an established and positive relationship with their patient participation group.

The area where the provider **must** make improvements as they are in breach of regulations is:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser and a practice manager adviser.

Background to Minster Surgery

Minster surgery is a rural practice providing services to 7200 patients. They have below the local average for patients aged 0 to 30 years of age. There are five GP partners, two female and three male GPs. There is a female salaried GP, one nurse practitioner, four practice nurses and a health care assistant. The team is overseen by the practice manager and the assistant practice manager. Minster Surgery is also a training practice and at the time of the inspection they had two registrars employed.

The services are provided from Minster Surgery, 75 High Street, Minster, Ramsgate, Kent CT12 4AB. The practice offered dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice does not provide out of hours provision for their patients this is commissioned from IC24.

The practice is registered with the Care Quality Commission to provide the following regulated activities;

Diagnostics and screening

Family planning

Surgical procedures

Treatment of Disease, disorder and injury

Maternity and midwifery

Are services safe?

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

Safety systems and processes

The practice had some systems in place 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 maintained appropriate recruitment files for staff. All GPs were registered on the performers list.
- There were systems 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.
- The practice did not have effective systems to identify when medicines had not been collected by patients and follow up with them.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

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

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. However, we found some patient reviews lacked narrative to evidence actions taken.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice had recently introduced
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice demonstrated appropriate and safe handling of medicines.

- The practice had systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, 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.
- Patients' health was monitored in relation to the use of medicines.

Track record on safety

The practice had conducted appropriate safety assessments.

- There were comprehensive risk assessments in relation to safety issues. However, the practice had not responded to all action plans put in place to mitigate risks identified.

Lessons learned and improvements made

Are services safe?

The practice had not reported all appropriate incidents, reviewed actions, identified learning and made improvements when things went wrong.

- The practice had a clear policy outlining incidents that may be deemed significant and would benefit from analysis and learning. We spoke to staff who understood their duty to raise concerns and report incidents and near misses. The dispensary staff had recorded and learnt from such incidents. However, the practice team

had not recorded incidents that met their recording criteria and all of the three incidents recorded within twelve months lacked analysis and did not include learning.

- We checked patient records and found the practice had acted on external safety events as well as patient and medicine safety alerts. However, they did not have established governance systems in place to ensure they had responded in a timely, appropriate and consistent manner.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across all population groups.

(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 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

This population group was rated good for effective because:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

This population group was rated good for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines

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

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people

This population group was rated good for effective because:

- 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 in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. Narrative entry on the record.

Working age people (including those recently retired and students)

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 80%, which was in line with the 72% coverage target for the national screening programme.

Are services effective?

- The practices' uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable

This population group was rated good for effective because;

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

This population group was good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the local and national averages.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the local and national average.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 85% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the local and national averages.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis to the memory clinic.
- The practice offered annual health checks to patients with a learning disability. We checked patient records and found some entries lacked discussions held with patients to support their assessments.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided against local and national targets.

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, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

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

- We reviewed patient records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- We found appropriate clear and accurate information shared with relevant professionals when deciding care delivery for some people with long term conditions and when coordinating healthcare for care home residents through Community Hub Operating Centre. However, we also found the practice did not have comprehensive arrangements in place for some shared care patients on high risk medicines.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained and recorded 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 inadequate/requires improvement/outstanding for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The national GP patient survey results were consistently above the local and national averages for patient experiences of the service.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The national GP patient survey results were consistently above the local and national averages for patient experiences of the service.

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.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines. A weekly outreach clinic was held at St. Nicolas Village Hall where medicines were dispensed by the GP and practice nurse.

Older people

This population group was rated good for responsive because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice had a designated practice nurse and health care assistant who provided care and treatment to patients identified on the practice's frailty register.
- 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.
- The practice attended Community Hub operating Centre meetings to engage with other specialist services and coordinate patient care for those vulnerable to hospital admission.

People with long-term conditions

This population group was rated good for providing responsive services because:

- The practice had a lead GP in diabetes and cardiology who oversaw all appropriate patients care. The GP was supported by specialist nurses in respiratory and diabetes.
- 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 attended Community Hub operating Centre meetings to engage with other specialist services and coordinate patient care for those vulnerable to hospital admission.
- The practice provided additional enhanced services for the convenience of their patients such as, phlebotomy, anticoagulant monitoring in the surgery and at the patients home and tissue viability treatment (leg ulcer dressing).

Families, children and young people

This population group was rated good for responsive add brief examples of responsive care here. For example:

- The practice provided and facilitated infant welfare clinics and antenatal clinics with the midwifery service. In addition, routine mood screening is conducted at post natal checks and well women clinics were held weekly.
- Six weekly meetings were held with the health visitors and school nurses to discuss families where there were concerns.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- A teenage sexual health drop in service operated late afternoons offering a range of contraception services.

Working age people (including those recently retired and students)

Are services responsive to people's needs?

This population group was rated good for responsive because:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice operated extended hours opening on a Monday 6.30 to 8.15pm.
- The practice provided a foreign travel advice and immunisation clinic.

People whose circumstances make them vulnerable

This population group was rated good for responsive because:

- The practice had a lead GP responsible for safeguarding and a nominated member of staff responsible for domestic violence concerns.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

People experiencing poor mental health (including people with dementia)

This population group was rated good for responsive because:

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice conducted home visits to patients with dementia and/or learning disabilities where they were unable to attend the practice.
- The practice reception team knew to provide patients with poor mental health with double appointments.
- Counselling services providing talking emotional therapy sessions from the surgery

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

The practice achieved comparable or above the local and national averages for patient experiences in all but one question of the national GP patient survey, published 2017. The practice noted improvements could be made to reduce the wait patients experienced for some of their appointments. The practice was working with their patient participation group to identify and communicate changes.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes in place to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

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

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis 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

The GP partners had appointed roles and responsibilities. However, we found there were not established and effective formal systems of accountability to support good governance and management.

- There were systems such as regular meetings held between the GP partners to support good governance and management. However, when we reviewed the meeting minutes we found they lacked narrative of discussion, decisions and actions taken.
- Some staff members were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had some policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the practice did not have an overarching medicine management policy to ensure consistent prescribing and monitoring systems were in place and adhered to.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance.

Are services well-led?

- We found some risk assessments relating to the premises and fire safety had been conducted. However, supporting action plans had not been reviewed and risks mitigated.
- The practice had processes to manage current and future clinical performance in respect of the Quality and Outcome Framework.
- We found staff had discussed those significant incidents recorded, but did not always recognise and recorded them to reflect on actions taken and identify and share learning to improve services.
- We found the practice had no governance system in place to assure themselves of the timely, appropriate and consistent actioning of medicine alerts. The practice relied on the professionalism of individual clinicians.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- We were told the partners discussed quality and sustainability but this was not evident within the meeting minutes.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of clinical care.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice participation group spoke highly of their relationship with the practice. The told us they listened and responded to their concerns to improve services for patients.

Continuous improvement and innovation

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

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

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The practice did not have established and effective systems in place to assess, monitor and mitigate risks to the quality and safety of services. The practice did not have an effective system for identifying and following up with patients who failed to collect their medicines from the dispensary. The practice had not mitigated risks identified within their fire assessment and health and safety assessment. The practice did not have established governance systems to ensure the consistent, timely and appropriate actioning of medicine alerts and monitoring the high-risk medicines. The practice team had not follow their significant incident policy recording incidents, investigating and learning from them.

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.