

Suttons Medical Group

Quality Report

Long Sutton Medical Centre,
Trafalgar Square,
Long Sutton,
Spalding,
Lincolnshire
PE12 9HB

Tel: 01406 362081

Website: www.suttonsmedicalgroup.co.uk

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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sutton Medical Group on 25th and 26th July 2017.

Overall the practice is rated as requires improvement.

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

- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, significant events and monitoring of patients on high risk medicines.
- There was a system in place for reporting and recording significant events but it was not consistent or clear. Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- The system in place to safeguard service users from abuse and improper treatment was not effective.
- There were some arrangements for identifying, recording and managing risks but not all had been well managed. For example, fire safety and legionella.
- Most of the medicines management practices in place kept patients safe.
- Feedback from people who use the service and stakeholders was positive. Fifty Two patients expressed high levels of satisfaction about all aspects of the care and treatment they received. The feedback from comments cards we reviewed said patients felt they received excellent care and were treated with care, compassion, dignity and respect.
- Data from the July 2017 national GP survey was also consistently high.
- Quality improvement had been carried out but we saw limited evidence that audits were driving improvements to patient outcomes.

Summary of findings

- Patients we spoke with and comments cards we reviewed told us that the appointment systems were working well. They found it easy to make an appointment with a named GP and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity.
- Some of the systems and processes in place were not established or operated effectively to ensure compliance with good governance.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients. In particular, fire safety, management of legionella and high risk medicines.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular,

significant events, NICE guidance, referrals for two week waits, written information for carers, quality improvement, complaints, shared learning from significant events and complaints

In addition the provider should:

- Review some of the processes within the dispensaries. For example, record room ambient temperatures where medicines are stored, review the use of a radio in the dispensary at Sutton Bridge, risk assess the medicine deliver service, ensure only controlled medicines are kept in the CD cupboard.
- To strengthen the system for clinical audits and include more structure and a fuller analysis to ensure quality improvement.
- Complete the 2017 infection control audits for both medical centres.
- Ensure patients are aware that translation services are available.
- Review the system in place for patients who have a learning disability or experience mental health problems to ensure they are monitored and reviewed on a regular basis.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, significant events and monitoring of patients on high risk medicines.
- There was a system in place for reporting and recording significant events but it was not consistent or clear. Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- The system in place to safeguard service users from abuse and improper treatment was not effective. .
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There were some arrangements for identifying, recording and managing risks but not all had been well managed. For example, fire safety and legionella
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised most risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. On the day of the inspection we reviewed records and found appropriate exception reporting.
- We did not see any evidence that staff were kept up to date on current evidence based guidance.
- Clinical audits had been carried out but further information was required to evidence the improvements to patient outcomes and shared learning with the practice team
- Staff had the skills and knowledge to deliver effective care and treatment.

Good



Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved but there was no documentation of meetings, discussion held and actions required as a result of the meetings.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients we spoke with and comments cards we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- 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.

Good



- 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.
- We found good access to appointments for both GPs and the nursing team. We reviewed access to appointments and found good availability for on the day and next day appointments. Appointments were also bookable 6 weeks in advance for GPs and 12 weeks for nursing team.
- Patients we spoke with and comments cards we reviewed told us that the appointment systems were working well. They found it easy to make an appointment with a named GP and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Summary of findings

Are services well-led?

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

- Although the practice were positive about future plans, we found areas where there was a lack of leadership and governance. A review of governance in respect of safety was required.
- The practice had a governance framework in place but further work was required to ensure it fully supported the delivery of the strategy and good quality care.
- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, significant events and monitoring of patients on high risk medicines.
- There were some arrangements for identifying, recording and managing risks but not all had been well managed. For example, fire safety and legionella.
- We saw that clinically the partners in the practice demonstrated they had the experience, capacity and capability to deliver quality care.
- We were told that meetings were held and minuted. However meeting minutes we looked at required more detail and did not include discussions on areas such as significant events, complaints, NICE guidance and audits.
- The practice proactively sought feedback from staff or patients and had an active patient participation group.
- We reviewed access to appointments and found good availability for on the day and next day appointments. Appointments were also bookable 6 weeks in advance for GPs and 12 weeks for nursing team.
- The provider had some awareness of the requirements of the duty of candour but the systems and processes in place did not always support this.
- The practice had a number of policies and procedures to govern activity and provide guidance to staff.

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 provider was rated as requires improvement for safe and well led services. Effective, caring and responsive were rated as good.

The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- 17.2% of the practice population were patients aged 75 years old and over.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 85.3% which was 1.3% below the CCG average and 2.4% above the national average. Exception reporting was 4.3% which was 1.2% above the CCG average and 0.4% above national average. We discussed this at the inspection and records we reviewed indicated appropriate exception reporting.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, with the neighbourhood teams.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and well led services. Effective, caring and responsive were rated as good.

The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people with long-term conditions.

Requires improvement



Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice covers three care homes in the area in which patients are registered at the practice.
- The practice has a higher than average prevalence for most of the chronic long term conditions.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 93.6% which was 0.1% above the CCG average and 2.3% above the national average. Exception reporting was 10.9% which was 6.4% CCG average and 5.4% national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 76.7% which was 1.3% below the CCG average and 1.1% above national average. Exception reporting was 3.1% which was same as the CCG average and 4.6% below national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 93.9% which was 0.1% above the CCG average and 4.2% above the national average. Exception reporting was 9.4% which was 1.6% above the CCG average and 2.1% below national average.
- We discussed exception reporting at the inspection and records we reviewed indicated that appropriate exception reporting had taken place.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Suttons Medical Group had external health providers bring health care services to the patients registered at the practice. For example, Diabetic Retinopathy service visited yearly, Mammography service visited every three years and a weekly audiology service was provided at the Long Sutton Medical Centre.

Families, children and young people

The provider was rated as requires improvement for safe and well led services. Effective, caring and responsive were rated as good.

The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

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

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 84% and the national average of 81%.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were mostly comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 57% to 100% and five year olds from 92% to 100%.

Working age people (including those recently retired and students)

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

- The practice understood its population profile and had used this understanding to meet the needs of its population. It offered accessible, flexible and offered continuity of care but did not have extended opening hours.
- 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



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and well led services. Effective, caring and responsive were rated as good.

The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The practice offered longer appointments for patients with a learning disability.
- The practice had 31 patients with a learning disability and only 14 % had received a review of their care in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Requires improvement



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and well led services. Effective, caring and responsive were rated as good.

The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The percentage of patients diagnosed with dementia whose care has been reviewed in face-to-face review in the preceding 12 months the CCG average and 3.9% above the national average
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92.5% which was below the CCG average of 94% and above the national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 91% which was below the CCG average of 93% and above the national average of 89%.
- On the day of the inspection we found that Suttons Medical Group had 133 patients who experienced Mental Health and none had a mental health care plan.
- On the day of the inspection we found that the system for monitoring repeat prescribing for patients receiving medicines for mental health needs was not effective.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice held a regular memory assessment clinic so that patients at risk of dementia were identified and offered an assessment.

Requires improvement



Summary of findings

- Depression prevalence was high due to financial and rural deprivation. A mental health professional provided clinics at the practice. We found the practice had joint working arrangements with a local mental health service Improving Access to Physiological Therapies (IAPT) and through the joint work with Neighbourhood Teams for South Lincolnshire.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 52 comment cards which were all extremely positive about the standard of care received. Comments cards we reviewed told us that the service provided was excellent. Staff were professional, friendly, caring and respectful. They took the time to listen. .

Three patients added a negative comment in relation to getting through by phone, the queue to get an on the day appointment and the time it took to see their named GP. We passed these comments on to the management team.

We spoke with four patients who told us they were able to get through by phone, felt involved in their care which was delivered by staff who were friendly and helpful and would recommend to someone new in the area.

We spoke to two local care homes who told us they were very satisfied with the overall service provided by Suttons Medical Group. They described the staff as professional and approachable. They had a negative comment in relation to prescriptions with some taking up to seven days to be completed.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients. In particular, fire safety, management of legionella and high risk medicines.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, significant events, NICE guidance, referrals for two week waits, written information for carers, quality improvement, complaints, shared learning from significant events and complaints

Action the service **SHOULD** take to improve

- Review some of the processes within the dispensaries. For example, record room ambient

temperatures where medicines are stored, review the use of a radio in the dispensary at Sutton Bridge, risk assess the medicine deliver service, ensure only controlled medicines are kept in the CD cupboard.

- To strengthen the system for clinical audits and include more structure and a fuller analysis to ensure quality improvement.
- Complete the 2017 infection control audits for both medical centres.
- Ensure patients are aware that translation services are available.
- Review the system in place for patients who have a learning disability or experience mental health problems to ensure they are monitored and reviewed on a regular basis.

Suttons Medical Group

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 adviser, practice manager specialist advisor and a medicines team specialist advisor.

Background to Suttons Medical Group

Suttons Medical Group provides services to approximately 15,924 patients. The services are provided at Long Sutton Medical Centre and Sutton Bridge Medical Centre.

Suttons Medical Group is situated in a rural area with two market towns and approximately 16 small villages in the surrounding area. The area served is a largely deprived rural area with the most severely deprived area in South Holland. A dispensing service is provided for patients who live more than one mile from a chemist.

Suttons Medical Group employs five full time GP Partners (male), two part time salaried GPs (four days a week) and a part time regular locum (two days a week). There is a practice manager, a nurse practitioner, five practice nurses, four health care support assistants, one practice paramedic, ten dispensary staff, three medical secretaries and administrative and support staff.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Sutton Medical Group – Long Sutton Medical Centre and Sutton Bridge Medical Centre were open from 8am to 6.30pm Monday to Friday.

GP Appointments are available from 8.30am to 12.10pm Monday to Friday and 3.40pm to 6pm Monday, Tuesday, Thursday and Friday at both medical centres.

Practice Nurse appointments are available from 8.40am to 1pm and 1.30pm to 6pm Monday to Friday at both medical centres.

In addition to pre-bookable appointments that could be booked up to six weeks in advance for GPs and 12 weeks for the nursing team, urgent appointments were also available for patients that needed them.

Suttons Medical Group have a dispensary at each medical centre which is open from 8.30am to 6.30pm Monday to Friday.

Suttons Medical Group has one location registered with the Care Quality Commission (CQC) which is: - Long Sutton Medical Centre, Trafalgar Square, Long Sutton, Spalding, Lincs. PE12 9HB

They also have a branch surgery, Sutton Bridge Medical Centre, Railway Line, Sutton Bridge, Spalding Lincolnshire. PE12 9UZ

The location we inspected on 26th July 2017 was Long Sutton Medical Centre, Trafalgar Square, Long Sutton, Spalding, Lincolnshire. PE12 9HB.

We visited the branch surgery, Sutton Bridge Medical Centre, Railway Line, Sutton Bridge, Spalding Lincolnshire. PE12 9UZ on 25th July 2017.

The practice is located within the area covered by South Lincolnshire Clinical Commissioning Group (CCG). The CCG

Detailed findings

is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

Suttons Medical Group had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

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 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, NHS England, Healthwatch and South Lincolnshire Clinical Commissioning Group (SLCCG) to share what they knew.

We carried out an announced visit on 25 and 26 July 2017.

During our visit we:

- Spoke with a range of staff and patients.
- Observed how patients were being cared for in the reception area.

- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

We found the system for significant event analysis (SEA) was not effective. Recording of the event, details of the investigation or what actions and learning had taken place were not clear or consistent. The practice had recorded five significant events in the last 12 months. We looked at all five events and found that the recording and analysis did not demonstrate a clear account of what had happened and were not in-depth. From examples we looked at we could see that actions had been taken. For example, in relation to an issue with a refrigerator thermometer and monitoring of the cold chain and staff training in regard to a diabetic device. However it was not clear if the learning had been discussed with all the practice team and themes and trends had not been identified.

Both dispensaries had a procedure in place where any serious medication incidents could be raised as significant events and that near-miss dispensing errors were recorded so that trends could be identified and monitored. We observed that incidents that related to medicines were discussed at monthly pharmacy departmental meetings. However we found that these meetings were not always minuted and saw no evidence that they were discussed more widely in the practice so that appropriate and necessary actions were taken.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had a system in place for receiving, disseminating or actioning national patient safety alerts. We found the practice had a process where the safety alerts were received by the practice manager and disseminated to the clinicians for review and action. MHRA alerts were investigated by the relevant clinical team. Searches were carried out and action taken where appropriate. However we did not see any evidence in meeting minutes where these were regularly discussed.

- Both dispensaries also had systems in place to deal with any medicines alerts or recalls. We saw evidence of dispensary staff being made aware of alerts and actioning ones appropriate to their area.

Overview of safety systems and processes

During our inspection we found that some of the systems, processes and practices in place to keep people safe and safeguarded from abuse were not effective.

- On the day of the inspection we could not establish if the practice had an effective system in place to safeguard service users from abuse and improper treatment. There was a lead GP for safeguarding. Staff we spoke with were aware who had responsibility for safeguarding. The practice were unable to tell us if all the patients who were on the safeguarding register had icons or alerts on the patient record system. The day after the inspection the practice told us they had reviewed all those on the register and asked for updates from the safeguarding team for those who records had not been updated.
- We also found that there were no safeguarding multi-disciplinary meetings held by the practice or minutes of any meetings that had taken place in regard to safeguarding discussions. Since the inspection a safeguarding meeting had taken place at Long Sutton Medical Centre and minutes were recorded. Regular monthly meetings were now in place for the rest of 2017.
- The practice had recently updated the scanning protocol to ensure that when clinical letters were received they were checked to ensure that the GP was informed when a child on the safeguarding register had not attended a hospital appointment. The letter was then scanned onto the patient record.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GP, Nurse and the practice paramedic were trained to child protection or child safeguarding level three.
- A notice in the clinical rooms 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 (DBS) check. (DBS)

Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed both premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. We saw that infection control audits had been completed in August 2016. We saw evidence that action plans had been put in place to address the improvements identified as a result but some actions had still not been completed. The practice had plans to complete the 2017 infection control audits by 20 September 2017.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients of their dispensary. Reviews had been carried out on approximately 10% of patients in the last year.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw that procedures were reviewed and updated regularly in response to significant events.
- Arrangements were in place to ensure that medicines were stored securely and accessible to authorised staff only.
- We observed that both dispensaries had air conditioning units to ensure that medicines were kept stored below 25 degrees centigrade. However we did not see any evidence that records of room temperatures in areas where medicines are stored were kept to ensure

action was taken should the temperatures rise above 25 degrees centigrade. The day after the inspection equipment was ordered so that temperatures could be monitored and recorded.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We checked the system in place for the management of high risk medicines, which included regular monitoring in accordance with national guidance. We found the system was not effective and did not protect the health and safety of patients on these high risk medicines. For example, we reviewed electronic patient records and we found 12 patients had not received appropriate blood monitoring and no alert was in place to ensure prescribers had a full record of medicines a patient was being given. The day after the inspection the practice reviewed all the patient records and amended their systems to ensure blood monitoring is completed before medicines are prescribed. They told us they had contacted all the patients whose tests were outstanding and asked them to attend for a medication review.
- We observed records showing that regular audits of medicines usage were carried out and that alerts from the MHRA were actioned promptly and efficiently.
- The dispensary at Sutton Bridge Medical Centre provided medicines in Multiple Dose Systems for both sites to provide a prompt and safe service to patients.
- Suttons Medical Group had a medicine delivery service provided by a local pharmacy. We saw no evidence that the practice had a SOP or had risk-assessed this service to ensure that medicines were safely and securely delivered to the correct patients or their carers.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice did not use the electronic prescription service so that patients could collect their medicines

Are services safe?

directly from the pharmacy without contacting the practice. However there was a range of other methods available for ordering repeat prescriptions including on line and in person.

- The practice had a number of Patients Group Directions (PGDs) in place to allow nurses to administer medicines in line with legislation. They were maintained and reviewed to a high standard by the lead practice nurse and all the PGDs had been signed by the lead GP.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. We saw that they received mentorship and support from the medical staff for this extended role.
- We reviewed eight personnel files and found that in most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Most risks to patients were assessed but some of the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

- There was a health and safety policy available.
- The practice had a fire risk assessment for both medical centres carried out on 20 February 2008. Where actions had been identified no action plan had been put in place and no evidence that actions had been completed. For example, location of oxygen cylinders should have signage and fire drill records should contain detailed information of the drill and a nominated individual should be tasked to complete all the necessary requirements from the fire risk assessment.
- Fire drills took place every six months.
- Periodic testing of emergency lighting testing took place every six months by an external contractor but the practice did not have a process in place to test it each month in between these visits.

- The fire safety policy did not provide enough guidance to staff and did not identify who took overall responsibility for fire safety and fire wardens had not been identified.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as slips, trips, falls, electrical safety, lone working and control of substances hazardous to health.
- We looked at the arrangements in place for the management of legionella at both medical centres. Risk assessments had been carried out by an external company on 19 January 2016 in order to mitigate the risk of legionella. (a bacterium which can contaminate water systems in buildings). Where actions had been identified no action plan had been put in place and no evidence that actions had been completed, for example, Monthly regular water temperature monitoring was carried out at both medical centres.
- In 2016 the practice had been commended by Public Health England for its response, risk assessment and actions taken when the South Holland Area of the county had an infectious disease outbreak.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents at both medical centres.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms.
- The practice had a defibrillator available on each of the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

On the day of the inspection we found that the practice did not have a formal system in place to keep staff up to day with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff we spoke with told us they were aware of current guidance relevant to their role. Meeting minutes we looked at did not contain discussions on NICE guidance and from sample records we looked at we found that the practice did not monitor these guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results for 2015/16 were 100% of the total number of points available, with 15.5% exception reporting which was 6.6% above the CCG average and 5.7% above 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).

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 93.6% which was 0.1% above the CCG average and 2.3% above the national average. Exception reporting was 10.9% which was 6.4% CCG average and 5.4% national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 76.7% which was 1.3% below the CCG average and 1.1% above national average. Exception reporting was 3.1% which was same as the CCG average and 4.6% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the

preceding 12 months) is 150/90 mmHg or less was 85.3% which was 1.3% below the CCG average and 2.4% above the national average. Exception reporting was 4.3% which was 1.2% above the CCG average and 0.4% above national average.

- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 93.9% which was 0.1% above the CCG average and 4.2% above the national average. Exception reporting was 9.4% which was 1.6% above the CCG average and 2.1% below national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 87.7% which same as the CCG average and 3.9% above the national average. Exception reporting was 3.3% which was 0.5% below the CCG average and 3.5% below national average.

The data we held reflected that performance for related indicators for the average quantity of hypnotics prescribed per specific therapeutic age group related prescribing

were much higher than the CCG and national averages. The practice average was 2.97 compared to the CCG average of 1.23 and national average of 0.98. We spoke with the management team who told us that that they were aware of this and regularly monitored it.

We also found from the data we held that the practice had a high exception report rate. We discussed this at the inspection and records we reviewed indicated appropriate exception reporting.

There was some evidence of quality improvement including clinical audit.

- We looked at eight audits which had been carried out within the last three years. Three were full cycle. We found that the audits would benefit from more structure and detailed analysis together with action plans to monitor implementation of any recommendations. On the day of the inspection we did not see a programme of continuous audits to monitor quality and to make improvements.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could provide evidence to demonstrate that most staff had received the training they needed to fulfil their specific roles. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet 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.
- Most staff had received an appraisal within the last 12 months. Those who still needed an appraisal had a date set for within the next four weeks.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- We looked at the register for patients on end of life care and found that it required an update as some of the patients on the register did not fit the criteria. We spoke with the management team who told us they would review it and make changes where appropriate.
- We were told and we saw examples in patient electronic records we reviewed that staff worked together 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. Information was shared between services, with patients' consent, using a shared care record. We saw that regular meetings took place but the meeting minutes were brief and did not contain any information to demonstrate the discussions and any actions that were required as a result of the meeting.
- The GPs attended monthly meetings for Neighbourhood Teams for South Lincolnshire Clinical Commissioning Group (CCG). They met to discuss the needs of an ageing population and transform the way that care is provided for people with long-term conditions, by enabling those with complex needs to lead healthier, fulfilling and independent lives. We did not see any meeting minutes to demonstrate the discussions that took place or any actions that were required as a result of the meeting.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included medical records and investigation and test results.
- From the sample of patient records we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. Whilst referrals were sent in a timely manner the practice did not have a process to monitor if the patients had received and attended an appointment. For example, in relation to two week waits.

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 the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support and signposted them to relevant services.

Are services effective?

(for example, treatment is effective)

The nursing team undertook health promotion with patients such as smoking cessation, weight loss and disease management issues. Within the nursing team they provided a diabetes clinic including insulin initiation, anti-coagulation, hypertension and chronic obstructive pulmonary disease (COPD) clinics. The practice also offered a weekly audiology clinic for patients registered at the practice.

- The practice held a regular memory assessment clinic so that patients at risk of dementia were identified and offered an assessment.
- There was information available in the waiting room which held an array of information to support patients to help themselves to live healthy lives.
- The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 84% and the national average of 81%. Suttons Medical Group had a Cervical Screening protocol for administrative procedures which clearly set out what steps they taken for patients who did not attend for their cervical screening test. It also covered smear results and actions to be taken.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were mostly comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 57% to 100% and five year olds from 92% to 100%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 58% of patients had been screened for bowel cancer which was above the CCG average of 62% and national average of 58%.
- 75% of patients had been screened for breast cancer which was above the CCG average 79% and national average of 72%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Not all clinical and treatment rooms had curtains to maintain patients' privacy and dignity during examinations, investigations and treatments. However they did have privacy screens which could be used and further screens have been ordered in order to ensure privacy and dignity needs are met at both medical centres.
- Consultation and treatment room doors were closed at both medical centres during consultations; conversations taking place in these rooms could not be overheard.
- 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.

52 Care Quality Commission comment cards we received were all extremely positive about the standard of care received. Patients who completed these cards said the service provided was excellent. Staff were professional, friendly, caring and respectful. They took the time to listen.

They also said that staff responded compassionately when they needed help and provided support when required.

We spoke with a member of the patient participation group (PPG). They told us they were very well supported and listened to by the practice. They also said that staff responded compassionately when they needed help, worked well as a team and provided support when required. Comment cards aligned with these views.

Results from the July 2017 national GP patient survey showed mixed results for the practice in comparison with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 91%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 99% 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%.
- 89% 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%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice had reviewed the July 2017 results and had already put an action plan in place to address the areas where they are both CCG and national average.

Patients we spoke with told us they felt they had enough time during their appointment.

The views of external stakeholders were positive and in line with our findings. For example, the managers of the two local care homes where some of the practice's patients lived praised the care provided by the practice. Each care home had a nominated GP. Visits were carried out weekly by the practice paramedic or earlier if required.

Care planning and involvement in decisions about care and treatment

Results from the July 2017 national GP patient survey showed patients felt involved in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% 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%.

Are services caring?

- 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 84% and the national average of 85%.

Patients we spoke with told us they felt involved in their care which was delivered by staff who were friendly and helpful.

Comments cards we reviewed aligned with these views and they also told us they felt listened to and supported by staff.

The practice website contained relevant and easily accessible information. It enabled patients to find information about health care services provided by the practice. Information on the website could be translated into many different languages for people whose first language was not English.

Sutton Medical Group provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. However we did not see any saw notices in either of the medical centre reception areas informing patients this service was available. A multilingual text book was available at both medical centres and contained phrases in 16 languages to support patients when they attended for an appointment.

- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area in both medical centres which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 186 patients as carers (1.17% of the practice list). We did not see any written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, a patient consultation would be offered at a flexible time to meet the family's needs and enabled them to give 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. For example,

- We found good access to appointments for both GPs and the nursing team. We reviewed access to appointments and found good availability for on the day and next day appointments. Appointments were also bookable 6 weeks in advance for GPs and 12 weeks for nursing team.
- The practice did not offer extended hours.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- All patient facilities are on the ground floor level at both Long Sutton Medical Centre and Sutton Bridge Medical Centre.
- A private area was available for those who wish to speak to a receptionist in private.

Access to the service

Sutton Medical Group – Long Sutton Medical Centre and Sutton Bridge Medical Centre were open from 8am to 6.30pm Monday to Friday.

GP Appointments were available from 8.30am to 12.10pm Monday to Friday and 3.40pm to 6pm Monday, Tuesday, Thursday and Friday at both medical centres.

Practice Nurse appointments were available from 8.40am to 1pm and 1.30pm to 6pm Monday to Friday at both medical centres.

In addition to pre-bookable appointments that could be booked up to six weeks in advance for GPs and 12 weeks for the nursing team, urgent appointments were also available for patients that needed them.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were above local and national averages in most areas.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 64% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 71%.
- 79% of patients said that the last time they wanted to speak to a GP they were able to get an appointment compared with the CCG average of 63% and the national average of 56%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 73% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 67% and the national average of 64%.

Patients we spoke with told us they were able to get through by phone and would recommend to someone new in the area.

Comments cards we reviewed aligned with these views and most patients told us they were able to get thorough by phone and get appointments when they needed them.

In October 2016 the practice employed a paramedic to work alongside the GPs and nursing team.

Within this role the paramedic carried out a morning and afternoon minor illness appointments and worked alongside, and was supported by, the other members of the clinical team. They also carried out home visits and weekly visits to three care homes.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

- The practice had a system for handling complaints and concerns but we found on the day of the inspection it was not effective.
- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of a patient complaint leaflet and on the practice website.
- The practice had received 16 complaints over the past 12 months. From records we looked at the investigations and responses were not clear and consistent. We were also told that any verbal complaints or patient concerns were dealt with immediately but no records were kept of the conversations or any learning identified.
- There was no analysis of trends or action taken as a result to improve the quality of care.
- Staff we spoke with were unable to tell us about any complaints that had been discussed and it was not clear if any learning and actions had been shared with staff.

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

Suttons Medical Group had a patient charter which identified that the practice team work closely together to provide a high quality service that is sensitive to patient's needs.

In conjunction with the Lincolnshire local medical committee (LLMC) Suttons Medical Group had taken part in the recruitment of international GPs. Two new GPs were due to start in September 2017.

Governance arrangements

On the day of the inspection we found that Suttons Medical Group had governance arrangements in place to support the delivery of their strategy but some of the systems in place to monitor quality and make improvements were not effective.

- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, significant events and monitoring of patients on high risk medicines.
- There were some arrangements for identifying, recording and managing risks but not all had been well managed. For example, fire safety and legionella.
- The system in place to safeguard service users from abuse and improper treatment was not effective.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, travel medicine, long term conditions, immunisations and vaccinations.
- Quality improvement had been carried out but the clinical audits we reviewed required

more structure and second cycles to enhance the opportunity for improvement to patient outcomes.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- From meeting minutes we reviewed we did not see that the meetings structure allowed for lessons to be learned and shared following significant events and complaints.

- On the day of the inspection, from records we reviewed and staff we spoke with we found that full practice meetings were not held in order for staff to have an opportunity to learn about the performance of the practice.

Leadership and culture

We found the practice was positive about future plans, but in some areas we found a lack of accountable leadership and governance. Some of the systems and processes in place were not established or operated effectively to ensure compliance with good governance. The practice was therefore unable to demonstrate strong leadership in respect of safety.

The practice had some awareness of the duty of candour however some of the systems and processes in place were not effective and did not ensure compliance with the relevant requirements. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Over the past seven years the practice had had four GPs retire with further GP partner planned to retire in December 2017. They had appointed three new GPs and two new salaried GPs had been recruited from eastern Europe and would start in September 2017.

- Full practice meetings did not take place. Whilst we saw evidence of some meetings that took place, these did not include all areas of practice governance to allow opportunities for learning. Some of these meetings did not have set agendas and minutes were limited. It was therefore difficult to identify what had taken place, what actions and learning had been shared and who was responsible for actions and a timeframe.
- Staff told us there was an open door policy within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. They also encouraged members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It sought feedback from:

Are services well-led?

Requires improvement 

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and discussed proposals for improvements to the practice management team. For example, the PPG had raised funds to buy equipment to benefit the patients registered at the practice and discussions had taken place in relation to proposed changes to primary care from the CCGs sustainable transformation plans.
- The national GP patient survey results were published on 6 July 2017 and 3.2% of the practice patient list responded. The practice had positive results where most were above CCG and national averages.
- The practice took part in NHS Friends and Family testing (FFT). Over the past 12 months 170 patients had completed the FFT test. From the results 72% were extremely likely and 23 % were likely to recommend the GP practice to family and friends.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, anti-coagulation monitoring took place at Suttons Medical Group and this had been extended to support two other GP practices in the area.

Suttons Medical Group had been one of the first practices to implement the Neighbourhood Team Meetings in the South Lincolnshire Clinical Commissioning Group (CCG). This had improved the communication between the multi-disciplinary team which consisted of social services, community psychiatric nurses, community physio, St Barnabas and Macmillan nurses. They met to discuss the needs of an ageing population and transform the way that care is provided for people with long-term conditions, by enabling those with complex needs to lead healthier, fulfilling and independent lives.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person had failed to establish systems to prevent abuse.

The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users.

This was in breach of regulation 13(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to ensure that systems and processes were established and operated effectively.

The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.