

Southglade Medical Practice

Quality Report

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Date of inspection visit: 26/09/2017

Date of publication: 14/12/2017

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



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 Southglade Medical Practice on 26 September 2017.

Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, systems for the management of significant events needed to be strengthened to ensure any learning identified was shared with the whole practice team and events were reviewed.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. This included risk relating to recruitment checks, vaccines management and safety alerts, including those received from Medicines and Healthcare products Regulatory Agency (MHRA).

- Staffing numbers were low with the management and directors working across two practices. There was limited supervision and clinical oversight of some staff.

- At the time of our inspection, the providers had been operating for nine months. Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, these were yet to be repeated when appropriate to observe improvements in patient outcomes.
- The practice sought patient feedback through patient surveys, and patients were currently invited to form a patient participation group as another means of engaging them.
- The practice had a leadership structure in place. However, there was limited clinical oversight and the management of processes needed to be strengthened.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients, including taking appropriate action in

Summary of findings

respect of vaccine management in line with guidance, recruitment checks and recording of actions taken in response to safety alerts including those issued from the Medicines and Healthcare products Regulatory Agency (MHRA).

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, by ensuring patient records accurately reflect actions taken and advice given when consultations have taken place.

In addition the provider should:

- Review and update procedures and guidance relating to safeguarding training in line with national guidance to assure themselves staff are trained at the appropriate levels.
- Consider sharing learning from complaints with the whole practice team to assure themselves of a consistent approach in future.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 and improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. Recruitment checks were not always carried out effectively for staff working with vulnerable patients.
- Cold chain procedures were not followed effectively in line with guidance on vaccines management.
- The system for management of patient safety alerts, including those received from Medicines and Healthcare products Regulatory Agency (MHRA).did not adequately ensure that actions disseminated to staff had been completed.
- We reviewed a random sample of some clinical notes and found, in some instances, checks undertaken and/or advice to patients was not recorded fully to demonstrate patient safety. The provider took immediate steps to ensure records identified were reviewed and an action plan was put in place to review standards of record keeping.

Inadequate



Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. However, the published data for 2016/17 referred to performance in the last three months of the financial year, when the new providers started operating at the practice.
- Staff were aware of current evidence based guidance.
- At the time of our inspection, the providers had been operating for nine months. Some clinical audits had been undertaken in that period and there were plans to repeat them when appropriate to observe if changes had been sustained and resulted in quality improvement.

Requires improvement



Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment. Some staff had received documented one to one meetings and the practice had a policy to carry out annual appraisal reviews. However, there was limited clinical supervision of some staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Feedback from patients showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, minor illness appointments were provided by the advanced nurse practitioner for people with urgent health needs.
- There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- Patients told us they were mostly satisfied with access to the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. However, learning from complaints was shared with individual staff/staffing groups involved in the complaints, and not communicated widely with the whole practice team.

Good



Are services well-led?

The practice is rated as inadequate for being well-led.

Inadequate



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to it.
- The practice had governance arrangements in place; however some systems and processes were not always operated effectively to support the delivery of good quality care. For example, arrangements regarding recording of some patient consultations needed strengthening.
- We were not assured that the directors and the management team had the capacity to provide effective leadership at the practice. However, we were informed that plans were at an advanced stage to recruit an additional GP who would work part-time at the practice.
- There were limited clinical supervision arrangements in place for staff with extended roles.
- Staffing levels were low across the practice team due to vacancies and absence due to sickness or holidays. The managers and directors (GPs) provided interim cover but were stretched between Southglade Medical Practice and responsibilities at their other practice within their operating group.

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

- The practice had a significantly lower elderly population with approximately 6% aged over 65 years, compared to a national average of 17%. They offered proactive, personalised care to meet the needs of the older people in their population.
- GPs were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Feedback from a care home where 45 residents are registered with the practice indicated that a named GP carried out review visits and responded to urgent requests when needed to ensure continuity of care. In their absence, there was sufficient cover from other clinicians at the practice and telephone advice was given as necessary. They told us the GPs worked effectively with multi-disciplinary teams including community care homes teams to ensure patient needs were met and referrals to other services were made promptly.
- The practice was signed up to provide tailored care for vulnerable and older people through a local enhanced service.
- Flu vaccinations were offered to people aged 65 years and older. The practice held drop in clinics at the practice and visited housebound patients eligible for the vaccinations. A recall programme was in progress for patients eligible for pneumococcal and shingles vaccinations.

Inadequate



People with long term conditions

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

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

Inadequate



Summary of findings

- Nursing staff had lead roles in chronic disease management. Patients were recalled in the month of their birthday, and those with multiple conditions were reviewed in a single appointment. They worked collaboratively with a community specialist diabetes nurse on their more complex patients with diabetes to improve outcomes for these patients.
- A structured annual review was carried out 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 multi-disciplinary package of care.
- There were a large number of leaflets available which provided education and self-care advice and patients were directed to online resources. The practice actively encouraged patient education sessions for patients with conditions such as diabetes, for example a type 2 diabetes insulin course. There were self-management plans for patients with asthma. A specialist diabetes nurse visited the practice quarterly to review complex patients and provided support to the clinicians.
- The practice promoted self-referral to services such as podiatry, physiotherapy and psychological therapies, whose clinics were offered in the practice premises.
- Longer appointments and home visits were available and offered when needed.

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

- The practice worked closely with midwives, health visitors and family nurses attached to the 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 people who had a high number of Accident and Emergency (A&E) attendances.
- The practice held meetings once every two months with the health visitor, and also reviewed any children on a child protection plan at their clinical meetings. Feedback from the health visitor was positive about communications with the practice regarding any children and families of concern.

Inadequate



Summary of findings

- Practice supplied data showed immunisation rates for vaccinations given to under two year olds were 96%, and those for five year olds were 94% in first quarter of 2017/18.
- Appointments were available outside of school hours with urgent appointments available on the day for children and babies.
- Joint appointments with the GP and practice nurse were offered for the eight week post-natal check. This allowed mothers and babies to have their post-natal check, baby check and first immunisation carried out in one visit.
- The practice offered a full range of family planning services including fitting of intra-uterine devices (coil) and contraceptive implant fitting.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.

Working age people (including those recently retired and students)

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

The provider was rated as inadequate for safety and for well led, requires improvement for effective and good for being caring and responsive. The issues identified as being inadequate 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. This included access to telephone appointments, and the availability of early morning appointments from 8am on weekday mornings. The practice did not provide the extended hours service. However, staff told us patients could be offered early appointments from 7.30am and late appointments up to 7.30pm on Monday at the other practice in their group if needed.
- Appointments with the health care assistant were available from 8.15am on Monday to Thursday, and the latest appointment was offered at 5.30pm on a Wednesday.
- The practice was proactive in offering online services such as prescription requests, appointments, and accessing medical records to view pathology results. They were aware that use of online services by patients was low and there were plans to promote the use of the practice website to patients.

Inadequate



Summary of findings

- There was a full range of health promotion and screening information in the practice that reflected the needs for this age group. Self-referral was encouraged for accessing psychological services, podiatry and physiotherapy.

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

- The practice had identified eight patients with a learning disability which included children, and worked with a learning disabilities facilitator to ensure their registers were up to date. Staff told us there were plans to invite the suitable patients for annual health checks.
- The practice offered longer appointments for patients with a learning disability. All staff were invited to a refresher training event on how to help patients with learning difficulties.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Multi-disciplinary meetings were held once every two months to enhance and review care planning of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. There was a nominated frailty clinical lead. Patients with a terminal illness were allocated a named GP and visits were planned in consultation with their families or carers.
- The practice identified a need for additional support for people who experienced domestic violence. They liaised with a local voluntary support group to provide drop in sessions from the practice premises which would be open to both registered and non-registered patients and these were due to start in the near future.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment and an interpreter could be arranged for those who could not speak in English through a Language Line translation service. A hearing loop was available in the practice.
- The practice's computer system alerted GPs if a patient was also a carer to enable them to offer support including flu vaccinations.

Inadequate



Summary of findings

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

- There were 38 patients on the mental health register and five of them had been reviewed between April 2017 and the day of our inspection. There were no patients on lithium therapy.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and had urgent access to a psychogeriatrician.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A psychotherapy service was provided from the practice premises to both registered and non-registered patients.
- 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.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results have not been included in this report as they reflect patient experience prior to when the new providers started operating in January 2017.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 completed comment cards, and 13 of these were entirely positive about the care and attention received from the whole practice team. However, five patients had mixed views and commented that

sometimes there was a long wait in the waiting room to be seen by a clinician after booking an appointment, and it was difficult to get through the telephone at 8am to book an appointment. We spoke to two patients in the waiting room who told us they were pleased with the access and care received from the practice.

The results of the practice Friends and Family Test (FFT) collected between January and August 2017 were positive with 86% of respondents saying they would recommend the practice to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients, including taking appropriate action in respect of vaccine management in line with guidance, recruitment checks and recording of actions taken in response to safety alerts including those issued from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, by ensuring patient records accurately reflect actions taken and advice given when consultations have taken place.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Review and update procedures and guidance relating to safeguarding training in line with national guidance to assure themselves staff are trained at the appropriate levels.
- Consider sharing learning from complaints with the whole practice team to assure themselves of a consistent approach in future.

Southglade Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector and a GP specialist adviser.

Background to Southglade Medical Practice

Southglade Medical Practice provides primary medical services to approximately 2,700 patients through an alternative provider medical services (APMS) contract. The practice is located in the Bestwood area of Nottingham, approximately four miles from the city centre. It is run by Southglade Medical Practice Ltd who took over as the provider of services at the practice on 5 January 2017. The directors operate under the brand Tudor House Medical Group, and run another practice 1.3 miles away called Tudor House Medical Practice.

The premises were newly built in 2012 and are rented from the previous providers who own the building. The practice use six clinical rooms and two non-clinical rooms, whilst the rest of the building is shared with other local community health services including a pharmacy. They are located within Southglade Park alongside council owned services such as the leisure centre, community access centre and Sure Start Children's Centre.

The level of deprivation within the practice population is above the national average. The practice is in the first most deprived decile meaning that it has a higher proportion of people living there who are classed as more deprived than most areas. Data shows the number of younger people

aged below 40 years registered at the practice is significantly higher than the national average, and the proportion of 40 to 85+ year olds is significantly lower than national averages.

The practice team comprises of two GP directors (male), two long term locum doctors (male and female), an advanced nurse practitioner, a practice nurse, a health care assistant, a group practice manager, a deputy practice manager and two receptionists. They are supported by a premises officer and a cleaner employed by the landlord.

The practice is open between 8am and 6.30pm Monday to Friday. Appointment times start at 8am and the latest appointment offered at 5.50pm daily. The practice does not provide the extended hours service.

When the practice is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

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

- Spoke with a range of staff (GP, advanced nurse practitioner, health care assistant, administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there were recording forms available in the practice. There was a comprehensive incident management procedure in place.
- However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. There was no clear evidence that these were discussed with all staff and learning shared across the whole team. Some reviews had been discussed at staff group meetings. Staff we spoke to could not recall any significant events, although they told us they would be made aware if they were involved in them. The clinical lead was not aware of the process for recording and acting on significant events.
- There were four significant events recorded since January 2017, which were reported in August and September. These had not yet been discussed at any meetings although they were discussed with the individual staff involved.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. However, some of the staff we spoke to were not aware of the duty of candour.

Overview of safety systems and processes

The practice did not have clearly defined systems, processes and practices in place to minimise risks to patient safety. Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. However, the practice did have effective systems in place to keep patients safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. 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. All staff had received training relevant to their role in accordance with their practice policy. GPs were trained to the appropriate level to manage child safeguarding (Level 3), the Advanced Nurse Practitioner was trained to level 2 and the Healthcare Assistant was trained to Level 1.

- A notice in the waiting room advised patients that chaperones were available if required. 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. There were cleaning schedules and monitoring systems in place.
- There was an appointed infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. However, there were no records kept of staff immunisations for all relevant staff including clinical staff. We were provided with evidence that the appropriate immunisations and health checks had been undertaken soon after our inspection.

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

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice did not hold stocks of controlled drugs.
- The practice employed an advanced nurse practitioner, who was qualified as an Independent Prescriber and

Are services safe?

could therefore prescribe medicines for clinical conditions within their expertise. We found there was limited clinical oversight of their role. Whilst they received support from medical staff available on a day to day basis, there was no formal review of their practice and/or prescribing since commencing their role in January 2017.

- The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw evidence of completed patient specific directions entered into patient records.
- We found cold chain procedures were not always maintained. For example, for a two week period between August and September 2017, the vaccine fridge had recorded daily temperatures which were outside of the recommended temperature range, and had not been followed up appropriately. This was followed up immediately after our inspection and we received assurance that there was no risk to patient safety.
- There was an effective system in place for managing safety alerts, including those received from the Medicines and Healthcare Regulatory Agency (MHRA), which was implemented in September 2017. Alerts were received by the practice manager who logged them on spreadsheets and forwarded to relevant staff and recorded actions taken. Prior to this, alerts were received via email and forwarded to relevant staff for action. However, there was no system to check that these had been actioned. After our inspection, we received an updated action log showing alerts received since January 2017 and how these had been acted on.

We reviewed a random sample of some clinical notes and found, in some instances, checks undertaken and/or advice to patients was not recorded fully to demonstrate patient safety. The provider took immediate steps to ensure records identified were reviewed and an action plan was put in place to review standards of record keeping.

We reviewed four employment files for clinical and non-clinical staff. These included staff who had transferred over from the previous providers of services at the practice. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate body and the appropriate checks through the Disclosure and Barring Service. However, we found recruitment checks were not always carried out effectively for staff

working with vulnerable patients. For example, enhanced DBS checks were not undertaken for a clinical member of staff prior to starting their role at the practice, and no recorded risk assessment in relation to this.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available 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).
- At the time of our inspection, staffing levels were low across the practice team due to vacancies and absence due to sickness or holidays. The managers and directors (GPs) provided interim cover but were stretched between Southglade Medical Practice and responsibilities at their other practice within their operating group. Arrangements were in place for planning and monitoring the number of staff and skill 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. Some staff worked across the two GP practices run by the provider whilst recruitment was ongoing for additional staff. For example, hospital discharges and referrals were managed by a secretary based at the other practice in their operating group for both practices.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

Are services safe?

- 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. First aid kit and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 and a copy was kept off the practice site. All staff had access to each others telephone numbers and they were included in a text messaging group for communicating urgent messages.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice staff demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the local Clinical Commissioning Group (CCG) and 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 through clinical meetings and emails circulated by the practice manager. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published data for 2016/17 show the practice results from when the provider started operating at the practice in January 2017, therefore they reflect performance over a three month period (January -March 2017) only, as agreed and validated by NHS England. The most recent published results showed that the practice had achieved 29% from 04/01/2017 to 31/03/2017. The overall exception reporting rate was 0.2% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF).

Practice supplied data showed the practice achieved a total of 80% in 2016/17. (Performance for the full QOF year 2016/17 also includes performance from the previous provider)

Performance in all areas was in line with local and national averages. Data from 2016/17 showed:

- Performance for diabetes related indicators for the period January-March 2017 was 7%. Practice supplied data for the full QOF year indicated they achieved 87% on diabetes related indicators in 2016/17.
- Performance for mental health related indicators for the period January-March 2017 was 18%. Practice supplied data for the full QOF year indicated they achieved 45%.

- Performance for hypertension related indicators for the period January-March 2017 was 23%. Practice supplied data for the full QOF year indicated they achieved 100%.

The provider was aware the performance above was largely attributed to the previous provider of the practice. They commenced operations towards the end of the financial year at a time when they could not have a significant impact on the performance achieved by the previous provider. However, they made the following changes to improve future performance and patient outcomes on QOF:

- A recall system was introduced whereby people with long term conditions were invited for a review in the month of their birthday. People with multiple chronic diseases were reviewed in a single appointment.
- A system was put in place to follow up non-attenders to encourage them to attend reviews at a convenient time and location, including offering them appointments at the other group practice if it was more accessible.
- The clinical lead carried out dedicated review clinics for people with multiple and/or contra-indicated medicines to ensure safety and a consistent approach in managing patients.

The practice had undertaken some clinical audits and patient reviews to drive quality improvement since the provider started operating in January 2017. There were plans to repeat the audits when appropriate in order to observe improvements in quality of care. For example:

- An audit was carried out in June 2017 on patients with a diagnosis of hypertension to check if they had been recalled for blood tests and their blood pressure had been checked annually. They found 27 patients did not have the appropriate clinical code entered on their records; 53 patients had not been recalled; 14 patients had not had an annual blood test and 10 patients had not had their blood pressure checked in the last year. These patients were invited for reviews as appropriate, and there were plans to repeat the audit in a year.
- We observed that some changes to NICE guidelines were used to trigger clinical audits. For example, an audit on people with osteoporosis was in progress, in response to a change in NICE guidelines. However, the audit was yet to be repeated in order to carry out full analysis of improvements in patient care.

Are services effective?

(for example, treatment is effective)

- The practice reviewed administrative processes relating to a number of clinical referrals to ensure that patients had been referred to the correct service and the referral had been sent by staff using the correct system. In addition, GPs undertook peer reviews of their referrals to ensure they were all referring appropriately in order to reduce the likelihood of referrals being rejected, resulting in a delay in patient care.

During our inspection, we reviewed a random sample of notes recorded following patient consultations by one of the clinicians. We found patient safety was not appropriately addressed, for example, the appropriate examinations and tests were not carried out. In some cases there was inadequate record keeping that could potentially compromise the ability of a future clinician to provide effective care.

There was evidence of regular engagement with the CCG on medicines management through meetings, and there were plans for the CCG to carry out a review of the prescribing of individual clinicians at the practice.

Staff were proactive in supporting people to live healthier lives, with a focus on early identification and prevention and treatment within primary care. The practice regularly assessed their performance in areas such as admissions and referrals. Although the unplanned admissions register enhanced service had been discontinued, the practice continued to monitor unplanned and avoidable admissions.

Effective staffing

We saw staff had a range of skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff including locum doctors. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 meetings.
- We found there was limited supervision and clinical oversight of some of the staff who were new to working

in a general practice setting to ensure they were working within the scope of their competencies. However, we received an action plan after our inspection which included increased clinical supervision and support for staff.

- There were plans to carry out annual appraisals to identify learning needs of staff. At the time of our inspection, no appraisals had been undertaken as yet. However, staff had received a series of meetings and one to one reviews since the new provider started running the practice in January 2017. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, protected learning time and clinical supervision. For example, the healthcare assistant was supervised by the advanced nurse practitioner, and had recently undertaken flu vaccinations and anaphylaxis update course.
- At the time of our inspection, staffing levels were reduced across the practice team due to vacancies and absence due to sickness or holidays. The managers and directors (GPs) provided interim cover but were working between Southglade Medical Practice and fulfilling responsibilities at their other practice within their operating group. Patients in need of nurse appointments for chronic disease reviews and/or cervical screening were offered appointments at their other practice to avoid delays in accessing services. Additionally, a locum nurse was used to provide nursing services during periods of staff sickness. The directors were aware staffing issues were not sufficient to meet the needs of patients. There were plans to employ a salaried GP who would work part-time at the practice and there was an active advertisement for a receptionist.

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

Are services effective?

(for example, treatment is effective)

patients to other services. The practice made use of the close location proximity with the community teams by making referrals promptly and discussing them in person.

- The practice had a system linking them to the hospitals so that they were able to view pathology results completed in hospital instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice therefore sharing patient information occurred seamlessly.
- GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt and patients were informed in a timely manner if the initiating GP was away from the practice.

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. Multi-disciplinary meetings were held once every two months to enhance and review care planning of vulnerable patients.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw evidence of completed consent forms for minor surgery procedures.

Supporting patients to live healthier lives

Staff were proactive in identifying patients who may be in need of extra support to live healthier lives and promote their health and wellbeing. For example:

- The practice proactively identified patients with dementia to ensure that support was put in place for the patients and their carers in a timely manner.
- The practice offered NHS health checks and alcohol screening to encourage healthy lifestyles and early detection of any potential long term conditions. In addition to this, the practice offered a range of services such as smoking cessation, family planning, asthma clinics and child health surveillance.

Published data for cancer screening was broadly in line with CCG and national averages. However, this was performance achieved under the previous provider. For example:

- The practice's uptake for cervical screening for eligible patients in 2015/16 was 82%, which was significantly higher than the CCG and national average of 73%.
- Breast and bowel cancer screening data from 2015/16 was broadly in line with CCG and national averages. For example, the proportion of patients who were screened for breast cancer in the last 36 months was 74%, compared with a CCG average of 72% and a national average of 73%.

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.

Practice supplied data showed immunisation rates for vaccinations given to under two year olds were 96%, and those for five year olds were 94% in first quarter of 2017/18.

Patients had access to appropriate health assessments and checks. 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.
- A private room was available next to the reception area for patients who wished to discuss sensitive issues or appeared distressed.

We received 18 completed comment cards, and 13 of these were entirely positive about the care and attention received from the whole practice team. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness. However, five patients had mixed views and commented that sometimes there was a long wait in the waiting room to be seen by a clinician after booking an appointment, and it was difficult to get through the telephone at 8am to book an appointment. This was consistent with feedback received from the patients we spoke with on the day of the inspection.

Feedback from staff at a local care home was positive about how clinicians treated patients resident at the home. They told us the clinicians built rapport with patients, gave them time and adapted their approach to meet the needs of individuals.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive about patient involvement 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.

The practice cared for patients from different backgrounds and differing lifestyles, some of whom had significant challenges in following the recommended care and treatment. However, the practice actively engaged all patients.

Staff told us that translation services were available for patients who did not have English as a first language and used sign language services for deaf patients.

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. For example, there was information related to carers, dementia and mental health. Information about support groups such as Carers Federation, New Leaf and Physiotherapy service was displayed.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 58 patients as carers (2% of the practice list) who were offered flu vaccinations. There was a nominated carers' champion to encourage identification of carers and offer support.

Staff told us that if families had experienced bereavement, their usual GP would offer to visit them and/or by give them advice on how to find a support service for bereavement counselling.

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 worked to ensure its services were accessible to different population groups. For example:

- The practice offered a range of appointments which included telephone appointments, same day urgent and pre-bookable appointments. There were no closures at lunch time, allowing patients to access the practice all day.
- Minor illness appointments were provided by the advanced nurse practitioner for people with urgent health needs.
- There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- There were counselling clinics held on Wednesdays and Thursdays at the practice. Patients were encouraged to self-refer to this service, as well as podiatry and physiotherapy.
- 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 with medical problems that required same day consultation with an on call doctor. Drop in baby clinics were also offered by the health visitors three times per week at the local Access Centre based within Southglade Park.
- There were accessible facilities and translation services available when required.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment and an interpreter could be arranged for those who could not speak in English through Language Line translation service. A hearing loop was available in the practice.
- The practice manager met quarterly with other resident organisations in Southglade park to discuss issues

affecting provision of their services. For example, they met with the local councillor to request for additional bus services to enable patients to access the practice with ease.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8am and the latest appointment offered at 5.50pm daily. Pre-bookable appointments could be booked up to four weeks in advance for the GPs. Urgent appointments were available for people who needed them. The practice held a cancellation list where patients who could not be offered urgent appointments were added and they were informed of any cancelled appointments to enable them to be seen early. Appointments with the health care assistant were available from 8.15am from Monday until Thursday, and the latest appointment was offered at 5.30pm on a Wednesday. Patients were encouraged to telephone at 8am for urgent same day appointments, and before 10am for home visit requests. Patients could access appointments online and request repeat prescriptions over the telephone or using the electronic prescriptions service.

The practice did not provide the extended hours service. However, staff told us patients could be offered early appointments from 7.30am and late appointments up to 7.30pm on Monday at Tudor House Medical Practice if needed.

Since the change of provider at the practice, there had been a change to the appointments system to allow more pre-bookable appointments which could be booked up to four weeks in advance. Most of these appointments, including urgent slots, were made available at 8am each morning. The practice undertook a patient survey in September 2017 which indicated some patients had difficulties in getting through on the telephone at 8am to book appointments and accessing online appointments. An action plan was produced by the practice to review the appointments system, and a joint website was near completion for the group of practices to enable patients to use online services. Staff told us an analysis of the number of appointments offered showed they were delivering against their performance target on appointments as required by their commissioners. However, they had a

Are services responsive to people's needs?

(for example, to feedback?)

significant rate of non-attendance for pre-bookable appointments and they were looking to introduce a policy regarding non-attendance which would be discussed with the PPG once it was established.

At the time of our inspection, all GPs worked part time hours, with one female GP available on a Friday. In her absence, patients who requested for a female GP were offered appointments at the other practice in their operating group. Staff told us plans were at advanced stage to recruit an additional female GP who would work mostly from the practice site.

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, the practice manager, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area.

We looked at four written complaints and three verbal complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Apologies were given to people making complaints where appropriate. We saw evidence of complaints discussed at joint monthly meetings held by the GP directors and managers for the two practices, and any actions cascaded to staff involved in the complaints. Staff told us they would be informed if the complaints involved them individually or at staffing group meetings. A complaints leaflet was available in the waiting room at the reception desk.

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 told us they had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement centred on providing high quality services and professional care. There was a patient charter given to all new patients, explaining patients' rights to medical services.
- The directors acknowledged the challenges they faced upon taking over the practice from the previous provider, which included a decline in chronic disease monitoring and poor QOF performance and a predicted budget overspend on prescribing. An effective recall system was now in place to improve routine monitoring of patients. These were areas they were keen to improve whilst promoting the practice to increase their list size, which had grown by 160 new patients in eight months.
- The directors and some staff members had experience in providing healthcare services to a local prison close to the two practices operated by the providers. It was noted that some people when discharged from the prison lived in the local community, subsequently registering at the practice. The directors considered the opportunity to provide continuity of care and there were plans to provide substance misuse services at the practice to enable patients to receive care closer to home.
- At the time of our inspection, staffing levels were reduced across the practice team due to vacancies and absence due to sickness or holidays. The managers and directors (GPs) provided interim cover but were stretched between Southglade Medical Practice and responsibilities at their other practice within their operating group. The directors were aware staffing issues were not sufficient to meet the needs of patients. There were plans to employ a salaried GP who would work mostly at the practice and there was an active advertisement for a receptionist.
- The practice was not accredited to provide training to medical students at Southglade Medical Practice. However, students training at the other practice in the

operating group were enabled to carry out clinical audits which included Southglade Medical Practice. There were plans to offer student placements for a nursing associate role.

- Other future plans included working with the local GP alliance and commissioners to promote the use of the practice facilities as an out of hours care hub.

Governance arrangements

The practice had a governance framework in place however some systems and processes were not always operated effectively to support the delivery of good quality care.

There was an appointed a Quality Governance Lead who supported the practice on governance issues. The governance framework 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. All staff had clear responsibilities in both clinical and non-clinical areas.
- There was an appointed Caldicott Guardian within the practice responsible for protecting the confidentiality of patients and enabling appropriate information-sharing.
- Practice specific policies were implemented and were available to all staff on a shared computer drive. We saw that there were practice meetings for the different staffing groups where policies and changes were discussed.
- There were systems in place for identifying, recording and managing risks. However, these were not implemented fully in respect of recruitment checks, vaccines management and safety alerts, including those received from Medicines and Healthcare products Regulatory Agency (MHRA).
- We reviewed a random sample of some clinical notes and found, in some instances, checks undertaken and/or advice to patients was not recorded fully to demonstrate patient safety. The provider took immediate steps to ensure records identified were reviewed and an action plan was put in place to review standards of record keeping and increase supervision of staff.

Leadership and culture

Are services well-led?

Inadequate 

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

GPs had specialist training and/or experience in dermatology, substance misuse, child health and prison healthcare. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

Some of the staff we spoke to were not aware of the duty of candour. However, we saw evidence that when things went wrong, people were informed and apologies given. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

Although significant events and complaints were investigated, there was no clear evidence that these were discussed with all staff and learning shared across the whole team. Some complaints had been discussed at staff group meetings. Staff we spoke to could not recall any significant events, although they told us they would be made aware if they were involved in them. The clinical lead was not aware of the process for recording and acting on significant events.

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

- Staff told us the practice held regular team meetings between the staff groups and as a practice, which was evident from the minutes of meetings held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice engaged with the CCG and hosted meetings for their care delivery group.
- There was engagement with the local community through the annual park event held by the local council on the site where the practice is based. The practice carried out health promotion activities such as free health checks and free 'smoothie bike' drinks to encourage healthy eating. Other events held included a

charity coffee morning which was open to all members of the public. Additionally, the practice met quarterly with other resident organisations in the Southglade park to discuss issues affecting service provision.

- Information on courses offered in the wider community was available in the practice waiting room. For example, free first aid workshops, breastfeeding groups and free language courses.

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 gathered feedback from patients through the national patient survey and carried out their own patient surveys on a regular basis. They reviewed the results at team meetings and discussed ways to continually improve the results and commend the team for positive results. The most recent survey was undertaken in September 2017 and an action plan was devised following feedback from patients.
- The practice did not have a patient participation group (PPG). However, they were actively recruiting members and forms were available in the reception area as well as on the NHS Choices website informing patients how to join the PPG. Staff told us PPG members from the other practice in the operating group had visited Southglade Medical Practice to encourage patients to form a PPG. Additionally, the practice used local events to recruit members but had not had any success. Patient experience and feedback were obtained through the practice's own patient surveys and the Friends and Family Test.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt engaged to improve how the practice was run.

Continuous improvement

There was limited continuous learning and improvement at all levels within the practice. Whilst some staff had attended a number of training events, the practice team did not participate in local pilot schemes to improve

Are services well-led?

Inadequate 

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

outcomes for patients in the area. The practice was not accredited to provide training to medical students at Southglade Medical Practice. However, students training at the other practice in the operating group were enabled to carry out clinical audits which included Southglade

Medical Practice. There were plans to offer student placements for a nursing associate role. Other future plans included working with the local GP alliance and commissioners to promote the use of the practice facilities as an out of hours care hub.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were ineffective. They failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The provider did not have effective systems in place for sharing significant events with the wider practice team to ensure consistent learning was achieved.</p> <p>The practice did not ensure that an accurate, complete and contemporaneous record is maintained for every patient.</p> <p>This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

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 persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>There was no effective system of ensuring actions required following safety alerts had been taken to protect patients from harm.</p> <p>Procedures relating to the management of vaccines were not always maintained.</p> <p>Recruitment checks were not always carried out effectively for staff working with vulnerable people.</p> <p>This was in breach of regulation 12(1)(2) 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 had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity</p>

This section is primarily information for the provider

Enforcement actions

received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

There was limited clinical oversight of some staff.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.