

# Field House Surgery

## Quality Report

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Date of inspection visit: 5 & 6 January 2016  
Date of publication: 08/04/2016

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Field House Surgery on 5 and 6 January 2016. Overall the practice is rated as requires improvement.

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

- There were systems in place for reporting and recording significant events and staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- Risks to patients were assessed and managed, with the exception of those relating to the management of medicines and deployment of sufficient staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Patient feedback showed that patients did not always feel satisfied with how they could access care and treatment.
- Patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Summary of findings

- The practice had a number of policies and procedures to govern activity and systems to monitor quality improvement however these were not fully implemented.

However there were areas of practice where the provider must make improvements;

- Ensure robust investigations are completed when incidents occur.
- Ensure that appropriate levels of staffing are maintained at all times.
- Ensure medicines are managed and administered safely

- Ensure the audit and quality monitoring systems are implemented.

There were areas of practice where the provider should make improvements

- Ensure an infection control audit is undertaken.
- Ensure improvements are made to patient access to the practice by telephone.
- Ensure patient records are summarised in a timely manner.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events however, reviews and investigations were not thorough enough.
- Lessons learned were shared with staff involved in incidents however actions identified were not always adequate to support improvement and to prevent a recurrence.
- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed with the exception of those relating to the safe management of medicines and deployment of staff.
- Blank prescriptions were not stored or recorded in line with national guidance or the providers' policy. The process for authorising and issuing repeat prescriptions was not being followed correctly.
- Health Care Assistants were not working under the accepted definition of a Patient Specific Direction (PSD) when they were administering vaccinations. PSDs are written instructions for a specific patient allowing a specified professional to supply or administer a medicine.
- Appropriate levels of staff were not always maintained to enable letters, investigation results and blood results to be reviewed in a timely manner so appropriate action can be taken.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local CCG and national average in most areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for staff. Appraisals were overdue but these had been booked for January 2016.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

## Are services caring?

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

- Data from the National GP Patient Survey showed that patients rated the practice below the local CCG and national average for all aspects of care. For example;
  - 73% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
  - 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
  - 88% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
  - 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
  - 81% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- The practice has undergone significant change during the past two and a half years with the loss of its GP partners, salaried GPs and three members of the nursing team. The Provider had been working to stabilise the clinical team at the practice and had employed six new nursing team members, including two Advanced Nurse Practitioners.
- Patients said they were treated with compassion, dignity and respect; however, not all felt cared for, supported and listened to.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

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

**Requires improvement**



# Summary of findings

- The practice had reviewed the needs of its local population however the action plan it had put in place had not secured improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available, although urgent appointments were usually available the same day.
- Patients said it was difficult to make appointments and to get through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was launching an advice and support service for patients with health and social care issues.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where improvements should be made.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The business manager also managed another practice and was only scheduled to work two days a week at Field House Surgery and some weeks they were only there one day. There was an assistant practice manager at Field House Surgery and the Business Manager had full remote access to all systems and was able to track what was happening and intervene if necessary.
- There were regular meetings where governance issues were discussed. Not all staff groups were involved in meetings.
- The practice had a number of policies and procedures to govern activity. There was an overarching governance framework and systems to monitor quality improvement however these were not fully implemented.
- The provider was aware of and complied with the requirements of the Duty of Candour. One Medicare Ltd encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient champions group was active.

## Requires improvement



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety, caring, responsiveness and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 did not have a named GP due to the use of locums in the practice.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that flu immunisations were high for older people.
- Outcomes for patients were mixed for conditions commonly found in older people. For example, performance for heart failure related indicators was 100%; this was 1.9% above the local CCG average and 2.1% above the national average. Performance for osteoporosis related indicators was 100%; this was 15.3% above the local CCG average and 18.6% above the national average. Performance for stroke indicators was 88.7%; this was 11.9% below the local CCG average and 9.9% below the national average.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety, caring, responsiveness and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were mixed. For example, performance for diabetes related indicators was 93%, this was

**Requires improvement**



# Summary of findings

0.2% above the local CCG average and 3.8% above the national average. However performance for Chronic Obstructive Airways Disease indicators was 82.9%, this was 14.6% below the local CCG average and 13.1% below the national average.

- Longer appointments and home visits were available when needed.
- Patients with long term conditions did not have a named GP due to the use of locums in the practice. They had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety, caring, responsiveness and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Nationally reported data from 2014/2015 showed the percentage of patients diagnosed with asthma, on the register, who had had an asthma review in the preceding 12 months was 77%; this was 0.2% above the local CCG average and 1.7% above the national average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 90.3%; this was 5.4% above the local CCG average and 8.5% above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses.

The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

**Requires improvement**



# Summary of findings

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety, caring, responsiveness and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety, caring, responsiveness and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



## **People experiencing poor mental health (including people with dementia)**

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

**Requires improvement**



# Summary of findings

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

- Nationally reported data showed the percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 58.8%. This was 25.4% below the local CCG average and 25.2% below the national average.
- Nationally reported data from 2014/2015 showed the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 71%. This was 19.9% below the local CCG average and 17.3% below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The National GP patient survey results published on the 6 January 2016 showed the practice was performing below the local CCG and national averages in all areas. There were 244 survey forms distributed for Field House Surgery and 111 forms were returned, a response rate of 45%. This represented 1.4% of the practice's patient list.

- 57% found it easy to get through to this surgery by phone compared with a CCG average of 68% and a national average of 73%.
- 74% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 63% described the overall experience of their GP surgery as fairly good or very good compared with a CCG average 87% and a national average of 85%.
- 45% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared with a CCG average 81% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received seven comment cards five of these were positive about the standard of care received. Two patients were not satisfied with care received and both commented on the difficulty in getting appointments.

We spoke with seven patients including one member of the Patient Participation Group (PPG). All of them said it was difficult to get appointments and they could not see the same GP due to the high number of locum GPs working at the practice. There was mixed feedback about the attitude of staff. Most patients commented that staff were helpful, however three people told us GPs and reception staff were not always helpful and could be rude. Patients described the service from the nurse practitioners as good and said they were polite, helpful and caring.

We looked at the results of a patient survey undertaken by the practice during 2015, 'Family and Friends' (F&F) survey results and at comments made by patients on the NHS Choices website and a local social media site. These all reflected the results of the national survey and feedback from the comments cards and patients we spoke with.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure robust investigations are completed when incidents occur.
- Ensure that appropriate levels of staffing are maintained at all times.
- Ensure medicines are managed and administered safely

- Ensure the audit and quality monitoring systems are implemented.

### Action the service **SHOULD** take to improve

- Ensure an infection control audit is undertaken.
- Ensure improvements are made to patient access to the practice by telephone.
- Ensure patient records are summarised in a timely manner.

# Field House Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Inspector and included a CQC Pharmacist Inspector, a GP Specialist Advisor and a Practice Manager Specialist Advisor.

## Background to Field House Surgery

Field House Surgery is located on Victoria Road in Bridlington and occupies an adapted property that is a listed building. It is close to the town centre, the train station and local bus routes. Parking is available outside the practice and there is disabled access. It provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 7569, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is above the England average. The practice population in the under 18 age group is below the England average. The practice scored two on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. The overall practice deprivation score is higher than the England average. People living in more deprived areas tend to have a greater need for health services.

The practice has undergone significant change during the past two and a half years with the loss of its GP partners, salaried GPs and three members of the nursing team. The Provider, One Medicare Ltd has been delivering the service at Fieldhouse Surgery since October 2014. Since early 2015 GP provision has been provided by locums, there have

been two long term locum GPs working at the practice since early 2015 supported by short term locums. Additional GP cover is provided remotely from the Provider's hub in Leeds and occasionally from other sites. This cover includes telephone triage, booked telephone appointments and reviews of pathology results and clinical tasks.

One Medicare Ltd has, and continues to advertise for salaried GPs but has been unsuccessful in appointing any permanent GPs at the time of the inspection. This is reflective of the current difficulties being experienced in recruiting GPs to the local area. The Provider has stabilised the nursing team at the practice with six new nursing team members including two Advanced Nurse Practitioners employed in the past 12 months.

There are two Advanced Nurse Practitioners, one nurse practitioner, two practice nurses and two health care assistants. There is a Business Manager who works two days per week at Field House surgery and an assistant practice manager who works four days per week. The practice has a team of secretarial, administration and reception staff.

The practice is open between 8am to 6pm Monday to Friday. Appointments are available from 8.30am to 10.30am on a Monday and Friday and from 08.30 to 11.00am Tuesday, Wednesday and Thursday through the walk in clinics. Appointments are available from 3pm to 5pm daily. Between 10.30am and 3pm the phone is answered and any urgent requests are dealt with. The branch surgery at Flamborough which is located five miles from Bridlington is currently closed, this has been agreed with NHS England. If patients are unable to travel to Bridlington the practice undertakes home visits.

# Detailed findings

The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The Practice is a member of Brid Inc Ltd, and is working in partnership with other local practices, social services and community services to improve the health and wellbeing of the local population. Uniting healthcare is a key aim of Brid Inc Ltd by bringing together the key individuals who create the health and social care services. Using strategies that have worked in other areas, Brid Inc Ltd's wish is to provide Bridlington with solutions to the unique healthcare needs in their area.

## Why we carried out this inspection

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

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

## How we carried out this inspection

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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on the 5 and 6 January 2016. During our visit we:

- Spoke with a range of staff including the medical Director, a locum GP, an advanced nurse practitioner and the business manager. We also spoke with the office manager and administration and receptionist staff.
- Spoke with seven patients who used the service and talked with carers and/or family members.
- Reviewed seven comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the business manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events. However, this did not always identify the root causes of why the incidents had occurred and how they would minimise the risk of it happening again. For example one investigation we looked at stated that if the incident occurred again the practice would review it to see if it was due to continued staff absences or a capacity issue. At the inspection we saw that there had been further incidents, however there was no evidence that the root causes had been identified.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared with staff at meetings and the business manager produced a monthly newsletter. This included a summary of incidents and complaints that had occurred, why they had happened and actions taken to prevent a recurrence. There was also a summary of any themes or trends, for example how many medicines related incidents or administration errors were occurring. Staff commented that if they had been involved in an incident they did not always feel involved in the investigation carried out.

We saw examples of incidents reported and action taken. For example there had been a delay in a patient having a test as the request form had been completed by an advanced nurse practitioner (ANP) and they were not trained to do this. An interim process was put in place so that patients who required this test were seen by a GP and training had been arranged for the ANPs so they would be able to request these tests in the future. The incident was discussed at staff meetings and all staff reminded of the new procedure to be followed.

People affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice could not fully demonstrate that systems, processes and practices were in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. GPs were trained to Safeguarding Level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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. One of the health care assistants had recently taken on the role of the infection prevention and control (IPC) lead and training had been arranged for them. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken and we saw evidence that action was taken to address any improvements identified as a result. Hand hygiene audits had been undertaken however an annual infection control audit had not been carried out.
- The arrangements for managing medicines within the practice did not always keep patients safe.
- Emergency drugs were stored securely and centrally. The information packs for locums indicated where emergency drugs were located. One medicine in both emergency drugs bags and the stock area could not be identified as appropriate for use as the pack was opened but no expiry recorded. The effectiveness of this could therefore not be confirmed. The practice addressed this during our visit.
- Fridges were monitored accurately and each fridge had two thermometers. The fridges were not hard wired but

## Are services safe?

appropriate signage directed people to not remove the plug. Standard Operating Procedures were in place. In December 2015 one of the fridges had been left open overnight this had been recorded as a significant event with lessons learnt being disseminated to appropriate staff. Vaccine stock levels were ordered appropriately by designated staff. Staff described their plans with regards to more effective stock management including an online system they were planning to implement to streamline the process.

- Blank prescriptions were not stored or recorded in line with national guidance or one medical group policy. The practice staff were not aware of the policy. This was brought to the attention of staff and partially addressed as a record folder was developed during our visit.
- Patient Group Directives (PGDs) were used within the practice. PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. We assessed two files. The PGD files were specific to the individual nurse. One file contained multiple non signed PGDs this was highlighted during the inspection and corrected.
- The healthcare assistants (HCAs) in the practice administered medicines regularly using Patient Specific Directions (PSDs). PSDs are written instructions for a specific patient allowing a specified professional to supply or administer a medicine. PSDs were not appropriately managed or in place because they were not signed by the Doctor before the medicines were administered. As a result the HCAs were not working under the accepted definition of a PSD and the current practice did not comply with legal requirements.
- During our visit we assessed the repeat dispensing system. Samples of prescriptions awaiting collection were assessed. Many prescriptions were issued after the review date and three prescriptions were awaiting collection from 2014 and one from July 2015. We observed administrative staff processing repeat prescriptions. There was a system in place for identifying prescriptions that were over their review date. Staff were aware of what to do when prescriptions were identified as being past their review date. However non-clinical staff told us how the system could be overridden, enabling them to change review dates so prescriptions could be issued. This increased the risk to patients from their medications as clinical reviews were not effectively taking place.

- Several audits looking at high risk medicines had been completed. The audits identified failings in the assessment system for high risk medicines. Actions were listed however one report did not have any dates and so assessment could not be made as to when this would be reviewed.
- Controlled drug (CD) prescriptions were issued by the GPs. Delays were occurring for controlled drug prescriptions as the prescriptions were not written according to guidance. We checked several CD prescriptions awaiting collection. Of the prescriptions checked only one complied with the legal writing requirements meaning delays would occur at the dispensing stage. There was no system in place to address this.
- We reviewed four personnel files for staff employed since April 2013 and found that appropriate recruitment checks had been undertaken prior to employment for these staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed however monitoring of the risks was not always well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had a fire risk assessment and a fire warden in place and fire drills had been carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty. However we saw evidence that incidents had occurred as a result of insufficient staff. For example, there had been six incidents during November and December 2015 when there was a backlog of correspondence and test results. Also we

## Are services safe?

observed the phone ringing for long periods of time and feedback from patients and other professionals confirmed this happened. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required.

### **Arrangements to deal with 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. There was also a first aid kit and accident book available.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from 2014/2015 showed the practice achieved 90.7% of the total number of points available. Practices can exclude patients which is known as 'exception reporting', lower exception reporting rates are more positive. The practice exception reporting rate was 9.2% which was in line with the local CCG and national average. The practice was performing below the local CCG and national average for some of the clinical indicators. The practice was aware of the areas in QOF where performance was lower than the CCG and national average. There was an action plan to address this, for example with a focus on mental health, including dementia, during January to March 2016. Data from 2014/15 showed;

- Performance for diabetes related indicators was 93%; this was 0.2% above the local CCG average and 3.8% above the national average.
- Performance for Chronic Obstructive Airways Disease indicators was 82.9%, this was 14.6% below the local CCG average and 13.1% below the national average.

- The percentage of patients diagnosed with asthma, on the register, who had had an asthma review in the preceding 12 months was 77%; this was 0.2% above the local CCG average and 1.7% above the national average.
- Nationally reported data from 2014/2015 showed the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 71%. This was 19.9% below the local CCG average and 17.3% below the national average.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, one of these was a completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following a dementia audit the practice increased the number of patients it identified as diagnosed with dementia. They ensured these patients had a care plan in place, were prescribed medication if required and received care in accordance with current NICE guidelines and other recommended guidance.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff and locums that covered such topics as safeguarding, fire safety, health and safety and confidentiality. There was a comprehensive induction pack for locum GPs which included policies, local procedures for arranging tests and making referrals and internal and external telephone numbers.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

# Are services effective?

## (for example, treatment is effective)

development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one-to-one meetings, appraisals, clinical and peer support supervision and facilitation and support for the revalidation of doctors. Due to the changes that had occurred in the practice appraisals for staff were overdue. Staff had received pre-appraisal forms to complete and appraisal appointments were booked for January 2016.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was accessible to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.
- Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.
- There was a backlog of paper clinical records waiting to be summarised and entered into patients' electronic records. The business manager told us after the inspection that two staff had received training to enable the backlog to be addressed.

We saw evidence that multi-disciplinary team meetings took place quarterly and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young 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 nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent had not been monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- Patients were signposted to local Health Trainers for smoking cessation advice and other health promotion interventions.

The practice had a comprehensive screening programme. QOF data from 2014/2015 showed the practice's uptake for the cervical screening programme was 90.3%; this was 5.4% above the local CCG average and 8.5% above the national average. There was also a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were relatively high and were above or comparable to the CCG and national averages for children aged 12 months, two and five years. For example, rates for all immunisations were above 90%. Flu vaccination rates for the patients over 65 and in those with long term conditions were comparable to the local CCG and national averages.

## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. QOF data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding

five years was 91.4%, this was 0.5% above the local CCG and 0.4% above the national average. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

We observed throughout the inspection that members of staff were courteous and helpful to patients and they were treated 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received seven comment cards and spoke with seven patients. Feedback was mixed, most patients were satisfied with the standard of care received and commented that staff were helpful, however five people told us GPs and reception staff were not always helpful and could be rude. Patients described the service from the nursing team as good and said they were polite, helpful and caring.

Results from the national GP patient survey published in January 2016 showed patients satisfaction rates were below the CCG and national average for consultations with GPs, nurses and receptionists. For example:

- 75% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 73% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 83% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 90% said the nurse gave them enough time compared to the CCG average of 95% and national average of 92%.
- 88% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.

- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 93% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 81% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

We looked at the results of a patient survey undertaken by the practice during 2015, 'Family and Friends' (F&F) survey results and at comments made by patients on the NHS Choices website and a local social media site. These all reflected the results of the national survey and feedback from the comments cards and patients we spoke with.

### Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards we received showed that nursing staff discussed health issues with them and they felt involved in decision making about the care and treatment they received. Patients we spoke with told us they had enough time during consultations but gave mixed feedback about feeling involved in their care and staff explaining things to them.

Results from the national GP patient survey we reviewed showed patients were involved in planning and making decisions about their care and treatment. However the results were below the CCG and national averages, for example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

## Are services caring?

The practice was aware their patient satisfaction scores were below average and were working with staff to improve this.

Staff told us that translation services were available for patients who did not have English as a first language and there were leaflets available in other languages. There was no notice in the reception area informing patients that translation services were available.

### **Patient and carer support to cope emotionally with care and treatment**

There was information available in the consulting and treatment rooms that staff could give to patients about how to access a number of support groups and organisations. However there was none in the waiting room for patients to take.

The practice's computer system alerted GPs and nurses if a patient was also a carer.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was working with the CCG and the NHS England area team to review and monitor issues in the practice and an action plan had been developed to identify what the practice needed to do to ensure the service met patients' needs.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who would benefit from these.
- The practice provided walk in clinics three mornings a week, this had been increased from two following requests from patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. There was no hearing loop available for patients who had hearing difficulties. Reception staff told us they would take patients to a private area to talk to them if they had a hearing problem.

The practice was launching a 'Support and Advice Hub' service for patients with health and social care issues. The service would be available to the practice's patients and other people living in Bridlington. The 'Support and Advice Hub' service was being launched in January 2016 and would focus on a particular patient group each month. For example in February 2016 the practice was inviting all the patients who had been identified as at risk of diabetes to come to the practice to talk to health professionals and patients. Health Trainers, Dieticians and patients already diagnosed with diabetes would be available for 'at risk' patients to talk to and obtain advice from.

### Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available from 8.30am to 10.30am on a Monday and Friday and from 08.30 to 11am Tuesday, Wednesday and Thursday through the walk in clinics. Appointments were available from 3pm to 5.30pm daily. Between 10.30am and 3pm the phone was answered and any urgent requests were dealt with. The practice, along with all other practices in the East Riding of Yorkshire CCG area had a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This had been agreed with the NHS England area team.

In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be fitted in that day and staff explained they may have a wait until the GP saw them. If no appointments were available a telephone call back would be arranged.

Feedback on the comments cards from seven patients and from patients we spoke with said it was often difficult to get an appointment. We received seven comment cards and spoke with seven patients and nine patients commented on the difficulty getting appointments. The week before our inspection the practice did not provide the minimum number of face to face appointments as recommended by the Royal College of GPs (RCGP). The RCGP recommended number of appointments for the practice list size would be 595 appointments and the practice was able to provide 450. The practice was aware of this issue with appointments and was continuing to monitor and review its appointment system regularly. All of the patients we spoke with said they could not see the same GP due to the high number of locum GPs working at the practice. The practice was trying to recruit permanent GPs and was awaiting confirmation that a GP was going to accept the lead GP post at the practice.

Feedback from patients also said that it was very difficult to get through to the practice on the telephone. We reviewed feedback posted on the NHS Choices website in January 2016 and saw a comment from a patient saying they could not get through to the practice on the telephone. The patient had tried ringing 3 times and had waited 8 minutes and 6 minutes on the first 2 calls, then had tried to leave a message as directed but got an engaged tone. On the 3rd attempt the call was answered after 10 minutes.

# Are services responsive to people's needs?

(for example, to feedback?)

We saw an incident report from the 26 November 2015 where a health professional had called the practice and waited 40 minutes for the call to be answered. The practice did have an alternative telephone number that health professionals could use and they were made aware of this. This number was also made available to patients with complex medical problems. During the inspection we observed the phone ringing for long periods of time.

The CQC Inspector rang the practice on 7 January 2016 and tried to leave a message as directed and it went to an engaged tone. They rang again and the call had still not been answered after 32 minutes. When the Inspector spoke with the business manager they said that an analysis of the telephone calls coming into the practice was going to be undertaken.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was below the local CCG and national averages. This reflected the feedback we received on the day. For example:

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 57% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 46% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.

## Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. Information was on the practice website, in the patient information and complaints leaflets.

We looked at eleven complaints received since September 2015 and found these were satisfactorily handled and dealt with in a timely way. We saw that patients were involved in the complaint investigation and the practice was open when dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint when a referral to a service had been delayed the process for dealing with letters and requests for a referral was changed. Letters and referral requests were now marked as either red, amber or green to identify how quickly they needed to be dealt with. For example, letters or referrals marked red were sent straight to the GP to ensure that relevant action was taken and there were no delays.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision and values which would support them to deliver high quality care and promote good outcomes for patients.

- These were displayed on the Provider's website, on the intranet which was accessible by all staff and in the practice for patients and staff to see. Staff we spoke with understood the principles of the vision and values.
- We found details of the aims and objectives outlining how they would deliver their vision and values in their statement of purpose. The practice aims and objectives included;

Ensuring patients received responsive, safe, accessible, quality services; Ensuring care was delivered by a highly skilled, passionate and dedicated team of caring professionals; Creating effective partnerships to provide safe services, optimise care and improve health outcomes; Gaining patient feedback and combining that with their expertise and knowledge, so they were able to put their patients at the heart of everything they do.

The business manager had been in post since August 2015 and told us they had focused upon ensuring they could engage long term locums to work at the practice. This would support patients having some continuity of care. They were also developing a more cohesive staff team and ensuring the practice listened to the views and feedback of patients. A practice improvement plan had been developed prior to our inspection visit which had been agreed by the Providers leadership team, the CCG and NHS England area team. The improvement plan had identified some of the key areas of concern highlighted within our inspection visit.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff.

- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had very recently employed an external advisor to undertake a fire risk assessment of the premises.

However, the practice had not identified or managed a number of apparent risks to staff and patients.

- The practice had systems and processes in place to monitor the quality of the service however they were not being used consistently and effectively to identify where improvements were required. There was no evidence that the practice improvement plan was reviewed regularly, some issues and actions that had been identified on the plan did not have details of who was responsible for completing the actions or a date when they should be completed by.
- The practice had an annual audit plan however we found no evidence that audits planned for notes reviews, record keeping/assessment tools and data protection had been undertaken as planned.
- Issues with the checking of letters, blood results and investigations had been identified and investigated but were still occurring.
- Actions plans for audits, significant events analysis (SEA) and complaints, and actions from meetings did not always include review dates, actions taken and who had responsibility for ensuring actions were completed.

### Leadership, openness and transparency

Patients and staff we spoke with told us that things had improved since the business manager had started at the practice in August 2015; one patient said they were a good addition to the practice. However the business manager also managed another practice and was only scheduled to work two days a week at Field House Surgery and some weeks they were only there one day. The provider leadership team were based in Leeds and were available

# Are services well-led?

Requires improvement 

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

for advice on the phone and came to the practice to support when required. Staff told us that they were approachable and took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour; the incident reporting policy needed updating to include information about Duty of Candour. One Medicare Ltd encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

- Patients affected received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- They kept records of written correspondence and all verbal communication.

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

- Some staff told us that regular team meetings were held but this did not happen for all staff groups. No whole staff team meetings had been held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, with the business manager and through the incident reporting system.
- Staff said they felt respected, valued and supported, by the business manager. Staff told us that they worked well together as individual teams but sometimes it could be difficult because of the use of locum GPs. The business manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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 business manager had re-instigated the patient participation group (PPG) and they had met twice since August 2015. The business manager had also signed up to a local social media group and we saw there had been a lot of interaction, both good and bad which the business manager had responded to openly and honestly. It had enabled patients to highlight areas for improvement in the surgery.

The practice had gathered feedback from patients through the (PPG) and through surveys and complaints received.

- There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a patient who had to have regular injections struggled to get appointments when required as they could not be booked in advance. The practice reviewed the system and this was changed in November 2015 so that patients were able to book appointments up to three months in advance.
- The practice had also gathered feedback from staff, generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

## 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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable in managing medicines safely; the patient specific directions in place for the health care assistants to follow when they were administering medicines did not comply with legal requirements. Checks done on medicines did not ensure they were in date and fit for use. The practice policy for the issuing of repeat prescriptions was not being followed. Guidance for the writing of controlled drug prescriptions and security of blank prescriptions was not being followed.</p> <p>This was in breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p> |
| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable in ensuring good governance; the registered provider had not always assessed, monitored and improved the quality and safety of services provided; the registered provider had not ensured that their audit and governance systems were effective.</p> <p>This was in breach of regulation 17(1) (2)(a)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>                                                                                                                                                                                                                                   |
| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

### **How the regulation was not being met:**

The registered person did not do all that was reasonably practicable in ensuring appropriate levels of staff were deployed to make sure they could deal with letters, blood results and investigations in a timely manner and meet people's care and treatment needs.

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.