

The Barham & Claydon Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to The Barham & Claydon Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Barham and Claydon Medical Practice on 26 July 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach for reporting and recording significant events.
- The practice did not have good facilities and although it was equipped to treat patients and meet their needs, there was a need for improvement.
- Risks to patients were assessed but were not consistently or effectively managed. The practice needed to improve the processes for controlled drugs in the dispensary and a wide variety of premises-related concerns were contributory to poor maintenance of infection prevention and control processes.
- The practice did not have effective systems in place to keep all clinical staff up to date, instead clinicians maintained their own access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. When we reviewed records and spoke with clinicians we noticed this took place but was not supported by an effective system in the practice.
- Clinical audits demonstrated quality improvement, but they did not always reflect up to date, evidence based guidance.
- The practice's use of the computer system required improvement to provide improved assurance around patient recall systems; we noted health reviews for patients with long term conditions were not always recorded appropriately.
- 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.

Summary of findings

- Data from the National GP Patient Survey published in July 2017 showed patients rated the practice above average for most aspects of care.
 - 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. Staff told us they were able to undertake development opportunities but records indicated some elements of training overdue for a small number of staff.
 - Various meetings took place in the different teams in the practice and with external services. However, internal clinical meetings were not held consistently nor had they been recorded since January 2017. The practice manager explained that they had already implemented a new schedule of clinical meetings, commencing in August 2017, with a standard agenda, including recurring items such as significant events.
 - The provider was aware of and complied with the requirements of the duty of candour.
- The area where the provider must make improvement are:
- Ensure care and treatment is provided in a safe way to patients.
 - Ensure all premises and equipment used by the service provider are fit for use.
- The areas where the provider should make improvement are:
- Within the dispensary, the practice should implement clear guidance for the compilation of monitored dosage systems and effective recording of near miss incidents and expiry date checks.
 - Implement a process to provide timely (refresher) training, including training in basic life support, safeguarding and undertaking legionella testing.
 - The business continuity plan should consider a broader scope of risks.
 - Implement effective processes to ensure all clinical staff are up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The current audit programme should also be reviewed to take into account current evidence based guidance.
 - Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
 - Review the system for the recording of minutes of clinical meetings to ensure they contain information on decision making processes.

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 inadequate for providing safe services.

- There was an effective system in place for reporting and recording significant events. However, near miss incidents in the dispensary were not adequately recorded. Lessons were shared on a regular basis to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions 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 patients safeguarded from abuse.
- Patients were at risk of harm because systems and processes did not always keep them safe. Risks to patients were appropriately assessed but were not consistently or effectively managed. The practice needed to improve the processes for controlled drugs in the dispensary and a variety of premises-related concerns were contributory to poor maintenance of infection prevention and control processes.
- All staff had received basic life support training, but we noted that for four members of staff (of which two were clinicians) training was overdue.
- The practice had a business continuity plan in place for major incidents related to the computer system and electronic records. The plan included emergency contact numbers for staff and suppliers but was limited in scope beyond the computer system and electronic records.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national results. The most recent published results showed that the practice had achieved 91% of the total number of points available, which was 6% below the clinical commissioning group (CCG) average and 4% below national average. The practice reported 8% exception reporting, which was 1% below the CCG average and 2% below national average (exception

Requires improvement



Summary of findings

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).

- Staff assessed needs and delivered care in line with current evidence based guidance. However, the practice did not have a recorded process in place to ensure all clinical staff were up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Clinical audits demonstrated quality improvement, although there was room to improve the scope of audits as they were not always focussed on the most recent guidance available.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- When we reviewed information on care plans for a variety of patients with long term conditions we found that improvement was needed in the use of the computer system so that patient reviews would be recorded effectively. For a number of patients, the practice was unable to verify whether an annual review had taken place or not. The practice explained this was due to coding errors.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey, published in July 2017, showed patients rated the practice above average for most aspects of care.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had undertaken an audit of their carers list in May 2017 and contacted all existing carers to ensure all details were still correct. In total, the practice had identified 42 (approximately 1.6%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- Patients said there was continuity of care, with urgent appointments available the same day.
- The practice was proactive in trying to reduce the number of non-attended appointments. They did this by sending text message reminders to patients for their appointments.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy but this required improvement to ensure good quality care was delivered. The practice had a number of policies and procedures to govern activity. However, there was improvement required in identifying, recording and managing risks, issues and implementing mitigating actions. Specifically within the dispensary and those risks relating to the premises and infection prevention and control.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice met with the patient participation group on a quarterly basis.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for providing safe services and requires improvement for providing effective and well led services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were in line with local and national averages.

Requires improvement



People with long term conditions

The practice is rated as inadequate for providing safe services and requires improvement for providing effective and well led services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice employed a diabetic nurse specialist to improve services available for patients with diabetes, reducing the need to travel to hospital.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Performance for diabetes related indicators was in line with the CCG and national average. The practice achieved 91%, this was 1% below the CCG average and 1% above the national average.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as inadequate for providing safe services and requires improvement for providing effective and well led services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with or above the local averages for most standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2015-2016 data was 89%, which was above the local and national average of 82%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.
- Appointments were available outside of school hours and the premises were suitable for children and babies, although general improvement on the premises was required.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as inadequate for providing safe services and requires improvement for providing effective and well led services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for the care of working age people (including those recently retired and students).

- 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 reflects the needs for this age group.

Requires improvement



Summary of findings

- Extended hours appointments were not available directly at the practice but the practice patients' had access to the local GP+ arrangement, allowing them to access out of hours GP appointments at a rotation of practices.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for providing safe services and requires improvement for providing effective and well led services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had ten registered patients with a learning disability, five of which had received a timely annual review.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were proactively identified and signposted to local carers' groups. The practice had 42 patients (approximately 1.6%) registered as carers.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for providing safe services and requires improvement for providing effective and well led services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for the care of people experiencing poor mental health (including people with dementia).

- The practice had 15 registered patients with dementia, of which seven had received an annual review in the last 12 months.

Requires improvement



Summary of findings

Three patients had not been reviewed in a timely way and for five patients the practice informed us coding had been applied incorrectly, meaning their reviews were not recorded accurately but had been done at the correct time.

- The practice had 22 registered patients experiencing poor mental health, of which six had received an annual review in the last 12 months. Eight patients had not been reviewed in a timely way and for another eight patients the practice informed us coding had been applied incorrectly, meaning their reviews were not recorded accurately but had been done at the correct time.
- The practice regularly worked multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups 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 were published in July 2017. The results showed the practice was performing above local and national averages. 251 survey forms were distributed and 142 were returned. This represented a 57% completion rate.

- 93% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and the national average of 71%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 84%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 77%.

We received 42 Care Quality Commission comment cards, of which 41 were all positive about the service experienced. One card contained negative comments regarding staff attitude and access to appointments. Of

the 41 positive cards, four contained positive general comments about the practice but made negative remarks regarding access to appointments. The 41 positive cards included comments that stated that patients felt the practice offered an excellent service and that staff were kind, caring and treated them with dignity and respect. Most cards contained positive comments relating to specific care patients had received and the caring and kind attitude that staff had displayed during these episodes. A number of cards mentioned that patients felt the practice and its staff would benefit from new and/or improved premises.

We spoke with seven members of the patient participation group (PPG) and three other patients. They all told us they were extremely satisfied with the care provided by the practice staff and said their dignity and privacy was respected. They felt very much involved in making decisions about their care. They told us that access to appointments was good in their experience and that the staff were very friendly, professional, kind and caring. However several patients expressed anxiety about the condition of the premises.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider are fit for use.

Action the service **SHOULD** take to improve

- Within the dispensary, the practice should implement clear guidance for the compilation of monitored dosage systems and effective recording of near miss incidents and expiry date checks.
- Implement a process to provide timely (refresher) training, including training in basic life support, safeguarding and undertaking legionella testing.
- The business continuity plan should consider a broader scope of risks.

- Implement effective processes to ensure all clinical staff are up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The current audit programme should also be reviewed to take into account current evidence based guidance.
- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Review the system for the recording of minutes of clinical meetings to ensure they contain information on decision making processes.

The Barham & Claydon Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a pharmacy specialist advisor.

Background to The Barham & Claydon Surgery

The Barham and Claydon Surgery is a GP practice that has operated in the area for many years. The current partnership has been operating the practice under its current registration since early 2015. It serves approximately 2,750 registered patients and has a general medical services contract with NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG). Since its new registration the practice has experienced a 65% increase in patient numbers.

The service is located in the area of Barham, Ipswich in Suffolk. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

According to information taken from Public Health England, the patient population for this service has a higher than average number of patients aged 45 to 49 and 55 to 79 years, and a lower than average number of patients aged 45 and below compared to the practice average across England.

The practice team consists of two GPs (one male, one female), two nurse practitioners, a diabetic nurse and a healthcare assistant, who is also qualified to work as dispenser. There is a dispensary manager and a team of reception and administrative staff supported by a practice manager and assistant practice manager.

The practice and dispensary are open from Monday to Friday 8am to 6.30pm, with the practice closed for appointments between 1pm and 1.45pm. Extended hours appointments are not available directly at the practice but the practice's patients have access to the local GP+ arrangement, allowing them to access out of hours GP appointments at a rotation of practices.

An out of hours service is provided locally by Integrated Care 24 through the NHS 111 service.

The practice's premises consist of portable units that were erected over 20 years prior to our inspection as a temporary measure. The current partnership originates from a different CCG area and took on the practice with a view to improve all aspects of the practice, including the dated premises. To the date of the inspection, no solutions had been found to address the premises but future planning, including the intent to replace or amend the premises was the partnership's intention.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 July 2017. During our visit we:

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

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- We reviewed safety records, incident reports, patient safety alerts and minutes of monthly administration meetings where these were discussed. The clinicians we spoke with explained they held daily ad hoc meetings to discuss clinical matters and incidents and conversations took place daily during lunchtimes if any specific concerns or matters needed discussion. However, clinical meetings were not held consistently nor had they been recorded since January 2017. The practice manager explained that they had already implemented a new schedule of clinical meetings, commencing in August 2017, with a standard agenda, including recurring items such as significant events. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us they would inform their line manager of any incidents either verbally or electronically. We saw that managers investigated incidents immediately if required and shared outcomes with staff on an ad hoc basis verbally, or in administration meetings. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians and dispensers we spoke with confirmed that this took place.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies were comprehensive and accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Guidelines were on display in most of the consultation rooms. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies or healthcare professionals (for example, health visitors and school nurses). Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. Records indicated that for one health care assistant, safeguarding refresher training was several months overdue but this was planned for the near future. The remaining clinical staff were trained to child safeguarding level three.
- A notice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS 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).
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Patients were at risk of harm because some systems and processes did not always keep them safe, these included:

- The standard of cleanliness and hygiene maintained in the practice was inadequate. The practice premises consisted of portable units, which had been constructed over 20 years ago as a temporary measure. It was apparent that maintenance was challenging due to the type of premises despite cleaning schedules and a thorough infection control audit being in place. We observed the premises to be tidy but found various

Are services safe?

concerns relating to cleanliness. For example, stains on carpets throughout the premises, mould on some of the rubber window seals and cracks in the hard flooring in the treatment room, potentially creating a trap to capture infectious material. The practice did not have sufficient room to allow for effective storage of cleaning materials meaning storage solutions for cleaning equipment were not appropriate, the practice addressed this immediately after the inspection.

- The practice made use of an external cleaning company and cleaning schedules were in place.
- There was an infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. An infection control audit was undertaken in early 2017 which had highlighted a large number of concerns and urgent actions, some related to the premises. Some of the findings had been addressed, for example the replacement of bins, but many others had not. For example, flooring in toilets was not impervious to moisture and waste pipes were exposed in both toilets and consultation rooms. We saw evidence that action was taken to address any improvements identified as a result where possible but many remained outstanding. The practice explained their awareness of the concerns but were limited in being able to address the matters.

Medicines Management

- Processes were in place for handling repeat prescriptions. Staff informed us that the practice met with the local CCG's pharmacist every three months. Patients receiving high risk medicines had regular reviews to ensure those medicines were still safe to prescribe. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant administered a limited range of medicines under patient specific directions (PSD).
- Processes were in place in the practice for reporting and learning from medicine related significant events. Dispensing errors were logged, reviewed to monitor trends and appropriate actions were taken to prevent similar errors occurring. However, when near misses occurred (an event not causing harm, but has the potential to cause injury or ill health), the practice did not always maintain records containing sufficient details to allow for effective review or learning from these events.
- When we reviewed records for the medicines' expiry dates we found these were not maintained. Staff informed us they undertook regular date checks and all stock we checked was in date but there were no records or written procedures in place that confirmed expiry date checking was recorded.
- There was a process in place for the replacement of medicines required for GP bags and a dispenser was responsible for checking stocks, expiry dates and ensuring medicines were replaced when necessary. A record was maintained of all items for each individual bag.
- Medicine changes were always reviewed by a GP to ensure safety, for example following discharge from hospital or outpatient department. All prescriptions were reviewed by a GP prior to being given to a patient or medication being released. We reviewed the process of issuing repeat prescriptions and found this to be safe.
- Dispensary staff were aware that certain medicines required the patient to have special checks before they could be continued. For example, we saw that dispensary staff checked that patients receiving medicines requiring regular blood testing had these tests done and it remained safe to continue the medicines.
- The practice provided monitored dosage systems known as dosette boxes (these are boxes containing medications organised into compartments by day and time in order to simplify the taking of medications) to a small number of patients. There were no specific arrangements in place to guide this process. For example, guidance related to instability of certain medicines in air and certain medicines that cannot be included in dosette boxes was absent.
- We saw that medicines requiring cold storage were kept in a refrigerator. A daily record sheet was completed with the actual, minimum and maximum temperatures recorded. The refrigerator was used for medicines which had to be stored at low temperatures and for the storage of some patient medicines. Refrigerator stocks were in date with enough space around the medicines for air to circulate. There was guidance at hand for staff in case they had to act in response to a fridge failure.

Are services safe?

- The dispensary staff were able to evidence their Standard Operating Procedures (SOPS) which were kept on the practice computer system and accessible by all staff.
- Blank prescriptions were tracked and kept secure at all times and locked away when the dispensary was closed.
- Emergency medicines were accessible and all staff knew of their location. All the emergency medicines we checked were in date. Emergency medicines and equipment were stored securely; a defibrillator was available on the premises and oxygen with adult and children's masks.
- The practice held stocks of Controlled Drugs (CDs) such as buprenorphine and oxycodone. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. The practice had in place standard procedures that set out how they were dispensed. However, there were no procedural documents in place to support the ordering and receiving of CDs. There were arrangements in place for the destruction of CDs and for raising concerns around controlled drugs with the controlled drugs accountable officer in their area. A CD check list was also used to ensure all procedures had been completed prior to the medicine being given to the patient. Controlled drugs were not always stored appropriately. We also did not see any record for oxycodone tablets in the CD register as required by law.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The last legionella assessment was undertaken in June 2016 and was identified as low risk but had effected a change in water temperature maintenance, leading to the need to monitor this regularly, this was done in the practice but the member of staff undertaking this was not trained to undertake these tests.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice's staff could cover for each other in times of need.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. However, these needed improving:

Monitoring risks to patients

Risks to patients were assessed but not always well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety systems in place and premises related risk assessments were undertaken internally. However, due to the concerns the practice had in relation to the premises, an external assessment was planned to be undertaken shortly after the inspection. The practice had up to date fire risk assessments and carried out regular fire alarm tests. There were clear directions of what to do in the event of a fire. There were emergency icons on the computer to raise an alarm.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received basic life support training, but we noted that for four members of staff (of which two were clinicians) this training was overdue.
- The practice had a business continuity plan in place for major incidents related to the computer system and electronic records. The plan included emergency contact numbers for staff and suppliers but was limited in scope beyond the computer system and electronic records.

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. However, systems to monitor this needed to be improved:

- The practice did not have organised systems in place to keep all clinical staff up to date, instead clinicians maintained their own access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. When we reviewed records and spoke with clinicians we noticed this took place but was not supported by an effective system in the practice.
- Clinicians explained they monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records but there was a lack of records in place supporting this.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (2015/2016) showed that the practice had achieved 91% of the total number of points available, which was 6% below the CCG average and 4% below national average. The practice reported 8% exception reporting, which was 1% below the CCG average and 2% below national average (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).

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, diabetes, epilepsy, learning disabilities, palliative care, rheumatoid arthritis and stroke and transient ischaemic attack indicators were above or the same as the CCG and national averages.
- Performance for chronic obstructive pulmonary disease related indicators was lower compared to the CCG and national average. With the practice achieving 77%, this

was 22% below the CCG average and 19% below the national average. When we reviewed data for 2016/17 QOF, which was not yet verified or publicly available, we noted this had improved and was in line with national and local performance.

- Performance for dementia related indicators was lower compared to the CCG and national average. With the practice achieving 88%, this was 11% below the CCG average and 9% below the national average. When we reviewed data for 2016/17 QOF, which was not yet verified or publicly available, we noted this had improved and was in line with national and local performance.
- Performance for depression related indicators was lower compared to the CCG and national average. With the practice achieving 71%, this was 19% below the CCG average and 21% below the national average. When we reviewed data for 2016/17 QOF, which was not yet verified or publicly available, we noted this had improved to 100%.
- Performance for heart failure related indicators was lower compared to the CCG and national average. With the practice achieving 83%, this was 16% below the CCG average and 15% below the national average. When we reviewed data for 2016/17 QOF, which was not yet verified or publicly available, we noted this had improved in line with national and local performance.
- Performance for hypertension related indicators was lower compared to the CCG and national average. With the practice achieving 86%, this was 9% below the CCG and national average. When we reviewed data for 2016/17 QOF, which was not yet verified or publicly available, we noted this had improved to 100%.
- Performance for mental health related indicators was lower compared to the CCG and national average. With the practice achieving 84%, this was 11% below the CCG average and 9% below the national average. When we reviewed data for 2016/17 QOF, which was not yet verified or publicly available, we noted this had improved and was in line with national and local performance.
- Performance for osteoporosis: secondary prevention of fragility fractures related indicators was lower compared to the CCG and national average. With the practice achieving 33%, this was 62% below the CCG average and 54% below the national average. When we reviewed data for 2016/17 QOF, which was not yet verified or publicly available, we noted this had improved to 100%.

Are services effective?

(for example, treatment is effective)

- Performance for peripheral arterial disease related indicators was lower compared to the CCG and national average. With the practice achieving 75%, this was 21% below the CCG average and 22% below the national average. When we reviewed data for 2016/17 QOF, which was not yet verified or publicly available, we noted this had improved to 100%.
- Performance for secondary prevention of coronary heart disease related indicators was lower compared to the CCG and national average. With the practice achieving 86%, this was 10% below the CCG and national average. When we reviewed data for 2016/17 QOF, which was not yet verified or publicly available, we noted this had improved and was in line with national and local performance.

The practice reported 8% exception reporting in 2015/16, which was 1% below the CCG average and 2% below national average (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). When we reviewed 2015/16 data we saw that four indicators (related to cancer, dementia and stroke and transient ischaemic attack monitoring) had above average exception reporting. The practice explained to us that this was partially through coding issues. When we reviewed samples of the exceptions we noted that patients had been excepted appropriately.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of six audits that the practice had undertaken. Although the majority of audits were single cycle with the second cycle not yet undertaken, we did see evidence of multiple and completed audits where the improvements found were monitored.

For example, we saw evidence of an audit on wound infection rates following minor surgery carried out at the practice. This audit was completed as the practice staff were aware of the limited infection prevention and control compliance that the treatment room offered. Of 28 patients audited, two had contracted a post operation infection. The practice investigated both cases and confirmed that neither was due to the condition of the treatment room.

We found the audit programme to be of limited scope as audits and they were not always focussed on the most recent guidance available.

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. It included role specific training on various elements of the different roles including safeguarding, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff we spoke with confirmed this took place and told us they had ample development opportunities. We were told that if staff undertook training the practice reimbursed them. One member of staff we spoke with confirmed that their training was fully funded.
- Staff had access to training that the practice deemed mandatory, and made use of, e-learning training modules, in-house and external training. When we reviewed the training records we saw that mandatory training was generally up to date, however for one health care assistant we noted that their safeguarding refresher training was several months overdue and for four other members of staff, basic life support training was overdue.

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; however due to coding errors, this information was not always recorded effectively.

- This included care and risk assessments, medical records and investigation and test results. When we reviewed information on care plans for a variety of long term conditions we found that improvement was needed in the use of the computer system so that

Are services effective?

(for example, treatment is effective)

patient reviews would be recorded effectively. For a number of patients the practice was unable to verify whether an annual review had taken place or not. The practice explained this was due to coding errors.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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 a GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were signposted to the relevant service.

The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2015-2016 data was 89%, which was above the local and national average of 82%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 78% of the target population, which was in line with the CCG average of 79% and above the national average of 73%. Furthermore, the bowel cancer screening rate for the past 30 months was 60% of the target population, which was in line with the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccinations given to under twos (37 eligible patients) during 2015-16 ranged from 93% to 100% (excluding meningitis C and PVC immunisation) and for five year olds (15 eligible patients) all immunisation rates were 100% (excluding meningitis C and PVC immunisation).

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. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be directly overheard but due to the quality of the walls in the portable premises sounds and conversations could be heard in a muffled indistinctive manner. The practice had music playing in the waiting room to counteract these effects as best as possible. The music could also be heard throughout the premises. There was an air conditioning unit on the premises to ensure the practice could be kept cool during hot weather. However, due to the noise pollution that this unit produced the staff informed us they were unable to use it consistently. They said they could not hear patients speak when it was in use. This led to poor control of the temperature in consultation rooms during hot weather, which we observed during the inspection. Staff explained that the room temperature was controlled in the dispensary.

We received 42 Care Quality Commission comment cards, of which 41 were all positive about the service experienced. One card contained negative comments regarding staff attitude. The 41 positive cards included comments that stated that patients felt the practice offered an excellent service and that staff were kind, caring and treated them with dignity and respect. Most cards contained positive comments relating to specific care patients had received and the caring and kind attitude that staff had displayed during these episodes. A number of cards mentioned that they felt the practice and its staff would benefit from new and/or improved premises.

We spoke with seven members of the patient participation group (PPG) and three other patients. They all told us they were extremely satisfied with the care provided by the practice staff and said their dignity and privacy was respected. They felt very much involved in making

decisions about their care. They told us that the staff were very friendly, professional, kind and caring. However several patients expressed anxiety about the condition of the premises.

Results from the National GP Patient Survey, published in July 2017, were generally above CCG and national averages for patient satisfaction scores. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 86%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

All patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views, with many specific references to episodes of care or specific members of staff, praising their involvements.

Results from the National GP Patient Survey, published in July 2017, showed patients generally responded positively to questions about the involvement in planning and making decisions about their care and treatment. Results were generally in line with, or above, local and national averages. For example:

Are services caring?

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 (approximately 1.6%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice looked after older patients living in local care; home visits were undertaken when required.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were disabled facilities and translation services available.
- Online appointment booking, prescription ordering and access to medical records was available.

Access to the service

The practice and dispensary were open from Monday to Friday 8am to 6.30pm, with the practice closed for appointments between 1pm and 1.45pm. Extended hours appointments were not available directly at the practice but the practice's patients had access to the local GP+ arrangement, which provided out of hours GP appointments at a rotation of local practices. An out of hours' service was provided locally by Integrated Care 24 through the NHS 111 service.

Appointments could be booked six weeks in advance for all clinicians.

Results from the National GP Patient Survey, published in July 2017, showed that patients' satisfaction with how they could access care and treatment was above local and national averages:

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.

- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 71%.
- 84% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and the national average of 64%.
- 81% of patients described their experience of making an appointment as good compared to the CCG average of 79% and the national average of 73%.
- 76% of patients feels they did not normally have to wait too long to be seen compared to the CCG average of 65% and the national average of 58%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There were designated responsible persons who handled all complaints in the practice. The practice discussed and reviewed the complaints as they occurred and at administration meetings. The practice had received three written complaints and one verbal complaint between July 2016 and the date of our inspection (July 2017), appropriate records had been kept.

We saw that information was available to help patients understand the complaints system on the practice website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. There was a system in place for staff to learn from complaints through discussion at administration and ad hoc meetings or via direct feedback. Changes were made in response if this was deemed appropriate. For example, the practice had made changes in the authorisation process of repeat prescriptions as a result of a complaint.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice's mission statement announced that they aimed 'to improve the health, well-being and lives of those they care for'. The practice aimed to achieve this by a variety of objectives which, amongst others, focussed on 'prevention of disease by promoting health and well-being and offering care and advice to patients', to 'be a learning organisation that continually improves what they are able to offer to patients' and to 'treat patients as individuals and with the same respect staff would want for themselves or their families, listening to and supporting people to express their needs and wants'.
- The practice had a robust strategy and a supporting business plan in development which reflected the vision and values which were regularly monitored. The leadership team had accounted for necessary changes in the practice's future, such as the need for updated premises and new housing in the area. One of the GPs was imminently due to commence maternity leave at the time of inspection; the practice had successfully recruited an additional GP with qualifications to deliver specialised care in women's health.

Governance arrangements

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

- There was a clear staffing structure and rota planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.
- There was a dispensary manager to oversee the dispensary and a practice manager for the daily management of the practice. Nurse practitioners had lead roles in long term condition management with support from the GPs.
- The GPs and nursing staff were supported to address their professional development needs for revalidation.

- Staff were supported through a system of appraisals and continued professional development. When we reviewed the appraisal system we found this had been in place long term for most members of staff but two lead members of staff were overdue their appraisal. These had both been arranged for after our inspection. Staff we spoke with felt very well supported.
- Practice specific policies were implemented and were available to all staff.
- There was improvement required in identifying, recording and managing risks, issues and implementing mitigating actions. Specifically within the dispensary, concerning controlled drugs and near miss recording, and those risks related to the premises and infection prevention and control.
- The practice proactively reviewed its processes in response to survey and performance data as well as patient feedback, with the aim to improve.

Leadership and culture

The partners and management 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. Even during days when they were not working, staff informed us that at least one of the partners would always provide advice or support if needed.

Staff told us that various regular team meetings were held. Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice. When we reviewed minutes of meetings we noted a variety of meetings did take place, for example for administration staff and multi-disciplinary meetings. However, clinical meetings were not held consistently nor had they been recorded since January 2017. The practice manager explained that they had already implemented a new schedule of clinical meetings, commencing in August 2017, with a standard agenda, including recurring items such as significant events and NICE guidance. The clinicians we spoke with also explained they held daily ad hoc meetings to discuss clinical matters and incidents and conversations took place daily during lunchtimes if any specific concerns or matters needed discussion. None of these meetings were recorded. Clinicians reported the meetings were productive but

Are services well-led?

Requires improvement 

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

recognised the need for a regular format with the meeting being recorded effectively. They explained that due to working patterns it often proved difficult to arrange for all clinicians to meet at the same time.

The provider was aware of, and had systems in place to ensure, compliance with the requirements of the Duty of Candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

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

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

We spoke with seven members of the patient participation group (PPG) and three other patients. They met with the practice on a quarterly basis. They all told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that access to both urgent and routine appointments was good in their experience and that the staff were friendly, professional, kind and very caring. There was a general agreement that they felt the practice delivered high quality, personal care. Some of the PPG members had moved away from the area but remained registered with the practice as

they valued the care they received highly. There was also a general agreement that the practice's premises were not suitable to deliver modern healthcare. They commented that it was dated, not fit for purpose and too small.

The practice produced quarterly newsletters for patients available in the practice. This provided a forum for the practice to keep patients updated on various practice matters, such as condition specific clinics and services and progress in planning for a new building. We also saw several information boards in the waiting area advising patients of this information.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Clinicians we spoke with explained they held daily ad hoc meetings to discuss clinical matters and incidents and conversations took place daily during lunchtimes if any specific concerns or matters needed discussion.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice was in the process of exploring several options for new or improved premises.

They had taken account of a large amount of new housing within the practice's catchment area in their forward planning and successfully recruited a GP with specialist qualifications in women's health to cover for maternity leave of one of the GP partners.

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>There was no proper and safe management of medicines. The provider must ensure systems and processes provide safe management of controlled drugs.</p> <p>Risks to patients were assessed but were not consistently or effectively managed. Including the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. The provider must ensure that standards of hygiene and cleanliness are appropriate.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person had failed to ensure that all premises used by the service were suitable for the purpose for which they are being used. In particular, the provider had undertaken an infection control audit in early 2017 which had highlighted a large number of concerns and urgent actions, some related to the premises. For example, flooring in toilets was not impervious to moisture and waste pipes were exposed in both toilets and consultation rooms.</p> <p>The practice did not have sufficient room to allow for effective storage of cleaning materials</p>