

ON CALL DOCTORS NORTH-WEST LIMITED

Inspection report


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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at ON CALL DOCTORS NORTH-WEST LIMITED on 19 July 2023. We carried out this inspection in line with our inspection priorities, to rate this service. This was the first inspection of this independent GP service.

The Director of ON CALL DOCTORS NORTH-WEST LIMITED is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Our key findings were:

- The service provided safe and effective care though had not identified or mitigated some risks within the service including infection prevention and control.
- The GP provider was appropriately trained, and medicines and equipment were available in the event of a medical emergency.
- The provider had identified and acted following 2 incidents, though formal systems for oversight and learning from incidents and complaints were not embedded into the service.
- The GP provider had established effective working relationships with health care professionals working in primary and secondary care.
- Patients received timely, effective care and treatment that met their needs. Our review of clinical records found appropriate care and treatment was being provided.
- The provider had commissioned an independent clinical governance review and carried out clinical audits. They recognised the need to embed quality improvement activity to support service improvements and the delivery of safe and effective care as the team grew.
- We saw that comprehensive information was shared with a patient's own GP following consultations to support safe care and treatment and continuity of care.
- Patient feedback regarding the service was highly positive.
- The provider displayed services available and fees on their website and gave all patients this information when they registered with the service.
- The provider had developed this service with a clear vision of treating patients holistically, providing enough time during consultations to deal with complex health concerns and being available when patients needed primary care support.

Overall summary

- The provider did not have effective oversight of all areas within the service. The provider shared an action plan and evidence of how risks we identified during the would addressed following the inspection.

We found that one regulation was breached, the provider **MUST**:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **SHOULD**:

Introduce effective oversight of non-clinical aspects of the practice.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Healthcare

Our inspection team

Our inspection was led by a CQC lead inspector who was supported by a GP specialist professional advisor.

How we inspected this service

During the inspection we spoke with the Registered Manager and administrator. We reviewed a sample of 20 patient records and other documentation and we spoke with 5 patients before the inspection visit. Over 35 patients contacted CQC to share positive experiences of their care and treatment at 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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Background to ON CALL DOCTORS NORTH-WEST LIMITED

ON CALL DOCTORS NORTH-WEST LIMITED is provided from 8 Croft Court, Whitehills Business Park, Blackpool.

The service is an independent private general practitioner provided by a single male GP with administrative support from 1 member of staff. The service is registered with CQC to undertake the regulated activities of: diagnostic and screening procedures, treatment of disease, disorder or injury and family planning. Health services provided include consultations, examinations, health screening, mental health treatment, vaccinations and immunisations and sexual health services.

The majority of patients registering with the practice are local residents. The local population is 95% white with Asian and Eastern European most of the remaining 5%. Blackpool has a higher percentage of patients aged 50 to 80 than national averages.

ON CALL DOCTORS NORTH-WEST LIMITED had begun delivering services from 2021. The service currently has around 950 patients registered with less than 100 signed up on a subscription plan. Appointments are offered to adults and children.

The service phone line is open Monday to Friday between 8am and 5.30pm, during this time the administrator could book people in for face-to-face appointments or phone calls with the GP. Over the weekend the provider handled incoming calls for urgent advice or treatment.

Appointments were available on Monday afternoons, Tuesday all day, Thursday afternoons and Friday all day. Appointments were available on Saturday between 9.30am and 4pm and Sundays between 10am and 2pm by prior arrangement. Patients could request home visits during opening hours.

The provider owned the premises through another business and had managed the development of the building into a private health care facility. The business was in a small industrial estate, with parking available and easy access for people with mobility impairment.

The service had a website, which referred to a range of treatments which were not yet available. The provider informed us the service continued to develop to expand the range of patient care options.

The provider informed us that the majority of patients who used the service lived within the local area, and most were registered with local NHS GPs.

Are services safe?

We rated safe as Good because:

ON CALL DOCTORS NORTH-WEST LIMITED provided safe services for patients. During the inspection, we identified areas where the provider needed to improve. They shared an action plan and evidence of those actions taken with us following the inspection.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. Staff we spoke with demonstrated good knowledge and understanding regarding safety issues including those that may affect patients. The service had appropriate safety policies, which they reviewed and communicated to staff. The policies outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where staff had contact with patients or sensitive information. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider had an infection prevention and control policy in place though this referred to cleaning once weekly. There was no cleaning and decontamination policy or specification in place. The person responsible for cleaning the premises had not received appropriate training on cleaning healthcare premises and handling any spills of bodily waste. Cleaning and infection, prevention and control arrangements did not meet the requirements of the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance.
- Additionally, four seats in the waiting room were soft furnished and not wipe-clean material. The risk from these issues was in part mitigated by the low patient attendance and cleaning clinical areas between patients.
- The provider took action to address these infection prevention and control risks and shared evidence with us following the inspection.
- The provider could demonstrate that equipment was maintained according to manufacturer's instructions. However, systems for managing waste did not fully meet national guidance as the service had stored small quantities of clinical waste between November 2022 and June 2023 and did not destroy confidential waste in line with national best practice. The provider took action to address these risks and shared evidence with us following the inspection.
- The provider carried out environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them, although these had not identified all potential risks.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- The provider had plans in place to increase staffing as the service grew. Work was in place to ensure additional staff, including agency or locum clinicians had effective inductions and could access all information relevant to their roles.
- Staff we spoke with understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. There was an appropriate risk assessment to inform this decision.

Are services safe?

- The provider had appropriate indemnity insurance in place.

Information to deliver safe care and treatment.

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. We sampled 20 care records and that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The provider had commissioned a pathology service at the local hospital. An information sharing agreement was in place to view pathology results they had requested, as well as NHS pathology results, which supported continuity of safe care.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider stored patients' records on a secure electronic record management system that was accessible to the provider regardless of location. The provider stored paper records securely in fire retardant cabinets.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The service did not have protocols in place for verifying the identity of patients or children. However, the provider implemented a policy and system for patient identity verification following the inspection and shared evidence with us.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The provider stocked a range of routine prescription items for private prescription, small quantities of which required refrigeration. The service carried out regular checks of refrigerator temperatures of refrigerators used for storing medicines but did not carry out temperature checks of the storage room where they stored medicines. This room was air conditioned which reduced the level of risk. The provider put temperature monitoring into place immediately as part of the daily checks.
- The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The GP prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. They had recently identified an additional requirement for private GPs prescribing controlled drugs so had ceased doing so whilst in communication with the NHS England controlled drugs accountable officer to resolve the situation. The provider had carried out a comprehensive review of all controlled drugs they had prescribed and shared this with NHS England team as part of their review and learning from this incident.
- Processes were in place for checking medicines and accurate records kept. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- We reviewed 2 consultation records where patients requested medicines for hay fever which were not licenced as a hay fever treatment. This type of medicine sometimes offered relief for patients who were not able to manage their symptoms with more traditional hay fever medicines. The GP followed all national guidance in relation to prescribing and decisions around this as an unlicensed medicine and documented this in the patients' records.

Track record on safety and incidents

Are services safe?

The service had a good safety record.

- There were risk assessments in relation to most safety issues and the provider was developing systems and processes as they gradually increased the numbers of patients they saw and treated.
- The service did not have a formal incident reporting system in place and had not clarified thresholds for what should be reported and reviewed, which meant some opportunities for learning and improvement were missed. However, the provider shared comprehensive reviews of two incidents they had identified and taken action from with us during the inspection and put an incident reporting form into place following the inspection.

Lessons learned and improvements made.

The service learned made improvements when things went wrong though improvements were required to ensure all issues were identified, reported and acted upon.

- The provider reviewed and investigated when things went wrong. The service learned lessons and took action to improve safety in the service. For example, the provider had become aware of additional requirements around prescribing controlled drugs and taken action to address risks identified.
- The provider demonstrated openness and honesty and acknowledged where they could make improvements in the service.
- The service received and acted on external safety events as well as patient and medicine safety alerts. The service had a plan for ensuring safety alerts would be shared with additional staff in future.

Are services effective?

We rated effective as Good because:

We found that ON CALL DOCTORS NORTH-WEST LIMITED was providing effective care in accordance with the relevant regulations, although we identified minor areas for improvement.

Effective needs assessment, care, and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards, and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to provide consistent care to patients who attended the service on an ongoing basis.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider had commissioned an external clinical review of patient care as part of their clinical governance arrangements in November 2022. An independent GP reviewed several patient records and shared their findings with the provider. Two improvements made following this included implementing an urgent referral policy (urgent referrals are where GPs refer patients for urgent diagnostic testing where symptoms indicated potential cancer) and improving arrangements around prescribing high risk medicines.
- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The provider had carried out audits of antibiotic prescribing for patients with urinary and respiratory tract infections which demonstrated that they had provided care and treatment in line with NHS guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider and single employee had worked together for a year. Training records for both were available. These were up to date, however we identified minor gaps around training for the employee carrying out cleaning and training to meet the requirements of the Health and Care Act 2022. The provider addressed the gaps following the inspections and sent us evidence.
- The GP was registered with the General Medical Council (GMC) and was up to date with their appraisal and revalidation. The provider had checked these details for the single locum GP they had used previously.
- The GP also had psychiatry training and skills and used these to offer mental health support to patients.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw examples, of timely, comprehensive and detailed information sharing with patients NHS GP and secondary care referrals.
- Before providing treatment, the GP ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The GP had risk assessed treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, the GP had suspected that a chronically unwell patient might have an uncommon and complex diagnosis. They arranged appropriate diagnostic testing which confirmed the diagnosis and liaised with the patient's NHS GP to ensure ongoing care was coordinated and appropriate. On another occasion, during a home visit to a patient who had been discharged from hospital, the GP recognised a potentially life-threatening condition and arranged for them to be readmitted for appropriate care.
- The GP shared patient information (this included when patients moved to other professional services) with other health providers appropriately.
- Information needed to plan and deliver care and treatment was available in a timely and accessible way. The provider had a system to follow up when they requested NHS GPs make urgent referrals for patients and followed up referrals to private consultants.

Supporting patients to live healthier lives.

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- The GP identified risk factors, highlighted these to patients and where appropriate, shared with their normal care provider for additional support.
- The service offered a range of health checks to help people live healthier lives.
- Where the service could not meet patients' needs staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The GP asked all patients for consent and was aware they required a process for monitoring this once the service employed more clinicians. The GP used national frameworks for considering a patient's capacity to make decisions on their own behalf.
- Information about the cost of individual services were available on the services website and explained in detail when a patient registered with the service, so all patients were aware of costs before committing to a consultation.

Are services caring?

We rated caring as Good because:

ON CALL DOCTORS NORTH-WEST LIMITED was committed to providing a person-centred, caring, compassionate service to its patients.

Kindness, respect, and compassion

Staff treated patients with kindness, respect, and compassion.

- Feedback from patients was positive about the way staff treat people and gave examples of how kind and compassionate their treatment had been.
- Staff we spoke with understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude.
- The service gave patients timely support and information.
- The GP provided additional support for patients who were nearing the end of their lives and those who had been bereaved, this included a details of a palliative care telephone advice line and additional phone calls and home visits where patients had lost loved ones.
- The GP was committed to providing a holistic, person-centred service for patients, giving more time on consultations to listen to patients, investigate potentially linked issues and provide a rounded model of care.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The provider informed us that they had not delivered care to any patient who did not speak and understand English. Interpretation services were not available for patients who did not have English as a first language, but the provider said they would use Google translate if required and shared evidence of arranging access to translation services following the inspection.
- Patients we spoke with and those who gave feedback to us said that they felt listened to and supported by the GP and were given sufficient time and information during consultations to make an informed decision about the choice of treatment available to them.
- The GP had the knowledge to ensure that they involved family, carers, or relevant support services for patients with learning disabilities or complex social needs. They understood how to assess capacity and consent for children and young people.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect for patients.
- Staff we spoke with knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service had developed a service in response to patient feedback in their NHS GP role with a clear view on how to provide person-centred treatment in a timely manner.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. This included offering home visits for patients at short notice, and making regular phone calls to patients to check how they were.
- The facilities and premises were appropriate for the services delivered.
- The provider was able to offer appointments between Monday and Saturday and was also available for telephone advice during weekends. This offered patients access to the GP throughout the week.
- The provider had made reasonable adjustments that people in vulnerable circumstances could access and use services on an equal basis to others. The premises included accessible facilities and easy access from the car park into the building.
- The provider had an agreement in place with other health providers for scans and diagnostic testing. This included offering ultrasound scans and echocardiograms from a consultation room within the premises and podiatry service providing weekly clinics.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis, and treatment.
- Most appointments were offered within a day, so there were minimal waiting times for appointments. Patients confirmed this and told us that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The GP contacted NHS GP practices by phone if they felt an urgent referral was required, to ensure these were actioned without delay, and sent letters promptly, with comprehensive details of consultations, any test results and relevant clinical information. The service requested confirmation from the patients' own GPs that urgent referrals had been made and checked with patients that they had received appointments for private referrals.
- The GP could refer patients to additional services including podiatry services, ultrasound scans and echocardiograms which were offered from the same premises.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service sought feedback on patient satisfaction received through google reviews and a google survey. The provider read and responded to all reviews and where concerns were raised they took appropriate action.
- The provider published information about how to make a complaint or raise concerns on the service website.

Are services responsive to people's needs?

- The service had complaint policy and procedures in place, however it had not received any formal complaints since opening.
- We saw evidence that the provider had addressed negative feedback to improve the service. The provider had made changes to the process for taking patient blood samples following a negative review and ensured all patients were clear on the costs of each service.

Are services well-led?

We rated well-led as requires improvement because:

The leadership and the culture of the service supported the delivery of high-quality person-centred care, though formal systems of oversight were not yet embedded and governance was limited.

Leadership capacity and capability

The provider did not always have the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had taken on all aspects of managing the development and commencement of the service, and whilst they had access to external consultants and advice, they had further work to set in place a sustainable team and structure for the future of the service. There was a business continuity plan in place, though the provider had not identified alternative premises and staff should the provider or premises be unavailable. The provider shared evidence of action they were taking to mitigate this following the inspection.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values which included developing the service offering longer appointments.
- The service was still developing their strategy and supporting business plans to achieve priorities. The provider recognised this was a service in development and was working with an external advisor to develop the service.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The service had a culture of high-quality sustainable care.

- Staff we spoke with felt respected, supported and valued, and able to raise concerns or make suggestions to improve the service.
- The service focused on the needs of patients.
- From the evidence we reviewed at inspection the provider demonstrated openness and transparency dealing with incidents. However, the service did not have a duty of candour policy or associated guidance in place to promote consistency. A copy of a duty of candour document was supplied after the inspection.
- There were processes for providing the sole member of staff with the development they need. This included appraisal and career development conversations and consideration of personal wellbeing needs.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

The provided had not fully embedded clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Due to the small size of the practice and staff team, structures, processes and systems to support good governance and management were still in development. For example, systems and processes for handling complaints and incidents were not established and oversight of infection prevention and control did not meet national guidance. The provider shared evidence with us following the inspection that they had introduced new governance arrangements, however we were unable to assess the effectiveness of newly introduced systems.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The single member of staff had a range of roles within the practice, not all of which were covered by their job description or clear protocols.
- The provider had established a range of policies, procedures, and activities to ensure safety, and recognised they needed to develop these as part of increasing the staff team. For example, policies around seeing and treating patients in private practice who GPs also working in NHS General Practices cared for.

Managing risks, issues and performance

Not all systems and processes for managing risks, issues and performance were effective.

- The provider did not have effective processes in place to identify, understand, monitor and address all current and future risks including risks to patient safety.
- The provider had carried out comprehensive audit of their own consultations, prescribing and referral decisions, we discussed how this might be used as a base to continue to assure quality as the clinical staffing increased.
- Clinical audit and independent review had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality, the provider had written an urgent referral policy and implemented greater oversight of controlled drugs prescribing following an independent review in November 2022.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful, the provider continued to develop monitoring arrangements. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- The service used the same type of electronic patient record system used in local NHS GP practices, through arrangements with a local hospital trust. This allowed access to view blood test results carried out by the NHS. There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records, and data management systems.

Engagement with patients, the public, staff, and external partners

The service involved patients, the public, staff, and external partners to support high-quality sustainable services.

- The service asked patients to feedback via Google reviews, over 40 patients had submitted a positive review since the service opened in 2021. The provider had acted following reviews that were less positive to make improvements. Additionally, 18 patients had responded to a Google survey with suggestions for improvement, which the provider had acted upon.

Are services well-led?

- Staff could describe to us the systems in place to give feedback. We saw evidence of regular meetings to review the service where staff were given the opportunity to feedback and share any concerns.
- The service was transparent, collaborative, and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of processes for learning, continuous improvement, and innovation.

- The provider was focused on developing a holistic healthcare service for patients and had an ethos of continuous learning and improvement which they shared with their employee.
- The GP used learning to make improvements, shared appropriately with their staff member, and used independent clinical governance as part of improving their clinical practice. However, the provider did not have the same level of scrutiny over non-clinical arrangements and systems within the practice.

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 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 did not have systems in place to assess, monitor and mitigate all risks relating to the health, safety and welfare of service users and other who may be at risk which arise from the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• The provider did not have effective Infection prevention and control arrangements in line with national guidance. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Governance and oversight arrangements had not been established and embedded. <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. In particular:</p> <ul style="list-style-type: none">• The provider had no system in place for identification of patients, including children prior to requesting their NHS health records, treating patients or making referrals to other healthcare services.