Theobald Centre

Quality Report

119- 121 Theobald Street
Borehamwood
Hertfordshire
WD6 4PT
Tel: 020 8953 3355
Website: http://www.theobaldcentre.co.uk/

Date of inspection visit: 05 September 2017
Date of publication: 09/11/2017

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

Ratings

Overall rating for this service	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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Theobald Centre on 5 September 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- Staff were aware of current evidence based guidance.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The latest national GP patient survey results published July 2017 showed lower than local and national average scores for some aspects of care including interaction with patients as well as access to services. The practice was aware of the lower results in some areas and had implemented measures to ensure improvement along with plans to monitor its effectiveness.
- The practice was aware of issues related with infection control of its premises and had a refurbishment plan and was in negotiations with the local Clinical Commissioning Group (CCG) for support with the implementation.
- All applicable staff had been checked for their immunisation status related Hepatitis B. However at the time of our inspection the practice was in the process of reviewing the immunisation status of applicable clinical and non clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974.

Summary of findings

- Following external fire risk and health and safety assessments the practice had an improvement plan. However completion milestones for improvement work had yet to be finalised.
- A clinical staff member recruited in 2005 and in continuous employment with the practice since then had not been checked through the Disclosure and Barring Service (DBS) or risk assessed for need of a DBS check. After our inspection the practice confirmed that a satisfactory DBS check had been received.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a 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.

The areas where the provider must make improvement are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the requirement notice section at the end of the report for more detail).

The areas where the provider should make improvement are:

- Continue to monitor and ensure improvement to national GP patient survey results.
- Continue to identify and support carers.
- Continue to encourage patients to attend national cancer screening programmes.

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?

Requires improvement

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

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice was not meeting standards relating to satisfactory levels of hygiene. Carpets were stained in many areas and the laminate flooring in one of the clinical rooms needed sealing to maintain its integrity.
- Clinical staff had been checked for their immunisation status related Hepatitis B. However at the time of our inspection the practice was in the process of reviewing the immunisation status of applicable clinical and non clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974.
- A clinical staff member recruited in 2005 and in continuous employment with the practice since then had not been risk assessed for a need of a DBS check. After our inspection the practice confirmed that a satisfactory DBS check had been received.
- A fire risk assessment completed in September 2017 had identified a number of areas for improvements, for example the installation of automatic fire detection and alarm system, improved safety of fire doors and external fire signage. However completion milestones for improvement work had yet to be finalised.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There were arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

Summary of findings

- Latest data from the Quality and Outcomes Framework 2016 – 2017 showed patient outcomes were comparable with or above average compared to the national average. For example the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 91%, compared to the CCG and the national average of 90%.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Requires improvement

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

- Data from the most recent national GP patient survey published July 2017 showed below local and national averages for some aspects of care For example,
  - 76% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
  - 68% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- Patients we spoke with and comment cards were positive and showed that patients were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- The practice had a register of patients who were also carers. The practice had identified 69 patients as carers which equated to less than 0.75% of the practice list. GPs helped ensure that the various services supporting carers were coordinated and effective.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Requires improvement

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

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example as part of the CCG resilience programme the practice was working with the local medical committee (LMC) to develop a business plan for collaborative working with other practices in the locality.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages. For example, 51% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- Four comment cards noted that that the appointment telephone line could be busy resulting in longer waits to get through to obtain an appointment.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had aims and plans to deliver high quality care and promote good outcomes for patients. Staff were knowledgeable about the aims and plans and their responsibilities in relation to it. However arrangements to monitor and improve quality and identify risk needed strengthening. For example systems and processes to ensure infection control, fire safety and employment checks.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group (PPG).
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example diabetes care.

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

Requires improvement 

The practice is rated as requires improvement for the care of older people. The issues identified as requires improvement in the safe caring responsive and well led domains affected all patients including this population group.

However;

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Patients over 75 had a named accountable GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- For the housebound patient the practice monitored essential wellbeing, medicine compliance and current health needs annually.
- The practice worked with the rapid response team which supported older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Patients living in care homes and registered with the practice were supported by the GPs and given access to a direct line to the practice bypassing the appointment line.
- Patients living in care home and in assisted living accommodation were offered an annual home visit by a GP.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example eligible older people were offered flu and shingles vaccines.

Summary of findings

- The practice liaised regularly including through multi-disciplinary meetings with community nurses, community matron, district nurses, the diabetic, heart failure, and respiratory nurses to provide care for this population group.
- The practice offered onsite leg ulcer dressing, physiotherapy, abdominal aortic aneurysm (AAA) screening and audiology repairs service.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long term conditions. The issues identified as requires improvement in the safe caring responsive and well led domains affected all patients including this population group.

However;

- GPs supported by nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 100% of available points compared to the CCG average of 88%, and the national average of 91%.
- The practice provided specialist clinics for diabetes, chronic obstructive pulmonary disease (COPD), asthma.
- The practice undertook regular medicine reconciliation (the comparing and checking of patient's medicines to avoid errors omissions duplications or medicine interactions).
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requires improvement in the safe caring responsive and well led domains affected all patients including this population group.

Summary of findings

However;

- 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.
- Immunisation rates were slightly below national averages for three of the four standard indicators for childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 80%, compared to the CCG and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice offered contraception service for young people of child bearing age.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The issues identified as requires improvement in the safe caring responsive and well led domains affected all patients including this population group.

However;

- 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 reflects the needs for this age group.
- Telephone consultations evening and Saturday morning appointments were available which supported patients who were unable to attend the practice during normal hours.

Summary of findings

- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable). The issues identified as requires improvement in the safe caring responsive and well led domains affected all patients including this population group.

However;

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 69 patients as carers which equated to less than 0.75% of the practice list. A member of staff acted as a carers' champion to help ensure that the various services supporting carers including referral to the carers in Hertfordshire network were coordinated and effective. Carers were given a direct access telephone number to contact a GP bypassing the main appointments line. The practice offered carers health checks and flu vaccinations.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requires improvement in the safe caring responsive and well led domains affected all patients including this population group.

However;

- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 87% where the CCG average was 86% and the national average was 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% where the CCG average was 92% and the national average was 90%.
- The practice regularly worked with multi-disciplinary teams such as the community mental health and drug & alcohol service in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access a number of support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Patients had access to onsite counselling sessions provided by the local mental health trust.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2017. The results showed the practice was performing below local and national averages especially in relation to access. 308 survey forms were distributed and 117 were returned. This represented 38% return rate (approximately 1% of the practice's patient list).

- 65% of patients described the overall experience of this GP practice as good compared with the CCG average of 89% and the national average of 85%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 83% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 50 patient Care Quality Commission comment cards we received contained positive feedback about the care experienced. Patients noted that their care experience was positive and that the practice staff were friendly considerate and had looked after their needs in a caring way. Staff had listened to them and had cared for them in a very professional way with dignity and respect. GPs had been supportive to their needs. There were positive comments about the reception staff including that they were friendly and helpful. Comment cards highlighted that staff responded with compassion and understanding when they needed help and provided support when required. Four comment cards noted that that the appointment telephone line could be busy resulting in longer waits to get through to obtain an appointment. A further five comment cards noted that the practice would benefit from a refurbishment.

We spoke with six patients. They told us the care received had been entirely professional and caring.

The practice had monitored the NHS Friends and Family test and had noted a progressive improvement in the percentage of patients very likely and likely to recommend the practice from 67% in March 2017 (nine patients participating) to 91% and 100% in June (22 patients participating) and July (six patients participating) 2017.

Areas for improvement

Action the service MUST take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the requirement notice section at the end of the report for more detail).

Action the service SHOULD take to improve

- Continue to monitor and ensure improvement to national GP patient survey results.
- Continue to identify and support carers.
- Continue to encourage patients to attend national cancer screening programmes.

Theobald Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Theobald Centre

Theobald Centre situated at 119-121 Theobald Street, Borehamwood, Hertfordshire is a GP practice which provides primary medical care for approximately 9,123 patients living in Borehamwood and the surrounding areas.

Theobald Centre provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian and Eastern European origin.

The practice currently has a GP principal (male) and two salaried GPs (both females). The practice is supported by seven long term GP locums. A choice of male and female GPs is available for patient consultation. There is a practice nurse. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

Patient care is provided on the ground floor. There is a car park outside the practice with adequate disabled parking available.

The practice was open Monday to Friday from 8am until 6.30pm. The practice offered extended opening on Monday until 8pm. On one Saturday per month the practice was open from 9am until 12 noon. There are a number of access routes including telephone consultations, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided by Herts Urgent Care via the 111

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 5 September 2017. During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being assisted.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- The staff we spoke with told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed a sample of three from the five documented significant events and found that when things went wrong with care and treatment, the patient was informed of the incident as soon as reasonably practicable, received support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again. For example we saw the practice had contacted a patient's representative regarding a home visit that had not been completed as requested with an apology explanations and reassurance that the practice protocol had been updated with related staff awareness to avoid a repetition.
- We saw that significant events were discussed, reviewed during the weekly clinical meetings and action points noted. Learning points were shared through staff meetings which were held monthly with minutes kept on the practice shared drive. Specific changes were also communicated to staff by a task note on their personal computer.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, following a clinical incident concerning vaccine storage the practice had reviewed and strengthened their process for vaccine safety and had ensured staff were refreshed with the policy and took the required precautions.
- Patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts were received into the practice by the practice manager and disseminated to the appropriate staff for action. We noted appropriate actions were taken following receipt of alerts. For example we reviewed a patient safety alert related to insulin pens used by diabetic patients at home and found that the practice had taken appropriate steps to identify affected patients and take action as advised by the alert.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A summary sheet about safeguarding with contact details was available in each consultation and clinical room. A designated GP was the lead for safeguarding. The GPs provided reports, attended safeguarding meetings and shared information with other agencies where necessary. There were regular meetings with the health visitor to discuss the care of vulnerable children. The outcomes of discussions about specific patients including future action points were recorded in their electronic records. The electronic patient record had a marker to alert staff to a patient with safeguarding needs.
- Staff demonstrated they understood their responsibilities. For example we saw that a GP had referred a concern about a young person with potential exposure to domestic violence to the local authority for their review and action. Staff had received the appropriate level of safeguarding training for their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

We reviewed the standards of cleanliness and hygiene.

Requires improvement

Are services safe?

- Soap dispensers were available throughout the practice. There were cleaning schedules and monitoring systems in place.
- The practice nurse supported by the practice manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an IPC protocol and staff had received up to date training.
- The practice had undertaken a comprehensive IPC audit in August 2017 and we saw evidence that action was being taken to address any improvements identified as a result. However some areas of the practice were not meeting hygiene standards.
- The practice was carpeted throughout with the exception of two clinical rooms which had laminate floor covering. The carpets were stained in many areas and showed signs of wear. The laminate flooring in one of the rooms needed sealing to maintain its integrity. The principal GP told us that they had obtained a quotation for a complete refurbishment of the premises including the replacement of the floor covering and were in discussion with the CCG to progress this further.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Specific equipment was cleaned daily and logs were completed. Spillage kits were available and the practice had systems in place to ensure clinical waste was handled and stored appropriately. Clinical waste was collected from the practice by an external contractor on a regular basis.
- We saw that all applicable staff had been checked for their immunisation status related Hepatitis B. However at the time of our inspection the practice was in the process of reviewing the immunisation status of applicable clinical and non clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We checked patient records for patients receiving high risk medicines and found that they had received the appropriate monitoring to ensure safe prescribing.
- The practice carried out regular medicines audits, independently and with the support of the Herts Valleys CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice had worked with the CCG to achieve optimisation of prescribed medicines for patients that received oral medicine for urinary tract infection.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

We reviewed four personnel files and found in three of them appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However we found that a clinical staff member recruited in 2005 and in continuous employment with the practice since then had not received the appropriate DBS check or been risk assessed for the need for this check. The practice manager told us that the requirement for a DBS check had not applied when the staff member was originally recruited. After our inspection the practice confirmed that a satisfactory DBS check had been completed for this staff member.

Monitoring risks to patients

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

- There was a health and safety policy available.
- At the time of our inspection we did not see a recent fire risk assessment. After our inspection the practice sent us a fire risk assessment report dated September 2017 made by an external specialist company. This assessment showed that arrangements regarding fire drills and designated fire marshals and fire evacuation

plan were satisfactory. There were seven recommendations made including, for example to the installation of automatic fire detection and alarm system, improved safety of fire doors and external fire signage. The practice manager told us the practice was working on a timetable to address the issues raised.

- All electrical and clinical equipment had been checked and calibrated to ensure it was safe to use.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and a comprehensive health and safety risk assessment made by an external specialist company which they sent us after the inspection.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The rota system allowed staff to book leave and other planned absence as well as arrange cover for unplanned absence. The practice used locum regular staff. Locum packs were available that contained information about the practice and the locality. The practice had a system to support locums including buddy arrangements so a locum could liaise with a GP should there be a need.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of 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 patients' needs. These included the use of other clinical tools such as the BNF (The British National Formulary provides authoritative and practical information on the selection and clinical use of medicines). The practice also had an electronic folder which contained the latest guidelines from the CCG, for example on eye care. Key points of the guidance and changes in practice were discussed during regular clinical meetings. For example we saw that the practice had discussed the guidelines related to monitoring of patients who received oral anticoagulants prior to issuing a repeat prescription.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice used templates to monitor patients receiving high risk medicines and patients with long term conditions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available with 10% exception reporting, compared with the Herts Valley Clinical Commissioning Group (CCG) average of 95% with 9% exception reporting and national average of 94% with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2016/17 showed:

- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 100% of available points compared to the CCG average of 88%, and the national average of 91%. For example the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months was 86%, compared to the CCG average of 78% and the national average of 80%. Exception reporting for this indicator was 14% compared to a CCG average of 13% and the national average of 12%.
- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 100% of available points compared to the CCG average and national average of 94%. For example the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% where the CCG average was 92% and the national average was 90%. Exception reporting for this indicator was 5% compared to a CCG average of 9% and national average of 13%.
- Performance for dementia related indicators was comparable to the local and national averages. The practice achieved 100% of available pointscompared to the CCG average of 95% and the national average of 97%. For example the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 87% where the CCG average was 86% and the national average was 84%. Exception reporting for this indicator was 5% compared to a CCG average of 6% and national average of 7%.

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks. Discussions with the lead GP showed that procedures were in place for exception reporting as per the QOF guidance and patients were reminded to attend three times and had been contacted by telephone before being subject of exception.

There was evidence of quality improvement including clinical audit:

Good

Are services effective?

(for example, treatment is effective)

- We looked at six clinical audits undertaken in the past year; one of these was a completed audit where the improvements made were implemented and monitored. A system was in place to ensure re auditing took place on a rolling programme.
- The practice participated in local audits, national benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example following an audit of patients diagnosed with prostate cancer the practice had made sure that each of these patients were under the care of a specialist or a GP as appropriate and that they were followed up at the required intervals for their checks.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety governance and confidentiality.
- 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 such as diabetes asthma and COPD (chronic obstructive pulmonary disease).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, and support for revalidating GPs and nurses. All staff had received an annual appraisal in the past 12 months. Staff we spoke with confirmed this was a positive productive experience.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They 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 available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients with palliative care needs to other services including with the out of hours service and community nursing services.
- There was a process to communicate with the district nurse and health visitor.
- The pathology service were able to share patient clinical information and results electronically.
- There was a system to review patients that had accessed the NHS 111 service and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending for Urgent Care provided by Herts Urgent Care.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Regular meetings took place with other primary health care professionals when care plans were routinely reviewed and updated as needed.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties were offered regular health reviews and signposted to relevant support services.
- We saw a variety of health promotion information and resources both in the practice and on their website. For example, on family health, long term conditions and minor illness.
- The practice's uptake for the cervical screening programme was 80%, compared to the CCG and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Results showed:

- 69% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73%.
- 49% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG and the national average of 58%.

Childhood immunisation rates for vaccinations given were slightly below national averages. The practice achieved 94% against the national target of 90% in one out of the four indicators for childhood immunisations given to under two year olds. For the remaining three indicators the practice achieved 89%, 88% and 88% respectfully against the national target of 90%.

For five year olds, the practice achieved an average of between 93% and 99% (national averages ranged between 88% and 94%) for MMR vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. In the year 2016/17, the practice had undertaken 105 health checks exceeding the target of 30% against the eligible 327 patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 50 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted that their care experience was positive and that the practice staff were friendly considerate and had had looked after their needs in a caring way. Staff had listened to them and had cared for them in a very professional way with dignity and respect. GPs had been supportive to their needs. There were positive comments about the reception staff including that they were friendly and helpful.

We spoke with six patients. They told us the care received had been entirely professional and caring. Comment cards highlighted that staff responded with compassion and understanding when they needed help and provided support when required.

Most recent results from the national GP patient survey published July 2017 showed:

- 86% of patients said the GP was good at listening to them compared with the local Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 74% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 76% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 87% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 71% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

The principal GP told us that they were aware of the lower patient satisfaction and had introduced several measures to improve patient experience. For example to improve satisfaction with receptionists, the practice had introduced customer care training. The induction of locum GPs now included awareness of the patient survey results and an emphasis on effective communications with the patient. The practice anticipated that future survey results would show an improvement as a result of the changes made.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed:

Requires improvement

Are services caring?

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- The practice provided facilities to help patients be involved in decisions about their care:
- Staff told us that interpretation services were available for patients who did not have English as a first language.
- An e referral or the Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Written information was given to the patient following a referral.

Patient and carer support to cope emotionally with care and treatment

Patient information was available in the patient waiting area as well as on the practice website which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers which equated to less than 0.75% of the practice list. A member of staff acted as a carers' champion to help ensure that the various services supporting carers including referral to the carers in Hertfordshire network were coordinated and effective. Carers were given a direct access telephone number to contact a GP bypassing the main appointments line. New carers were invited to complete a carer registration form and were provided with written information about support available to them. The practice offered carers health checks and flu vaccinations.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice was open Monday to Friday from 8am until 6.30pm.
- The practice provided a ring back service by a duty GP or a nurse at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available by a GP for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients over 75 had a named accountable GP.
- For the housebound patient the practice monitored essential wellbeing, medicine compliance and current health needs annually.
- Patients living in care homes and registered with the practice were supported by the GPs and given access to a direct line to the practice bypassing the appointment line.
- The practice worked with the rapid response team which supported older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.
- The practice offered flu and shingles vaccines for older people and other people at risk who needed these vaccinations.
- The practice liaised regularly including through multi-disciplinary meetings with community nurses, community matron, district nurses, the diabetic, heart failure, and respiratory nurses to provide care for this population group.
- The practice provided specialist clinics for diabetes, chronic obstructive pulmonary disease (COPD), asthma.
- The practice undertook regular medicine reconciliation (the comparing and checking of patient's medicines to avoid errors omissions duplications or medicine interactions).
- Patients had access to onsite counselling sessions provided by the local mental health trust.
- The practice offered onsite leg ulcer dressing, physiotherapy, abdominal aortic aneurysm (AAA) screening and audiology repairs service.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone consultations evening and Saturday morning appointments were available which supported patients who were unable to attend the practice during normal hours.
- The practice offered contraception service for young people of child bearing age.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- Online services were available for booking appointments and request repeat prescriptions.
- Through the Electronic Prescribing System (EPS) patients could order repeat medicines online and collect the medicines from a pharmacy near their workplace or any other convenient location.

Access to the service

The practice was open Monday to Friday from 8am until 6.30pm. The practice offered extended opening on Monday until 8pm. On one Saturday per month the practice was open from 9am until 12 noon. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Most recent results from the national GP patient survey published July 2017 showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 56% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared with the CCG average of 76% and the national average of 71%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 68% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 47% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

Four comment cards noted that that the appointment telephone line could be busy resulting in longer waits to get through to obtain an appointment.

Patients we spoke with on the day of inspection told us that they were able to get appointments when they needed them.

The practice was aware of the lower satisfaction in relation to telephone access and on the day appointments. The practice manager told us that they had introduced a number of improvements. These included:

- Recruited four part time receptionists to improve telephone access.
- Introduced the duty doctor system which allowed on the day urgent access to a GP.

The practice had monitored the NHS Friends and Family test and had noted a progressive improvement in the percentage of patients very likely and likely to recommend the practice from 67% in March 2017 (nine patients participating) to 91% and 100% in June (22 patients participating) and July (six patients participating) 2017.

The practice manager told us that the practice had commenced a local patient satisfaction survey due to report in the next few weeks and anticipated the survey results would show an improvement as a result of the improvements made.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a member of the clinical duty team or a GP. Home visit requests were referred to a GP who assessed and managed them as per clinical needs.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- One of the GPs was the designated responsible person who handled all complaints in the practice with support from the practice manager.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk and there was information on the practice website.

We looked at a sample of the 14 complaints received in the last 12 months and found these had been handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints. Action was taken to as a result to improve the quality of care. For example, following a complaint about delay in the issue of a repeat prescription, we saw that the practice had responded to the complainant giving an explanation of the system for requesting repeat prescriptions. The practice had also refreshed relevant staff with the policy and process to avoid a repetition. We also saw that the practice had offered an apology for the inconvenience caused.

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 set of values to deliver high quality care and promote good outcomes for patients as follows:

- Put Patients First.
- Treat patients with dignity and respect at all times.
- Act professionally and with integrity.
- Provide a supportive work environment with no blame culture.
- Seek and respond to the needs of our local population.

The values were supported by objectives which aimed to provide a primary medical service which was evidence based, delivered in appropriate environments and in partnership with the patient and where necessary with other primary and secondary care partners.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However we found a lack of evidence to support some areas of governance infrastructures and strategic arrangements to monitor risk needed strengthening.

For example:

- The practice was aware of the lower than average scores for some aspects of interaction with patients as well as access and had implemented measures to improve satisfaction and had plans to monitor its effectiveness. However the full impact of these improvements had not filtered through in positive patient responses.
- The practice was aware of issues related with infection control of its premises and had a refurbishment plan and was in negotiations with the CCG for support with implementation. However at the time of our inspection no agreements had been reached.
- Following external fire risk and health and safety assessments the practice had developed an improvement plan. However completion milestones had yet to be finalised as the practice was in consultation with relevant specialist providers to agree on the best course of action.
- A system for checking all long standing staff for the need for a DBS check was not demonstrated at the time of our inspection.
- At the time of our inspection the service provider did not have a documented process to demonstrate the immunization status of clinical and non clinical staff.

However we saw evidence that:

- There was a staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example a GP led on diabetes and prescribing and a practice nurse led on asthma and COPD supported by GP.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Staff told us the GPs and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

We saw two documented example from the past 12 months that we reviewed and found that the practice had systems to ensure that when things went wrong with care and treatment:

Are services well-led?

Requires improvement

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

- The practice gave affected people support and explanation.
- They kept written records of verbal interactions as well as written correspondence.

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs met with health visitors every month to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings every one to two months.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted staff and GPs were provided opportunities for self-development and to learn about the performance of the practice through protected learning time.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the principal GP and the practice 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 and staff. It proactively sought feedback from:

- The patient participation group (PPG) which was currently being reconstituted. We spoke with two active members. They told us the PPG had been instrumental in helping the practice to make several improvements. For example the PPG had worked with the practice to provide PPG notice board, communicate with patients on the safe disposal of sharps by explaining the clinical waste procedure for at home patients, influence the availability of extra reception staff at peak times. More recently they had linked with the Hertsmere wellbeing group and intended to introduce health talks such as in stroke management and obsessive compulsive disorder (OCD). The PPG members told us that the clinical care provided was excellent with all staff including the GPs and the nurse very attentive to their needs. One PPG member told us that a refurbishment of the practice was needed.
- The NHS Friends and Family test, complaints and compliments received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example:

The practice was part of the NHS diabetes prevention programme (NHS DPP) which aimed to offer personalised help to patients to reduce their risk of type 2 diabetes including by providing education on healthy eating and lifestyle, help with weight control and through physical exercise programmes all of which together have been proven to reduce the risk of developing the disease.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: 1. The service provider had not followed through the findings of the external fire risk and health and safety assessments. Milestones for completion of the improvement work specified had yet to be finalised. 2. The service provider had failed to maintain the carpets and floor coverings and the general décor of the premises in accordance with the relevant hygiene standards. There was a refurbishment plan but at the time of our inspection no agreements had been reached regarding implementation dates. 3. The service provider had not ensured a long standing clinical staff member continuously employed since 2005 had been assessed for the need for a Disclosure and Barring Service (DBS) check. A system for checking all long standing staff for the need for a DBS check was not demonstrated at the time of our inspection. 4. The service provider did not have a documented process to demonstrate the immunization status of clinical and non clinical staff. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014