

Dr Imran Haq

Quality Report


87 Kempson Road
Castle Bromwich
Birmingham
B36 8LR
Tel: 0121 7473586
Website: No website available

Date of inspection visit: 20 February and 31 March
2015
Date of publication: 30/07/2015

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

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	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Imran Haq	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Imran Haq also known as Firs Surgery on 20 February and 31 March 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice to be inadequate when providing a safe, effective and well led service. The practice is rated good in providing a caring service and requires improvement in the delivery of responsive care. The issues which led to us rating the service as inadequate apply to all population groups and they are all therefore rated as inadequate.

Our key findings were as follows:

- In spite of there being an outstanding requirement for the provider to have safe recruitment systems in place and assurances received through their action plan the systems in place to ensure safe recruitment processes were in place were not robust.
- We found that the practice was visibly clean. Patients who we spoke with were satisfied with the standards of hygiene at the practice. However, some measures had not been taken to protect patients from risks of unnecessary infections.
- Staff had not received adequate support, appraisals or role specific training to ensure they carried out their roles effectively. The provider failed to monitor staff practices which may impact on patient care.
- Patients told us they were treated with respect and their privacy and dignity were maintained. They informed us they were satisfied with the care they received. They told us they were able to make informed decisions about their care and treatment.
- Clinical risks to patients were not always identified and acted on to protect them against the risks to their health and wellbeing. For example, medicine reviews for patients with long term conditions were not always carried out when they should have been to ensure

Summary of findings

patients received appropriate medicines. The practice performance on preventative screening was significantly below the Clinical Commissioning Group average.

- Effective systems were in place for reporting safety incidents. However, the practice's approach to reporting, investigating and acting on significant events was inconsistent and did not allow learning to be shared when things went wrong.
- There were inadequate systems in place to ensure effective governance and as a consequence there were risks to patients which had not been identified, assessed and managed effectively. The lack of governance and effective systems to use feedback from patients and staff affected the provider's ability to assess, monitor and improve the quality of the service.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Have governance systems in place that take into account the views of and feedback from patients, staff and others in effectively using this to help assess and ensure all risks (including clinical risks) to patients, staff and others are identified, assessed and action taken to mitigate against these. Ensure that the system in place monitors and improves the quality of the service.
- Have appropriate arrangements to ensure staff are properly supported. For example, with supervision, appraisals and that their training needs are identified and addressed.
- Ensure there is a robust recruitment system in place to ensure that potential staff are suitable to work with patients. This includes ensuring staff who carry out chaperoning duties have the information or training

needed to undertake this role and have either had a Disclosure and Barring Scheme (DBS) check or ensure there is a clear risk assessment in place demonstrating why this is not necessary.

- Ensure clinical risks to patients are identified, assessed and managed by ensuring there is a consistent approach towards recording, investigating and acting on significant events, clinical audits and ensuring they take action to ensure all pre-registration critical clinical information (including from other providers) is summarised and scanned on to patient files without delay.

In addition the provider should:

- Utilise annual patient surveys to identify improvements in service delivery and action them.
- Review and make relevant changes to policies and procedures so that staff had up to date and accurate guidance.
- Strengthen the systems in place for ensuring accurate and up to date records of activity are maintained such as minutes from meetings held with external health professionals, and records of staff training.
- Consider ways to engage with patients in order to develop a Patient Participation Group (PPG).

On the basis of the ratings given to this practice at this inspection, and the concerns identified at the previous inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

Staff made appropriate safeguarding referrals when necessary but had not identified or taken action to learn from all significant events and improve outcomes for patients. Not all staff had appropriate pre-recruitment checks carried out and the systems to ensure staff were trained and suitable to carry out chaperoning duties needed to be strengthened.

Patients we spoke with told us they felt safe. Arrangements had been made to ensure the premises and medical equipment was safe for use. There were reliable systems in place for safe storage and use of medicines and vaccines within the practice.

Inadequate



Are services effective?

The service is rated as inadequate for providing effective services.

Clinicians worked towards implementing the National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. However, not all clinical audits were fully completed to demonstrate where improvements in patient care could or had been made. Some medicines reviews had not been carried out when needed to ensure patients received appropriate medicines for their long term health conditions. There was a backlog of pre-registration critical medical information on newly registered patients including information from other providers which had not been entered onto their electronic records to enable appropriate care and treatment to be delivered.

The provider had not considered the training needs of staff to enable them to carry out their roles appropriately and they had not received a recent appraisal to ensure they were undertaking their roles appropriately to ensure patients received effective care.

Patients who were not able to attend the practice received home visits from a GP. Patients who we spoke with told us that clinical staff obtained their consent before any care or treatment commenced, and that staff acted in accordance with legal requirements where patients did not have the mental capacity to give consent.

Inadequate



Are services caring?

The practice is rated as good for providing caring services.

Patients described staff as friendly and helpful, and felt they treated them with dignity, respect and spoke with them politely. We saw that patient's privacy, dignity and confidentiality were maintained.

Good



Summary of findings

We observed staff being respectful and helpful when dealing with patients. All patients we spoke with during our inspection were complimentary about the standards of care they received. Patients told us they were given enough information about their health needs to enable them to make decisions about their care and treatment. Comment cards completed by patients prior to our inspection provided positive feedback about the services and staff. Data showed that patients rated the practice higher than average for some aspects of care. For example, their overall satisfaction with the services they received.

Are services responsive to people's needs?

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

Improvements were made to systems to enable the practice to identify and investigate complaints they received following our inspection. Details about making a complaint were included within the practice leaflet. However, the provider had displayed a procedure which directed patients to make their complaints to NHS England rather than to the practice which could lead to them missing critical feedback which could help improve the service provided.

Patients told us they had good access to the practice. Face to face appointments were available on the day they were requested and advance appointments were available. Patients told us their urgent needs were met in a timely way.

Requires improvement



Are services well-led?

The practice is rated as inadequate for providing well-led services.

There were insufficient governance arrangements to evaluate the quality of the service and improve delivery. There was lack of leadership and records of meetings to enable staff access to information when needed. In the absence of a Patient Participation Group the provider's systems for gathering and acting on patient feedback with a view to improving service delivery were not adequate. The practice had a number of accessible policies and procedures to govern staff activities but these did not always include appropriate information.

Staff worked well together as a team and had opportunities to share information informally, express their views and to make suggestions for improvements. Members of staff we spoke with told us they enjoyed working at the practice.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

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

The provider was rated as inadequate for effective and well-led and requires improvement for safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered personalised care to meet the needs of its population. Patients aged 75 years or above knew who their named and accountable GP was. Telephone consultations were available so that patients could speak with a GP if they were unsure about booking an appointment or were unable to attend the practice. Practice staff were responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs. The practice worked with other healthcare professionals to provide a co-ordinated approach to the care of older patients within the community. Referrals had been made to other services to help support patients to remain in their own homes and prevent unnecessary hospital admissions.

Inadequate



People with long term conditions

The practice is rated as inadequate for the population group of people with long term conditions.

The provider was rated as inadequate for effective and for well-led and requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients with long term conditions were reviewed by GPs and the practice nurse to assess and monitor their health condition so that any changes could be made. Some reviews from these patients were not carried out at appropriate times or changes made to their treatments when needed.

Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. For those with complex care needs, we saw that GPs worked with a range of health and care professionals to deliver a multidisciplinary package of care. Referrals to specialists and other secondary services were made when required and in a timely way. Patients who were at risk of being admitted to hospital had a care plan in place.

Inadequate



Summary of findings

Families, children and young people

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

The provider was rated as inadequate for effective and for well-led and requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Midwives held ante natal and post natal clinics at the practice and staff had good links with health visitors. Appointments were available outside of school hours from 6:30pm until 7:50pm each Thursday. Telephone consultations were also available. The premises were suitable for children and babies. Practice staff liaised with local health visitors to offer a full health surveillance programme for children who may be at risk. Checks were also made to ensure maximum uptake of childhood immunisations.

The practice's performance for cervical screening uptake was 66%, which was below the CCG average of 75% achievement.

Inadequate



Working age people (including those recently retired and students)

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

The provider was rated as inadequate for effective and for well-led and requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

A number of clinics and services to promote good health and wellbeing were available for all patients. Emergency appointments, telephone consultations and some extended surgery hours were provided. This enabled patients who worked to attend in the surgery for routine check-ups. Patients were able to book appointments and request repeat prescriptions on line for their convenience. The practice offered a 'choose and book' service for patients referred to hospital out patient services. This enables them greater flexibility about when and where they attend the hospital. There was a range of information available to patients at the practice regarding health promotion.

Inadequate



People whose circumstances may make them vulnerable

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

The provider was rated as inadequate for effective and for well-led and requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



Summary of findings

Practice staff had identified and maintained a register of patients with a learning disability. We saw that they had all received annual health checks. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients and had sign posted vulnerable patients to various support groups and other organisations. GPs carried out regular home visits to patients who were unable to access the practice and to other patients on the day they had been requested. Most patients whose first language was not English took a relative with them when attending appointments. Staff could arrange telephone or face to face translation services when necessary for those patients.

People experiencing poor mental health (including people with dementia)

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

The provider was rated as inadequate for effective and for well-led and requires improvement for safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Care was tailored to patients' individual needs and circumstances including their physical health needs. Patients who presented with anxiety and depression were assessed and managed within the National Institute for Health and Care Excellence (NICE) guidelines. There were 27 patients who had mental health illness and 17 of those had care plans in place. GPs had the necessary skills and information to treat or refer patients with poor mental health to the NHS mental health team.

Of the total number of patients who had dementia 77% had received reviews of their care needs, the local CCG average was 94% uptake.

Inadequate



Summary of findings

What people who use the service say

We spoke with nine patients during our inspection who varied in age. Some had been registered with the practice for many years. They informed us that staff were polite, helpful and knowledgeable about their needs. Patients told us they were given enough explanations so they understood about their health status and felt they were encouraged to make decisions about their care and treatment. They all gave us positive feedback about the standards of care they received.

Patients told us it was easy to obtain repeat prescriptions and to make appointments. They told us they were satisfied with the opening times. Some patients told us they were not satisfied with the length of time it took to get through to the practice by telephone.

We collected 28 patient comment cards on the day of the inspection. All of the comments were positive regarding the care patients received, helpfulness of staff and their ability to book appointments.

The practice did not have a Patient Participation Group (PPG). PPGs are a way for patients and practice staff to work together to improve services and promote quality care.

The National GP Patient Survey results from 2014-15 informed us;

- 78% of respondents would recommend the practice,
- 98% of respondents reported that reception staff were helpful,
- 87% were satisfied with the opening times,
- 100% had good or very good experience for making an appointment,
- 94% reported their overall experience was good or very good.

Areas for improvement

Action the service **MUST** take to improve

- Have governance systems in place that take into account the views of and feedback from patients, staff and others in effectively using this to help assess and ensure all risks (including clinical risks) to patients, staff and others are identified, assessed and action taken to mitigate against these. Ensure that the system in place monitors and improves the quality of the service.
- Have appropriate arrangements to ensure staff are properly supported. For example, with supervision, appraisals and that their training needs are identified and addressed.
- Ensure there is a robust recruitment system in place to ensure that potential staff are suitable to work with patients. This includes ensuring staff who carry out chaperoning duties have the information or training needed to undertake this role and have either had a Disclosure and Barring Scheme (DBS) check or ensure there is a clear risk assessment in place demonstrating why this is not necessary.

- Ensure clinical risks to patients are identified, assessed and managed by ensuring there is a consistent approach towards recording, investigating and acting on significant events, clinical audits and ensuring they take action to ensure all pre-registration critical clinical information (including from other providers) is summarised and scanned on to patient files without delay.

Action the service **SHOULD** take to improve

- Utilise annual patient surveys to identify improvements in service delivery and action them.
- Review and make relevant changes to policies and procedures so that staff had up to date and accurate guidance.
- Strengthen the systems in place for ensuring accurate and up to date records of activity are maintained such as minutes from meetings held with external health professionals, and records of staff training.
- Consider ways to engage with patients in order to develop a Patient Participation Group (PPG).

Dr Imran Haq

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. On 20 February 2015 the team consisted of a GP and a practice manager, who were specialist advisors and an expert by experience who had personal experience of using primary medical services.

We made a second visit on 31 March 2015 to the practice to gather further evidence to make judgements about medicines. The inspection team consisted of a GP specialist advisor and a Care Quality Commission pharmacist inspector and the lead inspector.

Background to Dr Imran Haq

Dr Imran Haq provides care and treatment for approximately 2700 patients. There is a higher population than England average of younger female patients aged 20 to 34 years. The percentage of children and older people who are affected by income deprivation is higher than the England average. There is a higher prevalence of obesity amongst patients in the practice area.

There is one male and one female GP who provide 11 sessions per week in total. A practice nurse who carries out phlebotomy works 30 hours per week spread over each weekday. The practice manager left the practice in December 2014 and efforts were being made to recruit a replacement. In the meantime a health professional with experience in practice management is working at the practice one day a week.

Following our first visit another health professional with experience in practice management commenced working at the practice who is assisting practice staff with their

policies and procedures and providing advice about the day to day operations of the practice. There is a full time senior receptionist/administrator and a part time receptionist in post. The practice is seeking to recruit a further part time receptionist.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations. The practice nurse holds child immunisation clinics every alternate Wednesday.

The practice has a General Medical Service (GMS) contract with NHS England. A GMS contract means that patients are registered with the practice and not an individual GP (with the exception of those aged 75 years or more) but the practice will focus on delivery of quality clinical care and well managed services.

The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Birmingham and District General Practitioner Emergency Rooms (Badger) medical service. Patients are directed to this service on the practice answer phone message.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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.

The practice has been inspected previously using CQC's previous methodology on 21 July 2014 and there were concerns in relation to:

- Assessing and monitoring the quality of service provision,
- Management of medicines.
- Safety and suitability of premises.

How we carried out this inspection

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 people 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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 inspection on 20 February and 31 March 2015. During our inspection we spoke with a range of staff including two GPs, the practice nurse, the two health professionals with experience in practice management, the lead receptionist/administrator and a further receptionist. We also spoke with nine patients who used the service and observed, how patients were being cared for and staff interactions with them. We looked at care and treatment records of patients. Relevant documentation was also checked. Comment cards were reviewed that 28 patients had completed.

Are services safe?

Our findings

Safe Track Record

Practice staff used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents and national patient safety alerts. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses.

We reviewed safety records and incident reports which demonstrated that incidents had been recorded and investigations carried out but there was no evidence that learning had been achieved from them.

Learning and improvement from safety incidents

The system in place for reporting, recording and monitoring significant events was inconsistently applied and was therefore not robust in allowing practice staff to learn consistently.

We saw that practice staff had recorded two significant events during the previous 12 months, which had been reviewed and dealt with appropriately. For example, a patient had experienced side effects from a prescribed medicine and required hospitalisation for corrective treatment. The lesson learnt was to ensure patients were informed of the possible side effects of their medicines. The records did not indicate whether this information had been shared with the other GP or the practice nurse. Both GPs told us that they were aware of the issue but not whether any actions had been taken.

Not all significant events been recorded. There were some incidents where prescriptions had been sent to the wrong pharmacy resulting in delays in patients receiving their medicines. These had not been recorded as significant events. There was no written information to confirm what actions had been taken to resolve the issues or of systems being put into place to prevent similar occurrences. We were informed by non-clinical staff that this had been discussed with the senior GP. Non-clinical staff told us that no actions had been taken to address the problem and ensure patients received medicines in a timely way.

We spoke with nine patients about their experience at the practice. None of the patients we spoke with reported any safety concerns to us.

Reliable safety systems and processes including safeguarding

The practice had policies and procedures in place to ensure that patients were safeguarded against the risk of abuse. We saw that the safeguarding policy for vulnerable adults had been reviewed in January each year with the latest being 2014 but inaccuracies were found. The document stated that concerns should be reported to the Primary Care Trust and Social Services Mental Health Team. This information was incorrect. There is a dedicated team within the local authority who are responsible for investigating allegations concerning safety. This indicated the policy had not been properly reviewed.

Staff demonstrated that they knew where to access the policies for safeguarding adults and children. Staff we spoke with were clear about how to identify concerns and when to report them and to whom. We saw that information about the local authorities safeguarding contact details were readily available to all staff and were located in each consulting room and reception.

There was a named GP lead for safeguarding and we saw that both GPs had received an appropriate level of training. A member of the non-clinical staff told us they had attended training in 2011 but there was no documentary evidence available for them or for the practice nurse.

We were told there was co-operation with health visitors which helped to identify children and risk and keep them safe. We saw signatures made by health visitors confirming they had attended the practice every month but no minutes were available from discussions held during those meetings.

There was a written chaperone policy available for staff to refer to. (A chaperone is a person who acts as a safeguard and witness for a patients and healthcare professional during a medical examination or procedure). Posters were on display advising patients of their right to request a chaperone. The practice nurse and non-clinical staff acted as chaperones. The lead receptionist told us they had received training but was unsure of when. There was no written information available to confirm that staff had received training in chaperoning. When asked about their role and responsibility the staff we spoke with were unable to demonstrate that they had appropriate knowledge about how they should carry out the task. When non-clinical staff carry out the role of chaperone it is

Are services safe?

appropriate to carry out a risk assessment to consider if a Disclosure and Barring Scheme (DBS) check is required. There were no risk assessments in place for non-clinical staff. We were told these had not been carried out.

Medicines Management

Patients were able to order repeat prescriptions on-line or by dropping the request off at the practice. House bound patients and those over 60 years of age could make their requests by phone.

Medicines and vaccines requiring cold storage were stored securely in a locked refrigerator. Where medicines required refrigeration daily temperature records were being recorded, which were within safe temperature ranges for medicine and vaccine storage.

Emergency medicines and equipment were kept in clinical rooms and staff knew where they were stored. Checks were in place to ensure that medicines remained in date.

GPs may need equipment and medicines when managing medical emergencies. We were told that GPs at the practice did not carry medicines in their visit bags. There was no risk assessment in place to ensure risks to patients had been considered and actions identified to mitigate against these risks.

Cleanliness & Infection Control

All areas of the practice were visibly clean and tidy on the ground floor used by patients. Patients told us they had no concerns about cleanliness or infection control.

We looked at the practice's infection prevention and control policy. The policy indicated there would be one infection control audit per year. When we inspected the practice on 21 July 2014 we told by the practice manager that no audit had been carried out since 2013.

The CCG carried out an infection control audit and produced a report dated 8 September 2014. This report included 85 actions that needed to be taken to ensure that patients were not put at risk of developing unnecessary infections when they visited the practice.

During the inspection on 20 February we saw records which indicated 64 of these identified actions had been addressed. We brought this to the attention of senior staff. By the time we returned on 31 March 2015 only two remained to be completed. We were concerned about the timeliness of this response.

Staff training and a further infection prevention and control audit for November/December 2014 remained outstanding. The practice nurse told us they had received training in infection control and prevention but there was no documentary evidence to support this.

A legionella risk assessment had been completed to ensure that any risks to patients from potential contaminated water was identified and acted on. Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.

Equipment

Staff told us they had sufficient equipment to enable them to carry out their roles. They told us that all equipment was serviced and maintained regularly. The equipment maintenance logs and other records confirmed this. There were recordings confirming that all portable electrical equipment was routinely tested and maintained.

We saw the practice had the necessary equipment to enable clinicians to investigate and diagnose typical conditions patients may present with. The equipment was in good order and had been regularly recalibrated.

Staffing & Recruitment

We looked at two staff recruitment files. The file concerning a GP provided evidence that the necessary checks had been carried out. This included a Disclosure and Barring Service (DBS) check. The DBS check is a criminal records check that helps identify people who are unsuitable to work with children and vulnerable adults.

No checks had been carried out regarding a non-clinical member of staff, including written references. The required risk assessment to demonstrate that a DBS check was not necessary for the purpose of carrying out chaperone duties had not been completed.

We asked what arrangements were made when staff were not available during periods of annual leave or sickness. We were told that non-clinical staff covered for each other by working additional shifts. No cover was organised when the practice nurse was on leave, the clinical sessions were re-arranged accordingly. We asked the senior GP if this impacted on patient care. They told us that no concerns had been reported to them from patients. Locum GP cover was arranged during GP absences.

Are services safe?

There were staff vacancies for a practice manager and a part time receptionist. This was impacting on the availability of non-clinical staff.

Monitoring Safety & Responding to Risk

There was a fire safety risk assessment in place dated October 2013. Practice staff told us they had not received training for 18 months and they had not carried out any fire drills. The weekly fire alarm testing and smoke detector checks in line with the practice policy had ceased in December 2014. When we returned to the practice on 31 March 2015 with the exception of fire safety training, these had been re-commenced and a fire safety risk assessment had been completed.

We saw that emergency routes were kept clear to ensure safe exits were possible. When we carried out the second day of our inspection fire safety checks had promptly been recommenced.

There was a health and safety policy in place and staff knew where to access it.

Arrangements to deal with emergencies and major incidents

We saw a copy of the business continuity plan. It included the contact details of services who could provide

emergency assistance in the event of an emergency. However, a copy was not kept by senior staff away from the premises to ensure access to the document in the event of an emergency and if the practice was not accessible.

The patient leaflet and a recorded telephone message gave information about how to access the out-of-hours service and urgent medical treatment when the practice was closed.

Staff had received regular training in basic life support to enable them to respond appropriately during medical emergencies within the practice. There was oxygen and medicines available for such emergencies and they were seen to be in date and therefore safe for use. The practice did not have an automated external defibrillator for treating patients who had heart attacks. An Automated External Defibrillator (AED) is a portable electronic device that analyses life threatening irregularities of the heart and is able to attempt to restore normal heart rhythm. According to current external and national standards, practices should be encouraged to have a defibrillator.

We saw that a risk assessment had been carried out to determine if an AED should be purchased. This was based upon the Resuscitation Council guidelines. Practice staff had not had to deal a cardiac arrest for 10 years. Based on this and the number of patients registered at the practice it was concluded that an AED was not essential equipment.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinical staff used the National Institute for Care and Health Excellence (NICE) guidance to ensure the care they provided was based upon latest evidence and was of the best possible quality. We saw that any revised NICE guidelines were identified and shared with all clinicians appropriately.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with clinical staff showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

We looked at a random selection of patients' medicine records for hypertension, diabetes, asthma, rheumatoid arthritis and sleep disorders in children. We found that there were clear records available of patient's prescribed medicines. Some records did not always record the reason why patients were on particular medicines or combinations of medicines. When we spoke with one GP about specific patients medicines they were able to explain the reasons for the treatment. However, this had not been recorded in the patient's notes.

Staff told us a non-clinical member of staff summarised previous clinical information in respect of newly registered patients. There was a backlog of records waiting to be summarised as the provider had not made arrangements to cover the absence of the member of staff.

We sampled these records and there were critical pieces of pre-registration information missing from patient records. We were concerned about the impact on these patients' care and treatment. For example, previous operations and scanning of earlier hospital letters.

In spite of our bringing this to the providers' attention during our inspection visit on 20 February 2015 when we re-visited over a month later staff confirmed that no progress had been made towards improving these systems.

Management, monitoring and improving outcomes for people

Both GPs and the practice nurse carried out regular health checks of patients who had long term conditions. There was evidence to demonstrate this. However, the records we

saw did not demonstrate that the practice nurse had communicated the results of these checks to a GP and requested they review the patient. For example, we noted that patients' blood pressure results were recorded by the nurse but they had not referred unusual readings to a GP. The senior GP confirmed they had not been requested to carry out further health checks.

The Quality and Outcomes Framework (QOF) is a voluntary system for monitoring performance against national performance. The latest practice results for some areas were not in line with the QOF or the Clinical Commissioning Group (CCG) average. (CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' and buying health and care services). Efforts were being made to address these.

The practice had achieved an uptake of 66% of patients for cervical screening compared to the CCG average of 75% achievement. A GP had identified approximately 320 patients who had not attended for cervical screening. In order to tackle the problem up to three letters were to be developed and sent to each patient asking them to undergo the test and describing why it was important.

The practice had a high rate of prescribing a particular group of hypnotic medicines. A GP told us they had plans in place to commence addressing this problem by gradually reducing the dosage and the number of medicines prescribed for those patients. We discussed the proposed planning and process for this, however work had not yet commenced.

We saw evidence that a clinical audit had been carried out and where the results affected patient care this was acted upon. An audit concerning the prescribed medicines for a type of health condition highlighted that seven patients out of 101 audited required a change of their prescribed medicines. This was successfully achieved after explanations were given to patients about why the change was necessary. However, there was no recording to indicate when it would be repeated. Another audit concerning medicines carried out by a GP did not provide information about any changes that had been made or when the audit would be repeated. This indicated that no learning had been achieved from the audit and no date recorded for when it would be repeated. Both audit cycles were incomplete.

Are services effective?

(for example, treatment is effective)

A GP undertook minor surgical procedures in line with their registration and National Institute for Health and Care Excellence (NICE) guidelines. The GP performed joint injections and had received training and regular updates for these procedures from the local hospital. We were shown evidence of this.

Effective staffing

There was a grade appropriate induction programme for new staff to follow. However, there was no documentary evidence that staff had received training or attended refresher courses that were relevant to their roles and responsibilities. Staff we spoke with confirmed this. Staff told us they had registered with an on line training system because this was the accepted training method advised by the local CCG. However, staff told us that due to staffing shortages of a practice manager and a second receptionist they had not had opportunity to commence training.

Each staff member should have an annual appraisal to check their knowledge and practices and to identify where training was needed. We spoke with two staff who confirmed they had not had annual appraisals since 2012.

We checked and found that the GP's were up to date with their revalidations. All GPs had completed their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

Working with colleagues and other services

We were told that multidisciplinary team working was in place and that quarterly multidisciplinary meetings were held to discuss patients receiving end of life care and those at risk. We were told that a range of community staff attended these meetings. We were shown minutes dated 11 February 2015. They showed us that three patients had been discussed and needed changes to their care. We spoke with a GP who told us the necessary changes had been made. We asked to see the minutes of other previous meetings but there were none.

A GP told us that regular contact was maintained with health visitors so that children considered to be at risk were

appropriately monitored. We were shown recordings of dates and the names and signatures of health visitors who had attended the practice. We asked to see the minutes from these meetings; none were made available to us.

Information Sharing

Both GPs we spoke with told us they had good working relationships with community services, such as district nurses. We were told staff were able to make contact with community staff at short notice when a patient's condition changed that enabled the provision of appropriate care.

An electronic patient record was used by all staff to coordinate, document and manage patients' care. Staff commented positively about the system's safety and ease of use.

Electronic systems were in place for making referrals, and the practice made referrals through the Choose and Book system.

There was a system in place to ensure the out of hours service had access to up-to-date treatment plans of patients who were receiving specialist support or palliative care.

Consent to care and treatment

The clinicians we spoke with confidently described the processes to ensure that informed consent was obtained from patients whenever necessary.

Patients who had minor surgery had the procedure explained to them and the potential complications before they signed the consent form. We were shown consent forms that had been signed by patients to confirm the arrangement.

The practice nurse had not received any formal training on the Mental Capacity Act (MCA) 2005. The practice nurse told us they always asked for patients consent before commencing a procedure. One GP had a good working knowledge of the Act and the other GP had some knowledge. The practice could not when requested provide any evidence to show that staff had received training on the MCA 2005.

GPs knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. They understood the key parts of legislation of the Children's and Families Act 2014 and were able to describe how they implemented it in their

Are services effective?

(for example, treatment is effective)

practice. GP's demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years of age who have the legal capacity to consent to medical examination and treatment). The practice nurse was unable to demonstrate a good understanding of Gillick competencies. In the absence of training the provider was unable to demonstrate that they supported staff with their knowledge and understanding.

Health Promotion & Prevention

The practice had a procedure in place for new patients registering with the practice, this included a health check with the nurse and those patients on regular medicines were also reviewed by a GP.

Patients between 40 and 74 years of age were invited for annual health checks.

We saw that a range of support agency leaflets for long term health conditions were available for patients. These were located in the entrance to the practice. A limited

amount of information was displayed in the waiting area concerning flu vaccinations, overuse of antibiotics and promotion of breast feeding. Other information concerned how to access care when the practice was closed.

The practice's performance for cervical screening uptake was 66%, which was below the CCG average of 75% achievement. A GP explained the systems that were about to be put in place to address this shortfall.

The childhood vaccination programme was undertaken by the practice nurse. The most recent data available to us showed immunisation rates were mostly in line with the average for the CCG area. For example, there were 91% of two year old children who had been fully vaccinated compared with the CCG average of 88.8% achievement.

The rate of obesity in the Birmingham area was 26% in comparison to the average for England of 20%. The practice nurse told us they routinely provided advice to patients about healthy living, weight control and exercises. There were leaflets available for patients about health promotion for them to take away with them. The TV screen in the waiting area provided health promotion information and where to seek advice.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We saw that staff treated patients with kindness and respect ensuring confidentiality was maintained. Reception staff told us that a consultation room was always available if a patient requested for private discussions. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room and that patients' privacy and dignity was maintained during consultations. Consulting room doors were closed during consultations and conversations taking place in these rooms could not be easily overheard.

We observed patients being treated with dignity and respect throughout the time we spent at the practice. We saw that clinical staff displayed a positive and friendly attitude towards patients.

Patients we spoke with told us they had been involved with decisions about their care and treatments. They told us they had been provided with sufficient information to make choices and were able to ask questions when they were unsure.

Patients had completed 28 CQC comment cards to provide us with feedback on the practice. All were positive about the service they experienced. Patients said that staff were professional in their attitude they felt that the practice offered a good service, that staff were helpful, caring and treated them with dignity and respect. We spoke with nine patients on the first day of our inspection. All told us they were happy with the care provided for them and that staff were compassionate. They said GPs listened to what they had to say and treated them with respect and maintained their confidentiality and privacy.

We reviewed the most recent data for the practice from the national patient survey for 2014-15. The results were above the national average and as follows;

- 93% of respondents reported that the GP listened to them,
- 86% said that the GP explained their test results and treatments they needed,
- 85% of patients had confidence in the GP,
- 97% of respondents said that the GP gave them enough time during their appointments,

- 98% of respondents reported that the practice nurse listened to them,
- 100% said that the practice nurse explained their test results and treatments they needed,
- 100% of patients had confidence in the practice nurse.

Window blinds and privacy screens were in each consulting room. The practice nurse told us they always closed the door before the consultation commenced. Patients we spoke with told us their privacy was always protected at all times.

The reception desk had an open area and patients may be overheard by others. We observed staff speaking quietly with patients and checking that there were no other patients waiting close to the reception desk when talking with a patient. A receptionist told us they could ask a patient to speak with them privately in an unoccupied room to protect their confidentiality. Patients told us they had no concerns about staff ensuring their confidentiality.

There was a male GP who carried out nine sessions and a female GP who worked two sessions per week at the practice. This gave patients the opportunity to request appointments with a GP who was the same sex as themselves. A chaperone was offered if an intimate examination was to be undertaken by a GP of the opposite sex. Some of the patients we spoke with were aware of their right to request a chaperone.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day of our inspection 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Patients we spoke with confirmed they had been given advice and choices about where they could be referred to for hospital appointments to assist them in making decisions for secondary assessment and care.

Care plans were in place for patients with a view to avoiding unnecessary hospital admissions. Care plans were in place for patients who were considered to be at risk or

Are services caring?

who had specialist or complex needs. Systems were in place to ensure that patient's records were updated following any hospital admission or outpatient appointment.

Information we reviewed prior to our inspection from the quality and outcomes framework (QOF) identified that two areas of care needed improvements for prescribing hypnotic medicines and cervical screening. We discussed these with both GPs. They told us the issues had been identified and staff were in the process of addressing these to ensure patients received appropriate treatment and screening procedures.

Patient/carer support to cope emotionally with care and treatment

There was a dedicated section of a notice board in the waiting area that provided information for carers. It included details of services that could be requested. For example, various health services they could approach and a carers emergency response service.

Following bereavement the respective GP would contact the family by phone to offer them an appointment and information about the various bereavement counselling services available to them.

During the second day of our inspection we saw a notice in the waiting area. This concerned the local Clinical Commissioning Group (CCG) initiative that had recently commenced. (CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' and buying health and care services). Patients were invited to attend the practice on Thursdays between 1pm and 4pm to discuss their non-medical emotional and practical help needs. The visiting professional would offer patients advice about how to seek support. This indicated that patients were offered social and personal advice and support.

Notices in the entrance to the practice included numerous leaflets that patients could collect that signposted them to various support groups and organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice held registers of patients who had a learning disability or mental health illness. All patients with a learning disability and mental illness had received annual health checks. Care plans were in place for 63% of patients who had a mental health illness.

There was a palliative care register and multidisciplinary meetings were held to discuss patients care and support needs.

The practice held registers for patients who had long term conditions and specialist needs. Care plans were in place and regularly reviewed for patients who were receiving palliative (end of life) care.

Patients who had long term conditions were offered regular health checks. Reminders were sent to them by telephone. Patients were reminded of the need during other consultations with the practice nurse. When patients did not attend (DNA) letters were sent to them stressing the importance of their need to attend.

The practice referred patients appropriately to secondary and other community care services such as community nurses. The practice used the Choose and Book system for making the majority of patient referrals. The Choose and Book system enabled patients to choose which hospital they would prefer to be seen at and when.

The discharge from hospital letters received at the practice for registered patients were reviewed regularly by a GP and where necessary a follow up appointment was arranged for patients to be seen at the practice. Hospital letters had been scanned and included in patients' notes in a timely way.

The practice did not have a Patient Participation Group (PPG). PPGs are a way in which patients and practice staff can work together to improve the quality of the service. A health professional with experience in practice management told us they had asked the local CCG for assistance in establishing a PPG. The senior GP had arranged to attend a CCG meeting to discuss this. (CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' and buying health and care services).

We were shown a copy of the in-house patient survey results dated 2013/14. The senior GP had received 71 completed questionnaires. The report indicated that the majority of patients were satisfied with the service they received. The practice had been rated as poor on one occasion for seven questions and twice for one question out of a total of 10 questions. For example, ease of speaking with a GP or nurse, involving patients with decisions about care and explaining patient's conditions.

We spoke with the GP and asked about the areas where the practice had been rated as poor. We asked them if they had developed an action plan to address these areas but they did not reply.

The practice did not have a website but patients were able to book appointments on line around their working day, by phone or in person. This service had been set up through the practice's own system. Repeat prescriptions could be ordered in the same way with the exception of by telephone. Patients aged over 60 years or those who were unable to travel to the practice were able to request repeat prescriptions by telephone.

Tackling inequity and promoting equality

The practice was located in a residential area for ease of access by the local population. The premises were accessible to patients who had difficulties with their mobility. The toilet included baby changing facilities.

Patients who were vulnerable due to their health or social circumstances were offered health checks. Staff told us that translation services were available for patients who did not have English as a first language. We were told that in most cases a relative also attended and acted as a translator. A GP spoke Hindi and Urdu to enable some patients to understand about their health status and treatment needs without the need for a translator.

Various systems were in place to aid working patients to access the service. This included extended opening hours and telephone triage. Home visits were available for patients who were unable to attend the practice due to age or fragility.

We were told that the computer system included a register of carers who looked after ill patients. This information was useful to enable staff to provide the carer with information and to sign post them towards carers support groups.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had recognised the needs of different groups in the planning of its services and had made arrangements for meeting their needs.

Access to the service

The waiting area could accommodate patients with wheelchairs and prams and allowed easy access to consultation rooms. All consulting rooms were situated on the ground floor.

The opening times were Monday, Tuesday and Friday from 8am until 6pm, Wednesday 8am until 12pm and Thursday 8am until 8pm. Appointments were available from 9.30am until 11.30 am each morning with extra time allowed for baby check clinics. With the exception of Wednesday afternoon appointments were from 4pm until 6pm each day. Appointments were available from 6:30pm until 7:50pm each Thursday. This helped access for working and other patient groups who could not attend during normal surgery hours for routine check-ups.

Reception staff told us that patients who requested to be seen urgently were offered a same day appointment. Requests for appointments for children were treated as urgent so that they were seen the same day. Patients we spoke with and the comment cards we received informed us that they could book appointments when they felt they needed them. We were shown the bookings on the computer system (Friday 20 February 2015) and saw there were still numerous vacant appointments for patients to book for the following Monday.

When the practice was closed the practice answer phone message informed patients how to access out-of-hours medical services including urgent care.

Home visits and urgent on the day appointments were available each week day and if necessary the morning session timings were extended to accommodate patients who requested urgent appointments. If a call was not

urgent but the patient felt that they could not wait for the next available appointment, staff told us that they would inform the GP. The GP would arrange to call the patient back to consider if they should be seen in the practice.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This out-of-hour's service was provided by an external service contracted by the CCG. Details of out-of-hour's provider were available on the practice leaflet and in the surgery and the phone when the practice was closed.

We were told there were a few homeless people in the vicinity and these were seen at the practice as temporary patients. A GP would see these patients if they did not have an appointment to ensure they did not require urgent medical attention.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. The practice leaflet included information about how to make a complaint and this was made readily available to patients. However, the complaints procedure that was on display in the waiting area was not the practice's own procedure. It advised patients to make complaints to NHS England. The practice complaints procedure later shown to us was in line with recognised guidance and contractual obligations for GPs in England but was not on display.

We saw that the practice had not received any written complaints within the previous year. Staff told us about some verbal complaints that had not been treated as formal complaints and no recordings had been made. Staff had failed to recognise complaints and investigate them in line with the practice complaints procedure. However, during the second day of our inspection on 31 March 2015 we saw that verbal complaints were being recorded, investigated and dealt with appropriately.

Are services well-led?

Inadequate 

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

Our findings

Vision and Strategy

The practice did not have a clear vision and strategy to develop the practice. We spoke with a GP who demonstrated an understanding of their area of responsibility. They took an active role in ensuring that a good standard of service was provided to patients.

We spoke with two non-clinical staff and they knew and understood the values and knew what their responsibilities were in relation to these. They told us they were not aware of the vision and the future for the practice but that they worked towards provision of quality care for patients.

Governance Arrangements

There was lack of governance arrangements in respect of staff annual appraisals, staff training and safe staff recruitment. There was no recent written information about how the practice was developing operationally, monitoring staff practices or minutes from meetings that staff who had not been present could view. Although there was some evidence from staff interviews indicating learning from incidents was shared there was no documentary evidence to show how this happened in practice.

The practice had a number of policies and procedures in place to govern activity and these were available to staff within the practice. We looked at a range of them and staff gave us examples of when they may need to refer to them. The policies and procedures we looked at had been reviewed annually but were not always up to date. For example, the safeguarding policy did not include the correct contact details.

A GP and the practice nurse had lead clinical roles and responsibilities. Staff told us they had received support from a health professional with experience in practice management one day each week however, they did not have sufficient time to develop adequate formal support systems for staff.

During the second day of our inspection another health professional with experience in practice management was also providing assistance by giving advice, sourcing documents and was involved in efforts to recruit a practice

manager. Staff told us the practice was seeking to employ an advanced nurse practitioner/prescriber who could assist with care of the increased numbers of patients who had recently registered at the practice.

There were clear roles and accountabilities but there was no monitoring to ensure staff carried out their roles appropriately. For example, some of the actions listed in the CCG infection control audit report from 8 September 2014 had not been completed. The provider was not aware of this until we informed them on 20 February 2015.

Practice meetings had ceased. The last minutes were dated 22 May 2014. It told us that two items were discussed, an operational issue and promotion of on line services for patients to access. The practice manager had left in December 2014. When asked why meetings had stopped staff were unable to offer an explanation.

A GP told us they had completed the ACE Foundation course and was working towards achieving ACE Excellence for two of the six types of long term conditions. These included heart disease and hypertension management. We were told the practice nurse was to attend a training course on wound care as part of the work towards achieving another element of ACE. This demonstrated that efforts were being made to provide high standards and consistent care and treatment to these patients. Aspiring to Clinical Excellence (ACE) is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices. The ACE programme is based on the strategic objectives of the CCG and the NHS Outcomes Framework indicators. ACE is aimed at reducing the level of variation in general practice by bringing all CCG member practices up to the same standards and delivering improved health outcomes for patients. There are two levels, ACE Foundation and ACE Excellence. Achievement of ACE is verified by a practice appraisal process.

Leadership, openness and transparency

Staff appraisals had not been carried out since 2012. Staff told us they endeavoured to provide a caring service and demonstrated knowledge about the service.

Staff members we spoke with felt they could report concerns to a GP and had confidence they would be acted upon. However, staff suggestions for improvements were not always responded to. For example, one staff member had put forward a suggestion to improve the telephone system because patients had commented about the length

Are services well-led?

Inadequate 

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

of time they waited to get through. The suggestion had been made a few months ago. We spoke with the GP about this who told us they were aware of the suggestion but they had not taken any action yet or why.

Practice seeks and acts on feedback from users, public and staff

The practice did not have a patient participation group (PPG). The PPG is a way in which patients and GP practices can work together to improve the quality of the service.

The practice was participating in the 'Friends and Family' survey where patients were asked to record if they would recommend the practice to others. The survey had commenced December 2014. We saw that the box for patients to insert their comment cards was situated to the side of the reception desk and was inaccessible. We asked a staff member if patients had been completing the survey. They told us that very few patients had participated.

In the absence of a PPG the practice had conducted a survey of its patients in 2013/14. The negative results from the practice patient survey dated 2013/14 had not been considered by the practice as areas where they could make improvements.

The senior GP told us they attended the local Clinical Commissioning Group meetings where improvements in

services were discussed. (CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' and buying health and care services). The minutes of these meetings were not shared with or discussed with non-clinical staff to enable them to assist in making improvements in patient care.

The provider had not responded by developing an action plan to demonstrate that they had considered the feedback from patients and tried to make improvement to their service as a result.

Staff we spoke with confirmed the practice had a whistle blowing policy which was available to all staff and we were told it had been successfully used late last year.

Management lead through learning & improvement

The practice had completed reviews of significant events and other incidents but other significant events had not been recognised and acted on accordingly. Staff we spoke with were aware of significant events and those that had not been treated as such.

We saw examples of where clinical staff had made improvements to the prescribed medicines that patients received for diabetes and another specific health condition.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>This is a breach of Regulations 21 and 23 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.</p> <p>The provider must have appropriate arrangements to ensure staff are properly supported. For example, with supervision, appraisals and that their training needs are identified and addressed.</p> <p>The provider must ensure there is a robust recruitment system in place to ensure that potential staff are suitable to work with patients. This includes ensuring staff who carry out chaperoning duties have the information or training needed to undertake this role and have either had a Disclosure and Barring Scheme (DBS) check or ensure there is a clear risk assessment in place demonstrating why this is not necessary.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>This is a breach of Regulation 10 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.</p> <p>The provider must have governance systems in place that take into account the views of and feedback from patients, staff and others in effectively using this to help assess and ensure all risks (including clinical risks) to</p>

This section is primarily information for the provider

Requirement notices

patients, staff and others are identified, assessed and action taken to mitigate against these. Ensure that the system in place monitors and improves the quality of the service.

Regulated activity

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

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

This is a breach of Regulations 9 and 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

The provider must ensure clinical risks to patients are identified, assessed and managed by ensuring there is a consistent approach towards recording, investigating and acting on significant events, clinical audits and ensuring they take action to ensure all pre-registration critical clinical information (including from other providers) is summarised and scanned on to patient files without delay.

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>This is a breach of Regulation 10 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.</p> <p>The provider must have governance systems in place that take into account the views of and feedback from patients, staff and others in effectively using this to help assess and ensure all risks (including clinical risks) to patients, staff and others are identified, assessed and action taken to mitigate against these. Ensure that the system in place monitors and improves the quality of the service.</p> <p>The provider must have appropriate arrangements to ensure staff are properly supported. For example, with supervision, appraisals and that their training needs are identified and addressed.</p> <p>The provider must ensure there is a robust recruitment system in place to ensure that potential staff are suitable to work with patients. This includes ensuring staff who carry out chaperoning duties have the information or training needed to undertake this role and have either had a Disclosure and Barring Scheme (DBS) check or ensure there is a clear risk assessment in place demonstrating why this is not necessary.</p> <p>The provider must ensure clinical risks to patients are identified, assessed and managed by ensuring there is a consistent approach towards recording, investigating and acting on significant events, clinical audits and ensuring they take action to ensure all pre-registration critical clinical information (including from other providers) is summarised and scanned on to patient files without delay.</p>