

Carrington House Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carrington House Surgery on 16 June, 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of responding when a medicine fridge temperature was recorded as being above the safe maximum temperature.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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 was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- However, staff did not receive annual appraisals or regular line management meetings, and a number of

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team members told us that they did not feel fully involved in the running of the practice beyond their individual roles owing to a limited structure of formal team meetings.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure to deal with any concerns regarding medicine fridge temperatures immediately, in accordance with the cold chain policy.
- Ensure that all staff have an appraisal by December 2016, and that annual appraisals take place thereafter, along with regular individual supervision sessions.

In addition, the provider should:

- Improve the engagement and communication with staff in the practice across different staff groups.
- Continue to support the role of the PPG to ensure it meets the needs of the registered patients and the practice.
- Undertake work to identify more patients as carers, and review its carers' list regularly.
- Install a hearing loop to assist patients who use hearing aids in ensuring they hear information relayed to them by staff.

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.

- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had well embedded child and adult safeguarding processes, which had been reviewed and updated following its involvement in a multi-agency serious case review in 2015. Staff had also received additional training to improve awareness of domestic abuse, child sexual exploitation and female genital mutilation.
- During inspection we reviewed records of the monitoring of medicine fridge temperatures. These showed that one of the fridges had been recorded as operating with a temperature above the recommended maximum over seven days to 7 June 2016. This meant that medicines held in the fridge could have been compromised. The incident was recorded and responded to as a significant event on the day of inspection. Any patients given affected medicines were contacted and appropriate action taken.
- Other risks to patients were assessed and well managed.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed that most patient outcomes were comparable to the national average.
- Data showed that patient outcomes were low compared to the national average in the area of mental health, particularly for the number of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan documented in the past 12 months. The practice had achieved

Requires improvement



Summary of findings

a rate of 57% in 2014-2015 compared to a CCG average of 89% and a national average of 88%. However, the practice showed evidence that it had improved on its figures for 2015-16, which were yet to be formally published, having achieved a rate of 94% by March 2016.

- Staff assessed needs 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.
- Staff were supported in undertaking role-specific training. For example since joining the practice in 2015, the healthcare assistant had completed the Health Education England Care Certificate and training in wound care, diabetes checks, electrocardiograms, B12 injections and pneumococcal and flu vaccinations
- However, the practice did not provide its staff with appraisals or structured supervision sessions.
- The practice had addressed its unfilled vacancy for a diabetes nurse by training its healthcare assistant to provide appropriate services with GP support, including foot examinations and the initial appointments for annual diabetes reviews. The practice had also adopted the NHS Year of Care framework to involve patients with diabetes more closely in managing their condition.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP Patient Survey showed patients rated the practice above average for care.
- Feedback from patients interviewed on the day, and on the 35 CQC comment cards completed demonstrated that patients felt that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had introduced a protocol to place a bereavement alert on the patient records of bereaved relatives to improve communication with these patients.

Good



Summary of findings

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. The practice was currently involved in arrangements to organise GP practices in Buckinghamshire into federations to support closer working with others in the locality.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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. Learning from complaints was shared with staff through informal discussion and at team handover meetings.
- The practice had provided verbal advice and made leaflets available in both English and Urdu available at reception for patients with diabetes wishing to observe the Ramadan fast.
- The practice had carried out specific pieces of work focussed on supporting the health of local students and care home residents. Staff had also undertaken additional training to support women experiencing domestic abuse, and the practice had redesigned its safeguarding communication protocols after being involved in a multi-agency serious case review in 2015.

Are services well-led?

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

Requires improvement



- The practice had 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 it.
- 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.
- However, the practice did not provide its staff with appraisals or structured supervision sessions, and did not hold full-team meetings or formal meetings for non-clinical staff. Staff told us that they felt that although GP partners and members of the

Summary of findings

management team were visible and approachable, a lack of formal communication structure meant that they did not always feel involved in the running and development of the practice beyond their individual roles.

- The practice had been unable to recruit a new practice nurse, which meant that the position was being filled by two long term locum nurses. While the nursing team was coping well with continuing to provide a caring, responsive and effective service to patients, initial investigations into the issue with the monitoring of medicine fridge temperatures highlighted the additional challenges of communication and training that arose from the reliance on locum staff..
- There was an overarching governance framework which supported the delivery of the strategy and care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a patient participation group (PPG) which had been established in late 2015. It had held four meetings, attended by partners and the practice manager, and was developing surveys and comment cards with the support of the practice manager. The practice was also in the process of setting up a virtual PPG.
- There was a focus on continuous learning and improvement at all levels.

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, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The nursing team visited elderly housebound patients to administer shingles, pneumococcal and flu vaccinations.
- The practice worked closely with a local nursing home where the majority of residents were patients, and a dedicated GP undertook a weekly ward round. The practice had recently supported the staff there after a significant event regarding medicine administration had arisen, and had also worked with the nursing home to ensure that care were in place for patients, introducing Food First nutrition programme which had achieved good results in terms of frail residents' weight gain.
- The practice had implemented end-of-life care plans for relevant patients at the nursing home and in the community, and when appropriate prescribed medication to be kept at the nursing home which could be administered in the final hours of life.
- The practice had a dedicated telephone line which could only be accessed by the nursing home and other healthcare professions including the ambulance service and community nursing teams supporting patients in their homes.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- The practice had provided verbal advice and made leaflets available in both English and Urdu available at reception for patients with diabetes wishing to observe the Ramadan fast.
- The healthcare assistant was also trained as a phlebotomist and to undertake electrocardiograms, and was able to undertake these for patients responsively when required during other appointments, to avoid return visits.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.
- The nursing team had introduced a programme of regular recalls for patients with asthma or chronic obstructive pulmonary disease to support the monitoring and management of these conditions.
- Disease modifying anti-rheumatic drugs (DMARDs) were issued only as acute prescriptions with regular review by GPs. The practice audited the monitoring of DMARDs, and alerts were added to the records of patients prescribed them.

Families, children and young people

The provider was rated as requires improvement for safe, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples 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 relatively 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, and we saw evidence to confirm this.
- 81% of female patients aged 25 to 64 had attended for cervical screening within the target period, which was above the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The local midwife held clinics on the premises twice a week, and attended bi-monthly case review meetings at the practice.

Requires improvement



Summary of findings

- We saw positive examples of joint working with other healthcare professionals supporting families, and particularly in the areas of child and adult safeguarding.
- One of the GPs had additional qualifications and experience in genitourinary medicine, reducing the need for specialist referrals in this area.
- The practice provided a full range of contraceptive services, and had provided more than 100 long-acting reversible contraceptives in the last year.
- To reduce the likelihood of children being admitted to hospital out of hours, the practice offered to review the condition of those who had attended for emergency appointments later in the day.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples 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 including appointment booking a repeat prescription ordering 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 until 9pm on Tuesday evenings for patients who would struggle to attend during the day. Booked telephone appointments were also offered.
- The practice's patient list included a large number of students at the local university. The practice ran proactive immunisation campaigns aimed at students, and had previously arranged immunisation sessions at the university following the outbreak of infectious diseases among the student population.
- The practice used alerts on patient records to remind those that required immunisation to provide protection or complete a course.
- The healthcare assistant provided health checks to patients who met the criteria.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had been involved in a multi-agency serious case review in 2015, and as a result had taken a number of actions to improve communication with other agencies involved in child safeguarding.
- The practice had recently reviewed its vulnerable patient criteria to improve the quality and effectiveness of its register, and ensured that alerts were put on patient records to increase awareness across the practice team. Work to rationalise and further improve the consistent use of alerts was ongoing.
- Practice staff had undertaken additional training to support women who had experienced domestic abuse, and liaised closely with other agencies supporting them.
- The practice offered interpreter services and longer flexible appointments for patients who did not have English as a first language. Following the inspection, the practice amended their posters promoting the interpreter service to discourage the use of friends and family as translators. This was done to assist with safe and effective communication in consultations.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective and well led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- Data showed that patient outcomes were low compared to the national average in the area of mental health, particularly for the number of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan documented in the past 12 months. The practice had achieved a rate of 57% in 2014-2015 compared to a CCG average of 89% and a national average of 88%. However, the practice showed evidence that it had improved on its figures for 2015-16, which were yet to be formerly published.
 - The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It made regular referrals to Healthy Minds, the local psychological therapy service, and a Health Minds psychologist held weekly clinics on the premises for patients with long term conditions affected by anxiety and depression.
 - The practice carried out advance care planning for patients with dementia.
 - The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
 - The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
 - Staff had a good understanding of how to support patients with mental health needs and dementia.
 - Patients prescribed psychotropic medicines had their prescriptions regularly reviewed, and were usually given limited quantities of antidepressants at one time.

Summary of findings

What people who use the service say

The most recent GP National Survey results were published in July 2016. The results showed the practice was performing in line with local and national averages.

- 84% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Both clinical and non-clinical staff were described as helpful and considerate, and six patients gave examples of being provided with personalised support and care during particularly challenging times.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent Friends & Family Test results showed that 77% of patients would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure to deal with any concerns regarding medicine fridge temperatures immediately, in accordance with the cold chain policy.
- Ensure that all staff have an appraisal by December 2016, and that annual appraisals take place thereafter, along with regular individual supervision sessions.

Action the service **SHOULD** take to improve

- Improve the engagement and communication with staff in the practice across different staff groups.
- Continue to support the role of the PPG to ensure it meets the needs of the registered patients and the practice. Undertake work to identify more patients as carers, and review its carers' list regularly.
- Install a hearing loop to assist patients who use hearing aids in ensuring they hear information relayed to them by staff.

Carrington House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Carrington House Surgery

Carrington House Surgery provides GP services to nearly 10,000 patients in a suburban area of High Wycombe. It is based in an area of mixed ethnicity and this is reflected in its patient list, although it has fewer registered patients from the town's large Asian population than some of the other local practices. The locality has a relatively low level of deprivation, although unemployment and deprivation levels are higher than for practices in other parts of the Chiltern Clinical Commissioning Group area.

The practice has three GP partners, two female and one male, and three female salaried GPs, equivalent in total to 4.75 whole time doctors. It currently has one employed practice nurse who is able to deliver care and treatment for patients with minor illnesses. There are two long-term locum nurses who cover a current practice nurse vacancy. There is one health care assistant. There are 13 members of administration, reception and support staff, including a practice manager and deputy practice manager.

The practice has seen a significant increase in its list size in the last three year of about 1,500 additional patients. It has a younger than average patient list, with 77% being under 50 years old. It also serves university students, the majority

of residents at a local nursing home, and families being supported by the town's Women's Aid service. The practice area covers a radius of about three miles, encompassing the whole of High Wycombe.

Carrington House Surgery was purpose-built in the mid-1990s, and comprises four GP consulting rooms and four nurse treatment rooms, including rooms suitable for minor surgery, over two floors with stair and lift access. There is step free access to the main entrance, disabled parking spaces and automatic entrance doors, and a dedicated toilet for patients with disabilities. The administration area has been remodelled in recent years, and patient areas updated to meet infection control standards.

The surgery is open from 8.30am to 6pm Monday to Friday, with GP appointments available between 8.30am to 12.30pm and 3pm to 5.30pm daily. There is an emergency duty GP on call from 8am to 8.30am and from 6pm to 6.30pm. The practice also runs an extended hours surgery each Tuesday evening until 9pm.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Buckinghamshire Urgent Care and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 June 2016. During our visit we:

- Spoke with a range of staff, including four GPs, the nurse and healthcare assistant and members of the non-clinical team
- Also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- 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).
- 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice identified that its process for communicating with relatives after the death of a patient required improving. It was agreed that an alert would be put on the notes of immediate relatives. This process was incorporated in a new protocol the practice developed called Information Sharing After Death. It had also used its significant event process to put in place support for a local care home after a medicine error, including visits from the CCG clinical pharmacist and education for staff at the home.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child protection or child safeguarding level three. The practice had recently organised a locality adult and child safeguarding training meeting. This involved the county's designated safeguarding doctor and CCG safeguarding lead. This meeting had been attended by staff from a number of local practices. All clinical staff had received additional training on concerns including domestic abuse, child sexual exploitation and female genital mutilation.

- The practice had been involved in a multi-agency serious case review in 2015, and as a result had taken a number of actions. These included a new internal and external information sharing policy. The practice also ensured that it had updated antenatal guidelines, appointed a GP as the midwife link leader, and held regular vulnerable family meetings with health visitors. It also updated clinicians on NICE domestic abuse guidelines, and set up a process to track births to ensure that six week checks were booked and undertaken. Multi-agency meetings to support families known to Children's Services had been held on the premises to enable GPs to attend.
- 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The minor illness 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

Are services safe?

place and 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.

- There were arrangements in place for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had a dedicated administrative staff member to deal with repeat prescription requests and a comprehensive repeat prescribing policy.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed the records of monitoring fridge temperatures. Medicines held in fridges needed to be kept within a specific temperature range to ensure they were fit for purpose. We found one fridge had its maximum daily temperature recorded as being above the safe level for seven days, without action being taken. The incident was recorded and responded to as a significant event on the day of inspection. Any patients given affected medicines were contacted and appropriate action was taken. Immediately following the inspection, protocols for checking both fridges were rewritten and the nursing team were re-trained to follow them.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Other risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had two members of reception staff on long-term sickness leave at the time of inspection. The practice ensured services were maintained by organising cover from their colleagues.

Arrangements to deal with emergencies and major incidents

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

- 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 room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. The defibrillator had recently been used by staff to undertake a successful resuscitation after a cardiac arrest on the premises.
- 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 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 with 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 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 published results for 2014-2015 were 94% of the total number of points available, compared to the CCG average of 98% and a national average of 95%. In 2014-2015, the practice was an outlier for two QOF clinical targets in the area of mental health. These were for the percentages of patients with diagnosed psychoses who had an agreed care plan documented in the previous 12 months (57%, compared to national average of 88%) and had their alcohol status recorded (70% compared to a national average of 90%).

However, for both these targets, the practice had excepted patients at a rate far below the national average, at 2% and 0% compared to a national average of 13% and 10% (exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend a review meeting). In addition, the practice provided us with evidence of QOF figures for 2015-2016 which demonstrated an improvement in the percentage of patients with diagnosed psychoses who had an agreed care plan documented, achieving 94% by March 2016. The alcohol status recording for these patients was not a QOF target for 2015-2016.

QOF data from 2014-2015 showed that performance for clinical domain indicators were comparable to the national and CCG average in all other areas.

- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national average. 87% of patients with diabetes had received a foot examination in the previous 12 months, compared to the CCG average of 90% and the national average of 88%.
- Performance for asthma related indicators was better than the CCG and national average, with 76% of patients with asthma having received a review in the previous 12 months, compared to the CCG and national average of 75%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, in taking action taken as a result of an audit of the monitoring of patients prescribed disease modifying anti-rheumatic drugs (DMARDs). The actions included; changes to the alert marking on patient records and for GPs to check that monitoring is up to date each time a prescription was issued.

Information about patients' outcomes was used to make improvements. These included the introduction of checklists to assist with the insertion of contraceptive implants. The checklists ensured that the possibility of pregnancy was excluded and that the implant was correctly positioned.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example since joining the practice in 2015, the healthcare assistant had completed the CQC Care Certificate and training in wound care, diabetes checks, electrocardiograms, B12 injections and pneumococcal and flu vaccinations.
- 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.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- However, the practice did not provide staff with annual appraisals to provide opportunities for evaluation, improvement and development. The practice responded to this immediately following inspection by putting in place a series of initial appraisals for all staff to be completed by the end of August 2016.
- 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.
- The practice had found it difficult to recruit a new practice nurse. This meant that the vacant position was being filled by two long term locums. We saw that the nursing team was coping well with continuing to provide a caring and responsive service to patients. However, the practice's post-inspection investigation into the issue of failing to take action in responding to high medicine fridge temperatures highlighted the additional challenges of communication and training arising from the reliance on locum staff.
- The practice had addressed its unfilled vacancy for a diabetes nurse by training its health care assistant to provide appropriate services with GP support. For example, foot examinations and the initial

appointments for annual diabetes reviews. The practice had also adopted the NHS Year of Care framework to involve patients with diabetes more closely in managing their condition.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- The practice liaised closely with the local nursing home to make "best interest" decisions for patients without the capacity to consent, and involved relatives in these decisions where appropriate. The practice was informed

Are services effective?

(for example, treatment is effective)

if the nursing home had applied for a Deprivation of Liberty Safeguard (DOLS) for a patient, and was aware of the process that requires a referral to the coroner on the death of any patient subject to DOLS.

- The practice had a variety of procedure-specific consent forms to be completed with patients prior to various procedures including the insertion of long acting reversible contraception.
- Patients were encouraged to contact the practice following hospital outpatient appointments to discuss any queries arising from them.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available, and demonstrated

how it encouraged uptake of the screening programme by opportunistic appointment booking, and referring any patients who expressed concern or fears about the procedure to a nurse for discussion. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for the bowel cancer screening programme was 54% compared to a CCG average of 59% and a national average of 58%. Uptake for breast cancer screening was 77% compared to a CCG average of 76% and a national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% compared to the national average of 93% to 97%, and five year olds from 73% to 97% compared to the national average of 79% to 96%.

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 for 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.

All of the 35 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average 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 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 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%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%:

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results for GPs and nurses were above local and national averages. For example:

- 92% 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%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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.

Are services caring?

We saw notices in the reception areas informing patients this service was available. Following inspection, the notices were updated to encourage patients to use the formal interpretation service rather than ask friends or family to attend consultations and interpret for them.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as

carers (less than 1% of the practice list). This included young carers, who helped look after a relative. The practice had identified its practice manager as a carers' champion, and maintained links to the county carers' organisation. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone or letter. This call 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. The practice had introduced a protocol to place a bereavement alert on the patient records of bereaved relatives after a significant event investigation had highlighted an issue with communication on one occasion.

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.

- The practice held an extended hours surgery each Tuesday evening until 9pm for patients who could not attend during normal opening hours or preferred a quieter atmosphere.
- There were longer appointments available for patients with a learning disability, mental health or complex health issues, requiring a translator, or at request.
- 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. To reduce the likelihood of children being admitted to hospital out of hours, the practice offered to review the condition of those who had attended for emergency appointments later in the day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The practice did not have a hearing loop installed. We received confirmation that a hearing loop had been ordered following the inspection.
- The practice had identified in 2015 that a number of patients observing the Ramadan fast had suffered from urinary tract infections, and some, including patients with diabetes, had struggled to keep the fast. As a result, for the 2016 month of Ramadan, the practice had provided advice to patients with diabetes who wished to observe the fast regarding medication and monitoring of their condition. It had also made Diabetes UK leaflets in English and Urdu available at reception.
- Staff were also aware of the need to book appointments to fit around fasting obligations and prayer times, both at Ramadan and throughout the year.
- GPs had undertaken additional training to provide services to patients to avoid need for hospital referral or to improve convenience. This included the fitting and removal of long-acting reversible contraception, dermatology, steroid injections, some minor surgery, genitourinary medicine, and the management of more challenging patients.
- The practice worked closely with a local nursing home where the majority of residents were patients, and a dedicated GP undertook a weekly ward round. The practice had recently supported the staff there after a significant event regarding medicine administration had arisen, and had also worked with the nursing home to ensure that care were in place for patients, introducing Food First nutrition programme which had achieved good results in terms of frail residents' weight gain.
- The practice had implemented end-of-life care plans for relevant patients at the nursing home and in the community, and when appropriate prescribed medication to be kept at the nursing home which could be administered in the final hours of life.
- The practice had a dedicated telephone line which could only be accessed by the nursing home and other healthcare professions including the ambulance service and community nursing teams supporting patients in their homes
- Diabetes foot examinations and initial appointments for annual diabetes reviews were undertaken by the healthcare assistant, who had been trained to provide appropriate services with GP support while the practice worked to fill its vacancy for a diabetes nurse. The practice had adopted the NHS Year of Care framework to involve patients with diabetes more closely in managing their condition.
- The healthcare assistant was also trained as a phlebotomist and to undertake electrocardiograms, and was able to undertake these for patients responsively when required during other appointments, to avoid return visits,
- The practice's patient list included a large number of students at the local university. The practice ran proactive immunisation campaigns aimed at students, and had previously arranged immunisation sessions at the university following the outbreak of infectious diseases among the student population.
- The practice had been involved in a multi-agency serious case review in 2015, and as a result had taken a

Are services responsive to people's needs?

(for example, to feedback?)

number of actions, including a new information sharing policy. Multi-agency meetings to support families known to Children's Services had been held on the premises to enable GPs to attend.

- The practice had recently reviewed its vulnerable patient criteria to improve the quality and effectiveness of its register, and ensured that alerts were put on patient records to increase awareness across the practice team. Work to rationalise and further improve the consistent use of alerts was ongoing.
- Practice staff had undertaken additional training to support women who had experienced domestic abuse, and liaised closely with other agencies supporting them.
- The practice made regular referrals to Healthy Minds, the local psychological therapy service, and a Health Minds psychologist held weekly clinics on the premises for patients with long term conditions affected by anxiety and depression.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday, with an emergency duty GP on call from 8am to 8.30am and from 6pm to 6.30pm. Appointments were from 8.30am to 12.30pm every morning and from 3pm to 5.30pm daily. Extended hours appointments were offered on Tuesday evenings until 9pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There 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 on posters in the waiting room and on the website.

We looked at complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. The practice had introduced a new protocol called Information Sharing After Death after identifying that its process or communicating with relatives after the death of a patient required improving. This included putting an alert on the patient notes of immediate relatives to ensure that all staff were aware of their recent bereavement.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of responding when a medicine fridge was recorded as being above the safe maximum temperature after a failure to reset the thermostat correctly.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of 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). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice 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.

- A daily handover meeting was held by administration and reception staff every lunchtime, and this was attended once a week by the lead GP.
- However, a number of staff members commented that although they felt that GP partners and members of the management team were visible and approachable, a lack of formal communication structure meant that they did not always feel involved in the running and development of the practice beyond their individual roles. Staff members told us that they felt that both they and the practice would benefit from a more formal meeting structure, including full team meetings, formal meetings for non-clinical staff and regular one-to-one meetings with their line manager
- The practice responded to this following inspection by developing a schedule for line management meetings. This was in addition to the schedule of appraisals newly set up for all staff after inspection

Arrangements were also made for the daily handover meetings to be minuted. In addition a series of monthly full team meetings in protected learning time was organised. A new timetable of clinical, governance and significant event meetings was implemented.

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

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

- The practice had a patient participation group (PPG) which had been established in December 2015, and had to date met on four occasions, with GP partners and the

Are services well-led?

Requires improvement 

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

practice manager in attendance. The PPG had formulated a patient satisfaction survey which it intended to distribute in order to identify any concerns or proposals for improvement, which it would then submit to the practice management team.

- The practice had responded to concerns from administrative staff regarding workload and challenging timescales by increasing the team hours.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and had made preliminary enquiries with neighbouring practices to consider merging at a point when more senior partners might be considering retirement.

It was considering the employment of clinical pharmacists and emergency medical practitioners to help address the unfilled roles in the nursing team.

It was also awaiting the outcome of proposals to form a federation of GP practices in Buckinghamshire, in order to share appropriate resources with other local practices and to collaborate on projects.

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>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.</p> <p>Specifically: They had failed to identify the safety risks to patients associated with a failure to respond appropriately when a fridge used to store medicines went above the maximum safe temperature, or to respond to the incident effectively.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c)(e) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonable practicable to ensure that staff were suitably competent, skilled and experienced to meet the needs of service users.</p> <p>Specifically: They had failed to provide staff with the opportunity for appraisals necessary for them to carry out their roles and responsibilities effectively.</p> <p>This was in breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>