

Ringmead Medical Practice

Quality Report

Birch Hill Medical Centre
Birch Hill
Leppington
Bracknell
Berkshire
RG12 7WW

Tel: 01344 208060

Website: www.ringmeadmedicalpractice.org.uk

Date of inspection visit: 12 August 2016

Date of publication: 23/09/2016

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

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 Ringmead Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	15
Action we have told the provider to take	28

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ringmead Medical Practice on 12 August 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of safe and well led services. It was good for providing effective, responsive and caring services. The concerns which led to these ratings apply to all population groups using the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There were inconsistent arrangements in how risks were assessed and managed. For example during the inspection we found risks relating to management of legionella, medicines management and management of blank prescription forms for use in printers which had not been monitored.

- We found that completed clinical audit cycles were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain were available and easy to understand.
- The practice had reviewed appointment booking system, introduced unlimited telephone consultation with GPs for patients requesting same day urgent appointments, added four additional telephone lines and increased locum GP sessions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was an anti-coagulation clinic (an anti-coagulant is a medicine that stops blood from clotting) offered onsite, resulting in 190 patients who required this service not having to travel to local hospitals.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example, management of legionella, medicines management and the management of blank prescription forms for use in printers.

The areas where the provider should make improvements are:

- Consider staff feedback, and review and improve the staffing levels to ensure the smooth running of the practice and keep patients safe.
- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Review and improve the systems in place to effectively monitor and improve patient outcomes for patients with dementia.
- Ensure all staff has received regular annual appraisals.
- Ensure information about a translation service is displayed in the reception area informing patients this service is available. Ensure information posters and leaflets are available in multi-languages.

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 it must make improvements.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented to ensure patients were kept safe. For example, monitoring of the vaccine fridge and medicines, management of legionella and management of blank prescription forms for use in printers were not always managed appropriately.
- There was an infection control protocol in place and infection control audits were undertaken regularly. Disposable curtains were changed recently.
- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were learnt from significant events and staff we spoke to informed us that significant events were discussed during the practice meetings.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are 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 safe and safeguarded from abuse; however, they needed to be reviewed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average for the local Clinical Commissioning Group (CCG) and compared to the national average.
- Staff assessed need and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff. However, we noted the practice manager had not received a formal appraisal since February 2015.

Good



Summary of findings

- The practice's uptake of the national screening programme for cervical and breast cancer screening were above national average and bowel cancer screening uptake was slightly below the national average.
- The practice's uptake for the breast cancer screening programme was 77%, which was higher than the national average of 72%.
- The practice was extending health promotion to Member of Parliaments (MPs) and Peers by offering annual flu vaccines at Westminster.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patient outcomes were mixed compared to others in locality for several aspects of care.
- Most of the 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 was available. However, we noted information about translation services was not displayed in the reception or waiting area and limited multi-language information leaflets were available.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a bereavement visit within 24 hours. During consultation the practice was handing out a bereavement information leaflet accompanied by a book of poems.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, an anti-coagulation clinic (an anti-coagulant is a medicine that stops blood from clotting) was offered onsite, resulting in the 190 patients who required this service not having to travel to local hospitals.

Summary of findings

- The practice had reviewed appointment booking system, introduced unlimited telephone consultation with GPs for patients requesting same day urgent appointments, added four additional telephone lines and increased locum GP sessions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.

Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where it must make improvements.

- The practice had a governance framework. However, governance monitoring of specific areas required improvement, such as management of legionella, monitoring of the vaccine fridge and medicines, and management of blank prescription forms for use in printers were not always managed appropriately.
- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. However, the practice was not always following their internal prescription management protocol.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partner, GPs and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice sought feedback from staff and patients and there was an active patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

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 requires improvement for the care of older patients. The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were areas of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a register to effectively support patients requiring end of life care.
- There were good working relationships with external services such as district nurses.
- The premises were accessible to those with limited mobility.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were areas of good practice.

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and the practice carried out a structured annual review to check that 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.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients. The provider was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were areas of good practice.

- 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 patients who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 95%, which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The provider was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were areas of good practice.

- 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.
- The practice offered extended hours appointments on Tuesday and Wednesday mornings from 7.30am to 8am and evenings from 6.30pm to 8pm at the premises. In addition, the practice offered extended hours appointments on Monday to Friday

Requires improvement



Summary of findings

from 6.30pm to 8pm and Saturday from 8am to 2pm provided by Berkshire Primary Care Ltd based at Boundary House Surgery (funded by the clinical commissioning group as part of federation arrangements).

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were areas of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks and care plans were completed for 100% patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability. For example, the practice informed us they were offering 40 minutes reviews appointments at the premises or at the patient's residence.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data from 2014-15 showed, performance for dementia face to face reviews was below to the CCG and national average. The practice had achieved 74% of the total number of points available, compared to 83% locally and 84% nationally.

Requires improvement



Summary of findings

- However, the practice informed us they were pro-actively screening for dementia and their diagnosis rate was 53% compared to 23% locally.
- 86% of patients experiencing poor mental health were involved in developing their care plan in last 12 months. Health checks were completed for 86% of patients experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff 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

The national GP patient survey results published on 7 July 2016 showed mixed outcomes compared to the local and the national averages. Two hundred and eighty-four survey forms were distributed and 116 were returned (a response rate of 41%). This represented 0.75% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared with a clinical commissioning group (CCG) average of 71% and a national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 80% of patients described the overall experience of their GP practice as good compared with a CCG average of 85% and a national average of 85%.
- 73% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 77% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were mostly positive about the standard of care received. Two

comment cards were negative which highlighted some concerns about the availability of appointments especially with named GPs. We spoke with eight patients and five patient participation group (PPG) members during the inspection. The patients we spoke with on the day and comment cards we received were in line with national survey results findings that some patients had to wait long time in the waiting area after their appointment time and some patients found it difficult to make an appointment with a named GP. However, we noted the practice had reviewed appointment booking system two weeks before the inspection, introduced unlimited telephone consultation with GPs for patients requesting same day urgent appointments, added four additional telephone lines and increased locum GP sessions. The patients said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

We saw the NHS friends and family test (FFT) results for last six months and two out of four patients were likely or extremely likely recommending this practice. The practice informed us they were hoping that moving to a new electronic system would encourage more patients' feedback.

Areas for improvement

Action the service MUST take to improve

- Further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example, management of legionella, medicines management and the management of blank prescription forms for use in printers.

Action the service SHOULD take to improve

- Consider staff feedback, and review and improve the staffing levels to ensure the smooth running of the practice and keep patients safe.

- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Review and improve the systems in place to effectively monitor and improve patient outcomes for patients with dementia.
- Ensure all staff has received regular annual appraisals.
- Ensure information about a translation service is displayed in the reception area informing patients this service is available. Ensure information posters and leaflets are available in multi-languages.

Ringmead Medical Practice

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, a practice nurse specialist advisor and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Ringmead Medical Practice

Ringmead Medical Practice is situated in Bracknell, Berkshire within two purpose built premises (main practice and the branch practice) with car parking for patients and staff. All patient services are offered on the ground floor at both locations. The practice comprises of 11 consulting rooms, a treatment room, a patient waiting area, a reception area, administrative and management office at the main premises (Birch Hill Medical Centre). The practice comprises of five consulting rooms, a treatment room, a patient waiting area, a reception area, administrative and management office at the branch practice (Great Hollands Health Centre).

The practice has core opening hours from 8am to 6.30pm Monday to Friday. The practice offers a range of scheduled appointments to patients every weekday from 8.10am to 6.10pm including open access appointments with a duty GP throughout the day. The practice offers extended hours appointments on Tuesday and Wednesday mornings from 7.30am to 8am, and evenings from 6.30pm to 8pm at the premises. In addition, the practice offers extended hours appointments on Monday to Friday from 6.30pm to 8pm

and Saturday from 8am to 2pm provided by Berkshire Primary Care Ltd based at Boundary House Surgery (funded by the clinical commissioning group as part of federation arrangements).

The practice has a patient population of approximately 15,700 registered patients. The practice population of patients aged between 5 to 19, 30 to 39 and 65 to 69 years old is higher than the national average and there are lower number of patients aged between 20 to 29, 45 to 59 and aged above 70 years old compared to national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly White British and 9% of the population is composed of patients with an Asian, Black or mixed background. The practice is located in a part of Bracknell with the lowest levels of income deprivation in the area.

There are six GP partners, a salaried GP and three locum GPs at the practice. Eight GPs are male and two female. The practice employs a practice nurse manager, two practice nurses and two health care assistants. The practice manager is supported by an assistant practice manager, a patient services manager, a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice is providing short term placements to medical students (FY2s) who have access to a senior GP throughout the day for support.

Services are provided from following main location and the branch practice, and patients can attend any of the two practice premises. We visited both premises during this inspection.

Birch Hill Medical Centre (the main practice)

Birch Hill

Detailed findings

Leppington

Bracknell

Berkshire

RG12 7WW

Great Hollands Health Centre (the branch practice)

Great Hollands Square

Bracknell

RG12 8WY

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by East Berkshire Primary Care service or after 6:30pm, weekends and bank holidays by calling NHS 111.

This is the first inspection of Ringmead Medical Practice using the CQC comprehensive inspection methodology under regulations that came into force after April 2014. The practice was inspected in November 2013 using a previous inspection process. At that time the practice was found to be compliant with the regulations that were in force.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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, (Regulated Activities) Regulations 2014, 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

Prior to the inspection we contacted the Bracknell and Ascot clinical commissioning group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Ringmead Medical Practice. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 12 August 2016. During our visit we:

- Spoke with 16 staff (included six GPs, a practice nurse manager, a practice nurse, a practice manager, an assistant practice manager, a patient services manager and five administration staff), eight patients and five patient participation group (PPG) members who used the service.
- Collected written feedback from five staff.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of patients and what good care looks like for them. The population groups are:

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

Detailed findings

- 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.

- Staff told us they would inform the practice manager of any incidents and there was also 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed records of 28 significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and implementing change was clearly planned. For example, following a significant event, the practice had revised their bereavement protocol and developed a bereavement information leaflet accompanied by a book of poems.
- Staff we spoke with informed us that significant events were discussed during the practice meetings and staff were reminded to read detailed notes of significant events on the shared drive online. The practice carried out a thorough analysis of the significant events.
- We saw safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to safeguarding children level three, nurses were trained to safeguarding children level two and both GPs and nurses had completed adult safeguarding training.

- A notice in the waiting room 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had undertaken a risk assessment for the non-clinical staff undertaking chaperoning duties to determine whether a DBS check was required to ensure risks were managed appropriately.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was a cleaning checklist and the practice informed us they were carrying out spot checks. A practice nurse was the infection control 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 all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result..
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security) at the main premises (Birch Hill Medical Centre). However, we noted the vaccine fridge in reception office at the branch practice (Great Hollands Health Centre) was not locked and the key was not accessible. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out daily.
- Processes were in place to check medicines were within their expiry date and suitable for use. However, we noted written records were not maintained. Processes were in place for handling repeat prescriptions which

Are services safe?

included the review of high risk medicines. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs were written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- Blank prescription forms for use in printers were not handled in accordance with national guidance as these were not tracked through the practice. On the day of inspection we found blank prescription forms for use in printers were stored in locked cabinet. However, the practice was not following their internal prescription management protocol and records were not updated regularly. We saw handwritten pads were securely stored and tracked through the practice.
- Recruitment checks were carried out and the four staff files we reviewed showed that appropriate 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 Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed, however improvements were required.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy.
- A fire safety risk assessment had been carried out on 8 September 2014 at the Birch Hill Medical Centre. The practice had carried out an internal risk assessment with an interim fire evacuation plan to manage the fire safety risk while building extension work was undertaken to add two new consulting rooms and modifications in the reception area. The building work was completed after the inspection and the practice informed us they had updated a fire safety risk assessment carried out by an external contractor. The practice was carrying out regular fire safety checks

which included carrying out regular smoke alarm checks. The practice had carried out the last fire drill on 5 August 2016 and electronic fire system was serviced on 24 March 2016.

- Legionella (a bacterium which can contaminate water systems in buildings) risk assessment was not carried out. We saw the practice was not carrying out regular water temperature checks but annual water sample analysis had been undertaken by an external contractor.
- All electrical and clinical equipment was checked to ensure it was safe. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- The practice was offering phlebotomy (the practice of drawing blood from patients and taking the blood specimens to the laboratory to prepare for testing) service at the branch practice (Great Hollands Health Centre). We noted the phlebotomy room did not have a curtain around the couch to protect a patient's privacy.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. However, some staff raised concerns regarding appropriate staffing levels of non-clinical staff. The practice manager showed us records to demonstrate actual staffing levels and skill mix.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was a panic button installed in all the consultation and treatment rooms which alerted staff to any emergency. In addition, every telephone handset had an emergency button to alert staff in emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult mask. A first aid kit and accident book were available.
- 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 fit for use.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). In 2014-15, the practice had achieved 99.5% of the total number of points available, compared to 97% locally and 95% nationally, with 0% exception reporting. The level of exception reporting was below to the clinical commissioning group (CCG) average (7%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

GPs and management team explained that the exception reporting was low in 2014-15 but the reported 0% exception reporting was not correct. On the day of inspection it was not possible to verify 2014-15 data but we saw that in 2015-16 the practice had achieved low exception reporting and there was evidence that patients were receiving appropriate care and treatment. We noted that the practice followed the national QOF protocol for inviting patients three times for the review of their long term conditions and all potential exceptions of the patient from the recall programme were reviewed by a GP. In 2015-16, the practice had achieved 99% of the total number of points available.

Data from 2014-15 showed;

- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 96% locally and 93% nationally.
- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 95% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 85% of the total number of points available, compared to 83% locally and 84% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked 16 clinical audits completed in the last two years, 12 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of splenectomy patients. A splenectomy was surgery to remove the entire spleen (an important part of the body's immune system).
- The aim of the audit was to identify and ensure all splenectomy patients had received relevant immunisations important to protect against infectious diseases including Meningitis (an infection of the protective membranes that surround the brain and spinal cord). The first audit demonstrated that 0 out of 20 splenectomy patients had received Meningitis B vaccine. The practice posted personalised letters and invited patients to contact the practice to complete their immunisations. We saw evidence that the practice had carried out follow up audit which demonstrated improvements in patient outcomes and found 50% splenectomy patients had received Meningitis B vaccine. The practice had planned to ring and invite the individual patients to complete their immunisations. We saw a follow up audit was planned in October 2016 to monitor patient outcomes.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a staff handbook for newly appointed members of staff that covered such topics as safeguarding, fire safety, 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 these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Most staff had received an appraisal within the last 12 months. We noted a practice manager had not received a formal appraisal since February 2015 due to circumstances in the practice. However, we noted an appraisal was due to take place in October 2016.
- Staff received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. The practice had identified 247 patients who were deemed at risk of admissions and 96% of these patients had care plans been created to

reduce the risk of these patients needing admission to hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal and written consents were taken from patients for routine examinations and minor procedures as per general medical council (GMC) guidelines. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England showed 100% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was higher than the CCG average (91%) and to the national average (86%).

Are services effective?

(for example, treatment is effective)

- The practice was extending health promotion to Member of Parliaments (MPs) and Peers by offering annual flu vaccines at Westminster.
- The practice was offering weekend and evening flu clinics and house bound patients were visited for immunisations.

The practice's uptake for the cervical screening programme was 95%, which was above the national average of 82%. There was a policy to offer text message reminders for patients about appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 56% of patients eligible had undertaken bowel cancer screening and 77% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccines given were comparable than the CCG averages. For example:

- Childhood immunisation rates for the vaccines given in 2014/15 to under two year olds ranged from 89% to 95%, these were comparable than the CCG averages which ranged from 85% to 93%.
- Childhood immunisation rates for vaccines given in 2014/15 to five year olds ranged from 89% to 95%, these were comparable than the CCG averages which ranged from 87% to 95%.

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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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 overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 27 patient CQC comment cards we received were positive about the service experienced. Two comment cards were negative which highlighted some concerns about the availability of appointments with named GPs and the long waiting time in the waiting area after their appointment time. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with eight patients and five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, five out of eight patients feedback was neutral and highlighted some concerns about the availability of appointments with named GPs and the waiting time in the waiting area after their appointment time. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed most patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) average and the national average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 86% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

The five PPG members and eight patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were either above or comparable to the CCG average and the national average. For example:

- 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 national average of 85%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.

Are services caring?

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. However, we noted information about translation services was not displayed in the reception or waiting area informing patients this service was available.
- We noted limited multi-language information leaflets were available in the waiting area.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 153 patients (0.97% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a bereavement visit within 24 hours. 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. During consultation the practice was handing out a bereavement information leaflet accompanied by a book of poems.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day and urgent access appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines.
- There were disabled facilities, a hearing induction loop and translation services available.
- Patient's individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care; for example, telephone consultations were available for patients that chose to use this service and diabetic reviews were carried out every three months for some diabetic patients as required.
- Anti-coagulation clinic was offered onsite, resulting in 190 patients who required this service not having to travel to local hospitals.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats. A practice nurse was trained to collect 24 hours monitoring data which was forwarded for further analysis.
- Hearing testing was offered onsite and the practice was referring patients to a specialist if required.

- The practice was offering services to a rehabilitation unit including a daily round by one of the GPs.
- One of the GP partners was a medical officer for the local college and the practice offered daily surgery at the college during term times.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.
- Female patients of child bearing age benefitted from a flexible and accessible contraceptive service. Appointments, where coils and implant devices could be fitted were available including outside of school hours.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The practice was closed on bank and public holidays and patients were advised to call NHS 111 for assistance during this time. The practice offered a range of scheduled appointments to patients every weekday from 8.10am to 6.10pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable GPs appointments that could be booked up to three weeks in advance, urgent appointments were also available for patients that needed them. The practice offered extended hours appointments on Tuesday and Wednesday mornings from 7.30am to 8am and evenings from 6.30pm to 8pm at the premises. In addition, the practice offered extended hours appointments on Mondays to Fridays from 6.30pm to 8pm and Saturdays from 8am to 2pm provided by Berkshire Primary Care Ltd based at Boundary House Surgery (funded by the clinical commissioning group (CCG) as part of federation arrangements). We saw these extended hours appointments were advertised on the practice website and was displayed in the waiting area.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were comparable to the CCG average and the national average. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 82% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 85%.

However, the results were below the CCG average and below the national average for:

- 65% of patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 46% of patients said they always or almost always see or speak to their preferred GP compared to the CCG average of 60% and national average of 59%.

The practice was aware of poor national survey results and they had taken steps to address the issues. For example;

- The practice had introduced unlimited telephone consultation with GPs for patient requesting same day urgent appointments, increased locum GPs sessions and pre-bookable GPs appointments were available to book online with most GPs.
- The practice had reviewed appointment booking system two weeks before the inspection, added four additional telephone lines in July 2016 and the partners were dialling in randomly to monitor call waiting times.
- The practice had asked all staff to inform the management if any patient mentioned a long waiting time to answer the phone call.
- The practice had informed us their recently introduced appointment booking system where all GPs were triaging daily all patients that had not been able to book a pre-bookable appointment or ring to make an appointment, was working well and all appointment slots were not fully booked.
- The practice informed us they had GPs with specialist interest in cardiology and generally cardiovascular diseases including diabetes, palliative care, end of life care, mental health, immunisations and minor surgery, and they offered patients to see the GP they prefer to see for the problem they have.
- The practice had recruited a nurse practitioner, who was going to start in September 2016. The practice informed us that recruitment of new nurse practitioner would reduce the burden on GPs.
- The practice had recruited a clinical pharmacist, who was focusing on medicines reviews, repeat prescriptions and monitoring prescribing cost.

- The practice had displayed a notice in the reception area asking patients to approach the receptionist for guidance if their waiting time was longer than 20 minutes. The practice had recently revised this notice and reduced time scale from 30 minutes to 20 minutes.
- We checked the online appointment records of three GPs and noticed that the next pre-bookable appointments with named GPs were available within three weeks and a duty GP within two weeks. Urgent appointments with GPs or nurses were available the same day.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice operated a triage system for urgent on the day appointments. Patients were offered an urgent appointment, telephone consultation or a home visit where appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The 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. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 21 complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required, this had been issued to the patient and the practice had been

Are services responsive to people's needs?

(for example, to feedback?)

open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 patient centred care and promote good outcomes for patients.

- The practice had a mission statement which included the delivery of high quality patient care in a professional and caring manner.
- We found details of the vision and values were part of the practice's mission statement. The practice vision and values included providing highly effective, efficient and safe healthcare, by treating patients with dignity and respect. This also included maintaining a supportive, fulfilling and rewarding working environment for all by encouraging personal development through regular and effective appraisal and educational events.
- The practice had a clear strategy which reflected the vision and values and were regularly monitored. However, the practice did not have a formal written business plan in place.
- The practice informed us they had developed a 'practice list of priorities' during an away day every year, which reviewed on regular basis during governance meetings.

Governance arrangements

The practice had a governance framework. However, governance monitoring of specific areas required improvement, for example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, the practice manager had not received a formal appraisal since February 2015.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement, for example:
- Monitoring of vaccine fridges and medicines, management of legionella, and management of blank prescription forms were not always managed appropriately.
- Practice specific policies were implemented and were available to all staff.

- Audits were undertaken and we saw 12 completed audit cycles, which were used to monitor quality and to make improvements.

Leadership and culture

The partners and GPs in the practice aspired to provide safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

The practice was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were significant safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Executive partner was elected by a ballot every two years and had overall responsibility of running the practice.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all 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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests, blue forms for feedback and complaints received. However, the practice had received the NHS friends and family test (FFT) feedback from only four patients in last six months. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, the practice appointment system had been reviewed, health promotion events were organised in consultation with PPG and improvements to the layout of notices in the waiting room were made following feedback from the PPG.
- The patients and staff feedback was in line with national survey results findings that patients had to wait long time in the waiting area and recognised that there was more work to do to monitor and review appointments booking system including the availability of appointments with named GPs.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that most appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, we saw nurses were allowed to attend regular training sessions organised by the clinical commissioning group (CCG).
- We saw practice nurses were supported to attend further training in asthma, diabetes, family planning and travel health.
- We noticed clinical staff had completed role specific training course in cytology and a health care assistant had completed a care certificate.
- We noticed a practice nurse manager was in the middle of completing a practice nurse practitioner course.
- We noticed one of the GP partners was immunisation lead at the Royal College of General Practitioners, representing Public Health England in various roles and participating in various international healthcare research projects.
- We noticed one of the GP partners was working as GP with a Special Interest (GPwSI) in the Palliative Care for East Berkshire Primary Care.
- We noted the practice manager was attending various quality improvements meetings at CCG and East Berkshire Primary Care as a Practice Manager representative.
- The practice was involved in various pilots projects and joint working with neighbouring practices. For example, the practice's various templates were shared with other practices by the CCG and Ebola emergency action card was shared by NHS England.

Continuous improvement

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not have suitable arrangements in place for assessing and managing risks in order to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. For example: medicines management was not monitored effectively, such as, vaccine fridge was not locked and key was not accessible, and written records were not maintained for regular medicines checks.</p> <p>Ensure the process for the handling of blank prescription forms for use in printer are handled in accordance with national guidance as these were not tracked through the practice at all times and records were not maintained.</p> <p>Regulation 12(1)(2)</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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not have effective governance, assurance and auditing processes and they were required to further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example, the management of legionella.</p> <p>Regulation 17(1)(2)</p>