

Phoenix Medical Centre

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement. 11/2016 – Good

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

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 Phoenix Medical Centre as a part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was a strong focus on continuous learning at all levels of the organisation.
- The maintenance and management of the premises did not promote the health and well-being of patients.
- Patients were not given sufficient opportunities to be involved in the development of the service.
- A system was not in place to ensure verbal complaints and concerns were always documented.

- Medicines management needed to improve.
- Insufficient action was taken to audit and monitor the standard of the services provided.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises used by the service provider is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Complete risk assessments in relation to the emergency medicines which are not held at the practice.
- Take action to ensure sepsis training for all staff.
- Review the safeguarding policy to ensure it includes information about identifying and responding to all types of abuse.
- Ensure sharp bins are dated when they are assembled.
- Take action to monitor whether consent is gained appropriately.
- Review how the care and treatment offered to patients with mental health needs including dementia is planned and recorded.
- put a system in place to record all verbal complaints and concerns are documented to ensure these are well managed.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Phoenix Medical Centre

Phoenix Medical Centre has a General Medical Services (GMS) contract with St Helens Clinical Commissioning Group (CCG) and a registered list size of approximately 3,357 patients. The service is provided by Phoenix Medical Centre and situated at 28-30 Duke Street, St Helens, Merseyside. WA10 2JP.

Phoenix Medical Centre is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

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

Are services safe?

The practice was rated as requires improvement because:

The premises, fixtures and fittings were not well-maintained. Processes for ensuring good hygiene standards were not adequate and infection prevention and control systems, including risk assessments, did not ensure the premises was clean.

Patients on high risk medicines were not always given the advice they required.

Safety systems and processes

- The practice had clear systems to keep people safe and safeguarded from abuse.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The safeguarding policy provided most of the information required for staff to recognise and deal with safeguarding effectively. However, information about female genital mutilation (FGM); human trafficking and modern-day slavery were not included. The provider's representative stated, however that these issues were fully covered in the safeguarding training provided to staff and this was corroborated by staff.
- The system to manage infection prevention and control were not adequate because the surfaces in the consulting and clinical areas, such as desktops and flooring were porous. Many surfaces looked soiled and dirty and the flooring in the practice nurses room was cracked which meant it could not be cleaned to a satisfactory standard.
- There were no cleaning schedules for the premises or equipment and so the provider could not be assured

that all fixtures and fitting were cleaned to an appropriate standard. Walls were not sound and walls in consulting rooms had peeling paint and damp patches. The provider had not reviewed workmanship to ensure tasks had been completed to safe standard. For example, bare electrical wires were hanging from the ceiling in one room. The provider could not confirm whether these were connected to the main electrical supply. The provider arranged for these to be removed during the day.

- The practice did, however, have arrangements to ensure that equipment was in good working order.
- Arrangements for managing waste and clinical specimens kept people safe. We observed, however, that the date of assembly had not been recorded on sharp bins as required.

Risks to patients

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The GP partner knew how to identify and manage patients with severe infections including sepsis, however nursing and administration staff were not aware of sepsis. This was discussed with the provider who stated sepsis training module had been uploaded on to the e-learning training system used by the practice, however none of the staff had not completed the course.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, the provider had decided not to stock all of the recommended emergency medicines and risk assessments to support for the decision were not in place. .
- Staff usually prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, this was not always the case in relation to one high risk medicine.
- The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were usually involved in regular reviews of their medicines.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues however, these did not cover all areas of risk and the assessments were not always adequate. The infection control risk assessment for example, did not identify all the potential risks related to the premises and the activities carried out at the practice. There was no control of substances hazardous to health risk assessments for items used at the practice.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The provider had recently introduced an electronic incident reporting system and were in the process of updating the incident reporting policies and guidelines. The provider planned to give all staff access to the new reporting system.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons learnt. The practice also acted to improve safety in response to incidents however the current system did not identify themes.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all the population groups as good except for people experiencing poor mental health including people with dementia which was rated as requires improvement.

Effective needs assessment, care and treatment

- The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. The practice was introducing a system of inviting patients for health checks in the month of their birthday.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed-up patients who had received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma.

- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long-term conditions was in line with local and national averages.

Families, children and young people:

- Three out of four of the childhood immunisation uptake rates were in-line with the target percentage of 90% or above. The take up rate for children under one year was below the 90% target. The provider disputed this figure because feedback from the commissioners indicated that they achieved 100% take-up of all childhood vaccines.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 69%, which was below the 80% coverage target for the national screening programme. The practice was aware and indicated women were sent three reminders to attend for tests.
- The practice's uptake for breast cancer screening was above the national average and bowel cancer screening was comparable to the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

Are services effective?

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. There were no barriers to homeless people registering at the practice.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia): We rated this population group as requires improvement.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was variable when compared to local and national averages. In relation to patients with schizophrenia, bipolar affective disorder and other psychosis whose alcohol consumption had been recorded, they scored above the national average.
- The provider stated, however, they no longer completed care plans for patients with mental health needs and this meant the practice performed significantly below the local and national average in this quality indicator.

Monitoring care and treatment

- The practice did not have a comprehensive programme of quality improvement activity to routinely review the effectiveness and appropriateness of the care provided. However, where appropriate, clinicians took part in local and national improvement initiatives.

- The data showed that the practice's exception rate (where certain patients are not included in overall figures to measure access to treatment) was higher in many indicators than the CCG or national averages. However, during the inspection we received unverified data which indicated that very few patients were excluded from the data collection.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. The results of cervical smear sample taking was monitored. The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included appraisals, coaching and mentoring, clinical supervision and revalidation.
- Systems were in place which provided a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- The practice did not monitor the process for seeking consent.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were comparable to the local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

- Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)
- The provider indicated that plans were in place to develop easy read materials.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- There was limited access to a quiet room when patients wanted to discuss sensitive issues or appeared distressed.
- Staff recognised the importance of people's dignity and respect.
- There were privacy curtains in all consulting rooms and doors could be locked when intimate examinations were taking place.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as Good.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients who were housebound could use a pharmacy company to provide a medicines delivery service.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice was part way through organising appointments so that multiple conditions were reviewed at the same time. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
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Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had accessed services to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments was provided by a specially commissioned out-of-hours service.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances could register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed understood how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were above local and national averages for questions relating to access to

Are services responsive to people's needs?

care and treatment and scored 80% for the question about satisfaction with the general practices appointment times the practice compared with the local score of 64% and 66% national score.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. However, we noted that verbal complaints and concerns were not always

recorded. The provider confirmed that verbal concerns were investigated and dealt with informally. As these were not recorded this information could not be used to monitor and improve services.

- The complaint policy had been updated and included relevant information about the action patients could take including, what to do if they were not satisfied with way in which a complaint was handled.
- The practice learned lessons from individual written concerns, however there were not enough complaints recorded to identify trends and possible areas for learning and improvement.
- The provider was in the process of reviewing the complaints recording system.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges but were not clear about how these were to be addressed.
- Leaders at all levels were visible and approachable. They worked closely with staff and others and achieved compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, and were aware of the importance of planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision about delivering high quality sustainable care but lacked a credible strategy.

- There was a clear vision and set of values. However, the practice did not have formal well-defined strategies and supporting business plans to achieve the priorities identified.
- Staff were aware of and understood the vision and values. However, their roles in achieving the goals were unclear.
- The providers goals for the service were in line with health and social care priorities across the region.
- Improvement plans were not project managed to ensure the goals were achieved and patients were not involved in plans to develop the service for example the provider had not acted to ensure the premises was in good repair to provide a safe, well-maintained and pleasant environment for patients and staff to access.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities and roles to support good governance and management. However, a program of periodical reviews of performance were not in place.

- Structures, processes and systems to support good governance and management, needed further development as there were insufficient processes in place to monitor the standard of performance of services provided to the practice for example, the clinical waste company, domestic staff and electrician.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control. However, the systems in place and the quality of fixtures and fittings did not enable effective infection prevention and control.

Managing risks, issues and performance

Processes for managing risks, issues and performance needed further development.

- There were processes to identify, understand and monitor future risks including risks to patient safety. However, processes to address them were unclear.
- Practice leaders had oversight of safety alerts and incidents. However, processes did not ensure both formal and informal comments and complaints were documented so that these could be reviewed as a part of performance monitoring.
- Clinical audits had been carried out, however these were incomplete and so did not provide a basis on which to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Are services well-led?

- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Managers held monthly practice meetings and the information was available to staff. Processes in place enabled staff to access the information they needed.
- There were limited formal processes to monitor performance, however staff stated informal supervision and monitoring was always taking place.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- 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 provider needed to take more action to ensure a full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The patient participation group were not consulted about topics relevant to their role such as making information about services more accessible.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff were unclear about improvement methods.
- The practice made use of external reviews or incidents learning from external reviews was shared.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients on high risk medicines were not always provided with the appropriate advice and follow-up care.Minor surgical procedures (knee injections) were carried out in an unfit environment.This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being metThe provider had not ensured the premises had been maintained to an appropriate standard of hygiene.Facilities did not meet the needs of patients.The paint on the walls of one consulting room was cracked and flaked.Two consulting rooms were carpeted and there was no schedule or evidence of deep cleaning.The flooring in the clinical room was cracked and stained.The table tops and counters were porous and stained.The staff toilet held an unpleasant smell throughout the day. A room was not available for patients who required privacy.Fittings and fixtures were dirty.There was no cleaning schedule for the premises; fittings, fixtures and equipment.A maintenance plan had not been developed for the premises.This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met
Systems and processes in place to improve the quality and safety of the service had not been developed. Processes were not in place to ensure appropriate input from stakeholders, particularly people who used the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.