St Nicholas Health Centre

Quality 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 service	Requires improvement
Are services safe?	Inadequate
Are services effective?	Good
Are services caring?	Good
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 St Nicholas Health Centre on 20 July 2016. 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 an effective system in place for reporting and recording significant events. However, there was no evidence of learning and communication with staff in relation to reporting incidents and concerns.
- Not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patient comments highlighted that they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Improvements were made to the quality of care as a result of complaints and concerns. However, information about how to complain was not easily available.
- Patient comments highlighted that they found it easy to make an appointment with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Introduce systems to alert the practice of emerging risks such as in infection control, arrangements to deal with emergencies, fire safety, control of substances hazardous to health, significant events, staff appraisal, supervision and training.

Summary of findings

- Ensure an accessible and effective system is in place so that patients are appropriately informed regarding how to make a complaint, including the recording of verbal complaints.
- Implement the actions required for the completion and effective management of all of the risks identified in the Legionella risk assessment.
- Ensure an appropriate system is in place for the safe monitoring of prescriptions.
- Ensure all clinical staff receive vaccinations in line with current national guidance and an effective system is in place to maintain a record of staff vaccinations.

The areas where the provider should make improvements are:

- Carry out a review of the practice policies to ensure they are practice specific and meet current legislation and guidance.
- Continue to monitor the results from the National GP Patient Survey and establish an action plan for areas which are identified as requiring improvement.
- Review the services available to patients who are hard of hearing or do not have English as their first language.
- Engage with the virtual Patient Participation Group in the delivery of the services provided.
- Ensure appropriate recruitment checks are completed for all non-clinical staff and an effective system is in place for the required checks to be undertaken prior to employment.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- The practice did not have an effective system in place for sharing learning from significant events. The practice did not carry out an analysis of the significant events to identify trends.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. However, the infection control lead had not accessed any recent training or updates to keep up to date with best practice. Staff members had not completed infection control training and infection control audits were not being undertaken at the practice on a regular basis.
- Blank prescription forms and pads were securely stored however there was no system in place to monitor their use.
- The practice had a clinical supervision policy in place however this was not being followed and the nurse prescriber did not receive any formal clinical supervision.
- The practice did not maintain a record of clinical staff vaccinations. Following the inspection, the practice submitted evidence of vaccinations for clinical staff. However, there were discrepancies in relation to some vaccinations for clinical staff and we did not see any evidence to confirm that arrangements were place for staff to access vaccinations in line with current national guidance.
- We reviewed five personnel files and found that the appropriate recruitment checks had not been undertaken prior to employment for one member of non-clinical staff.
- A Legionalla risk assessment had been completed however the practice had not acted on the required actions identified in the assessment.
- The practice did not complete regular fire drills at the practice.
- The practice had not completed an assessment on the control of substances hazardous to health (COSHH).
- The practice's protocol for the handling of vaccines to ensure cold chain compliance was not robust.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Summary of findings

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, not all staff had completed safeguarding training relevant to their roles.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice did not have effective systems and processes in place to identify staff learning needs. Staff appraisals were not being carried out on a regular basis.
- Staff did not have access to essential training to meet their learning needs and to cover the scope of their work. For example staff did not have access to essential training such as safeguarding and infection control.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey results published on 7 January 2016 showed the practice was performing in line with local and national averages for several aspects of care.
- The practice offered flexible appointment times based on individual needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Staff maintained patient and information confidentiality and patients commented on being treated with kindness and respect.
- The practice held a register of carers with 159 carers identified which was approximately 1.5% of the practice list. A member of the administration team was the practice's carers lead (a Carers' champion). The practice had carer information packs available in the waiting area and displayed information on a carers notice board.

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 had a system in place for handling complaints and concerns. However, information on how to complain was not made easily available to patients. Verbal complaints were not being recorded or analysed.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and East and North Hertfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&E department.
- A Phlebotomist from the local hospital visited the practice between Mondays and Fridays to take blood samples from patients for required testing.
- The practice told us that they had engaged with local stakeholders and were in the process of establishing a partnership with a local GP practice, to manage capacity and provide additional services to its local population.
- The practice worked closely with the local drug and alcohol service. A community drug liaison nurse carried out a weekly visit to the practice and provided a range of interventions to patients.
- The practice had completed a refurbishment of the building in 2012. The practice had baby changing facilities, disabled facilities, sufficient space for prams, a suitable place available for baby feeding and a suitable area for children.

Are services well-led?

Requires improvement

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

- The practice lacked systems and processes to operate effectively and safely and to ensure good governance.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management however clinical supervision, essential training and systems for identifying staff development needs were lacking.

Summary of findings

- The practice had a number of policies and procedures to govern activity. However, we found some of these policies to be generic as they did not include the named leads at the practice.
- Not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.
- The practice had encouraged patient feedback but did not undertake regular communication and engagement with their patient participation group. We also found there was no system in place for regular meetings to take place for non-clinical staff.

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 inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- The practice worked closely with a multidisciplinary rapid response service in place to support 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 a health check for all patients aged 75 or over.
- A named GP carried out a weekly visit to a local care home for continuity of care. We spoke to the home manager who told us that the practice would respond to issues and that there was a good relationship with clinical staff.

People with long term conditions

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had developed personal health plans for patients with diabetes, one of the nurses had a lead role in managing diabetes and the practice worked closely with the local diabetic consultant who carried out an annual review of patients with diabetes.
- Performance for diabetes related indicators was above the CCG and national average. The practice had achieved 94% of the total number of points available, compared to the local and national average of 89%.

Summary of findings

- 77% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local and national average of 75%.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The senior nurse prescriber held minor illness clinics on a daily basis.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. A community midwife held a clinic at the practice on a weekly basis.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- 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.

Summary of findings

- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Data showed 74% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and nationally.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- A health and wellbeing specialist from the local public health team held a weekly session at the practice and provided information, advice about diet management and provided motivational and behavioural support. Patients were also signposted to local services.
- Extended opening times were available two mornings each week and during one Saturday each month.
- The practice told us that they would be providing an electronic prescribing service (EPS) in July 2016. EPS enables GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had completed 16 health checks out of 38 patients on the learning disability register since April 2016.
- It offered longer appointments and annual health checks for people with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access various support groups and voluntary organisations.
- The practice maintained a list which highlighted vulnerable patients to all staff. Practice staff provided flexible and additional support services to these patients.
- The practice had developed shared care services and worked alongside local community drug services and charities in place to support people with addictions.

Summary of findings

- The practice had close links to a local women's resource centre which provided support to vulnerable women.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. However, not all of the staff members had completed safeguarding training. Staff members 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was comparable to the local average of 86% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available compared to 96% locally and 93% nationally.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had doctors with a special interest in mental health and the practice worked closely with the community psychiatric nurse (CPN) and child and adolescent mental health services (CAMHs).

Summary of findings

What people who use the service say

We looked at the National GP Patient Survey results published on 7 January 2016. The results showed the practice was performing below local and national averages. There were 338 survey forms distributed and 114 were returned. This represented a 34% response rate and approximately 1% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone compared to the local average of 63% and national average of 73%. The practice told us that they had received positive feedback from patients after they had increased capacity to manage the volume of telephone calls and had changed the way they released appointments during the week. The practice displayed signs in the practice informing patients of the new system and encouraged patient feedback on this change. Patient comments about access to the practice were positive.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 71% and national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the local average of 82% and national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 65 comment cards. All 65 comment cards were positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as very caring, attentive and knowledgeable.

One patient commented about long appointment waiting times and we received one patient card which commented on the difficult they had when attempting to see their preferred GP.

The practice displayed their NHS Friends and Family Test (FFT) results on their website. The FFT asks people if they would recommend the services they have used and offers a range of responses. The latest results showed 15 out of 28 people were either extremely likely or likely to recommend the service and 13 people were either extremely unlikely or unlikely to recommend the service.

Areas for improvement

Action the service MUST take to improve

- Introduce systems to alert the practice of emerging risks such as in infection control, arrangements to deal with emergencies, fire safety, control of substances hazardous to health, significant events, staff appraisal, supervision and training.
- Ensure an accessible and effective system is in place so that patients are appropriately informed regarding how to make a complaint, including the recording of verbal complaints.
- Implement the actions required for the completion and effective management of all of the risks identified in the Legionella risk assessment.
- Ensure an appropriate system is in place for the safe monitoring of prescriptions.
- Ensure all clinical staff receive vaccinations in line with current national guidance and an effective system is in place to maintain a record of staff vaccinations.

Action the service SHOULD take to improve

- Carry out a review of the practice policies to ensure they are practice specific and meet current legislation and guidance.
- Continue to monitor the results from the National GP Patient Survey and establish an action plan for areas which are identified as requiring improvement.

Summary of findings

- Review the services available to patients who are hard of hearing or do not have English as their first language.
- Engage with the virtual Patient Participation Group in the delivery of the services provided.
- Ensure appropriate recruitment checks are completed for all non-clinical staff and an effective system is in place for the required checks to be undertaken prior to employment.

St Nicholas Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to St Nicholas Health Centre

St Nicholas Health Centre provides primary medical services, including minor surgery, to approximately 11,500 patients in Stevenage, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). St Nicholas Health Centre was purpose built in 1973. A complete refurbishment of the building was carried out in 2012.

The practice serves a higher than average population of those aged between 0 to 19 years and 35 to 49 years, and a lower than average population of those aged from 55 years and over. The population is 85% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice has had a high staff turnover and the number of GP Partners has reduced from seven to three over the last two years. The practice has recruited additional nurses and are training nurses in minor illness to increase appointment availability. The practice have been actively attempting to recruit new GPs and one of the regular GP locums will be joining the practice as a partner. The practice has been holding discussions with local practices with a view to having a formal merger in place in the future.

The practice team consists of three GP Partners; two of which are male and one is female. There are three salaried GPs, regular GP locums, four practice nurses, one of which is qualified to prescribe certain medications, and one Health Care Assistant. The non-clinical team consists of a practice business manager, assistant practice manager and 15 members of the administration and reception team.

St Nicholas Health Centre is an approved associate training practice for doctors who are undertaking further training (from four months up to one year depending on where they are in their educational process) to become general practitioners. The practice currently has three GP trainees; one is a ST2 trainee (second year of speciality training), one is a ST1 trainee (first year of speciality training) and one is a FY2 (foundation year two).

The practice is open to patients between 8am and 6:30pm Mondays to Fridays. Appointments with a GP are available from approximately 8.50am to 11.50am and from 2pm to 5pm daily. Emergency appointments are available daily. A telephone consultation service is also available for those who need urgent advice. The practice offers extended opening hours between 7am and 8.30am every Monday and Thursday, and from 8.30am to 12pm one Saturday each month.

Home visits are available to those patients who are unable to attend the surgery and the Out of Hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice, on the practice website and on the practice telephone line.

At the time of our inspection the provider did not have a Registered Manager in place as required under the CQC (Registration) Regulations 2009. The practice told us that they had recently appointed a new Registered Manager and were in the process of updating their registration with us.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We contacted NHS East and North Hertfordshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 20 July 2016. During our inspection we:

- Spoke with three GPs, one GP Trainee, the practice business manager, the assistant practice manager, three practice nurses, the Health Care Assistant, one member of the reception team and one member of the administration team.
- Reviewed 65 CQC 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

- The practice had recorded seven significant events since January 2016 and we looked at four of these events. Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at GP practice meetings which took place weekly. However, we did not see any evidence of practice meeting minutes and we did not see any evidence of significant events being discussed with the whole clinical team. We spoke to a salaried GP who did not attend practice meetings and they told us that they were not informed of learning from significant events.
- The practice did not carry out an analysis of the significant events to identify trends.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts. The practice maintained a log of safety alerts and we saw evidence to confirm action was taken to improve safety in the practice. For example, the practice received a MHRA medicine alert for specific eye drops which had been recalled. The practice carried out a search on their system to see if any patients were using that particular medicine and then took the appropriate action.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice changed their procedure for handling urgent patient referral letters after an urgent referral was sent to the incorrect outpatient department.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however during our inspection we found some of these systems and processes to be ineffective:

- Staff demonstrated they understood their responsibilities to safeguard children and adults from abuse. However, some members of the nursing team and non-clinical staff had not received safeguarding children or safeguarding adults training. For example, one of the nurses had joined the practice in July 2015 and had not completed safeguarding training. Another nurse had completed safeguarding training in 2014 and told us that they had received in-house training in 2015 but there was no evidence available to confirm this. The practice was unable to provide evidence of safeguarding training for non-clinical staff members.
- The practice had a named lead for safeguarding and GPs were trained to the appropriate level to manage safeguarding children (level three). The practice displayed notices in the consultation rooms which included external contact details and a referral pathway for safeguarding adults at risk. However, the practice did not have a safeguarding adults policy in place.
- The practice displayed notices in the waiting area and treatment and consulting rooms which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead however this person had not accessed any recent training or updates to keep up to date with best practice. The infection control lead had completed infection control training in June 2013. There was an infection control policy in place however this

policy was generic and did not include details of the infection control lead at the practice. Staff members had not completed infection control training and the last infection control audit carried out at the practice was in 2014.

- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored however there was no system in place to monitor their use. The minor illness nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role however this supervision was informal and ad-hoc. The practice had a clinical supervision policy in place however this was not being followed and the nurse prescriber did not receive formal clinical supervision.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained in wound care and smoking cessation advice and received regular mentorship and supervision from the nursing team.
- The practice did not maintain a record of clinical staff vaccinations. Following the inspection, the practice submitted evidence of vaccinations for clinical staff. There were discrepancies in relation to some vaccinations for clinical staff and it was unclear if the practice had arrangements in place for staff to access vaccinations in line with current national guidance.
- We reviewed five personnel files and found that the appropriate recruitment checks had been carried out for four staff members. We found that not all of the recruitment checks had been undertaken prior to employment for one member of non-clinical staff who was recruited in May 2016. A DBS check was in place however there was no evidence that the practice had completed previous employment checks or requested references for this individual.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety in some areas. However, during our inspection we found examples where risks to patients were not being managed appropriately.

- There was a health and safety policy available along with a poster in the staff areas which included the names of the health and safety lead at the practice. The practice had a schedule of maintenance checks in place.
- An external contractor had completed a Legionella assessment in March 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This assessment had identified a number of requirements and checks. There were 19 areas of high priority (action should be taken immediately and should be completed within 3 months of the date of this risk assessment), nine areas of medium priority (appropriate action should be undertaken within 6 months of the date of this risk assessment) and two areas of low priority (appropriate action should be undertaken within 12 months of the date of this risk assessment). The practice had not acted on any of these requirements. Following our inspection the practice told us that the report from the Legionella risk assessment was received by the practice in May 2016. The provider has since informed us that they have completed the required actions identified in the risk assessment however we have not had an opportunity to verify this.
- The practice had up to date fire risk assessments. Fire alarms were tested weekly and checked fire equipment on a regular basis. The practice told us that they had carried out a fire drill in July 2015 and staff confirmed this. However, the practice did not maintain a record of fire drills. During our inspection we found the practice did not have arrangements in place to hold a fire drill in the foreseeable future.
- All electrical equipment was checked in July 2015 to ensure the equipment was safe to use and we saw

evidence to confirm all electrical equipment was scheduled to be re-checked in July 2016. Clinical equipment was checked in April 2016 to ensure it was working properly.

- The practice had not ever completed a risk assessment on the control of substances hazardous to health (COSHH). Following our inspection, the practice told us that the cleaning contractor would be supplying safety data sheets for all of the cleaning materials used and assessment and audits would be routinely undertaken. The practice had created a draft COSHH policy after the inspection.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for the different staff groups. The practice had a system in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required. The practice had a locum GP information pack in place and would complete the necessary recruitment checks on those individuals.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.
- There was an instant messaging system on the computers which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a Cold Chain policy (a documented protocol for the handling of vaccines to ensure cold chain compliance). However this policy did not include details of what to do if the fridges failed and staff did not know who they would contact in this instance.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date. A first aid kit and accident book was available.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with 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 people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice engaged with the local East and North Hertfordshire Clinical Commissioning Group (CCG) and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance and public health data. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

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 showed the practice achieved 99% of the total number of points available, with 14% exception reporting which was above the local average of 8% and national average of 9%. (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 2014/2015 showed;

- The percentage of patients aged 45 years or over who have a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 93% of the total number of points available, compared to 90% locally and 91% nationally.
- 77% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local and national average of 75%.
- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was comparable to the local average of 86% and national average of 84%.
- Performance for diabetes related indicators was above the CCG and national average. The practice had achieved 94% of the total number of points available, compared to the local and national average of 89%. Overall exception reporting for diabetes related indicators was 17% which was above the local average of 9% and national average of 11%.
- Performance for mental health related indicators was above the CCG and national average. The practice had achieved 100% of the total number of points available (with 35% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).

We checked the exception reporting processes for mental health and diabetes related indicators and saw that the practice would attempt to contact the patient on three occasions, before exempting patients. We checked exception reporting levels for 2015/2016 and found that there had been a 3% reduction in exception reporting for diabetes related indicators and a 7% reduction in exception reporting for mental health related indicators. The GPs we spoke with during our inspection told us that they were not aware of exception reporting levels. They told us that they would be investigating the exception reporting rates in order to make further improvements.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

Good

Are services effective?

(for example, treatment is effective)

- Findings from audits were used by the practice to improve services. For example, one of these audits looked at the prescribing of certain antibiotics to ensure there was consistency with local prescribing guidelines and increased awareness of the effective treatment and management of infections. This audit highlighted both good practice and areas for further improvement.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

- The practice had an induction programme for all newly appointed staff, however essential training for staff did not include safeguarding and infection control training. Training was limited to confidentiality, fire safety, customer care, health and safety and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attendance to training update sessions.
- The practice did not have effective systems and processes in place to identify staff learning needs. The practice did not carry out staff appraisals on a regular basis. The practice did not have an appraisal policy in place and appraisals had not been carried out since 2014. One member of the non-clinical team had not received an appraisal since 2012.
- Staff did not have access to essential training to meet their learning needs and to cover the scope of their work. The practice told us that the local CCG was funding an e-learning system which would include all essential training subjects however at the time of our inspection the practice did not know when this training system would be made available to staff. Following the inspection the provider informed us that all staff now had access to an e-learning training package and all staff members were currently in the process of completing essential training relevant to their roles.
- Staff had access to CCG led training days which took place bi-annually. Staff had attended a CCG led training day in July 2015 and received training on dementia awareness and customer service.
- Nurses had lead roles in the management of patients with long term conditions, asthma and chronic obstructive pulmonary disease (COPD). One of the practice nurses was in the process of completing a course on family planning and a practice nurse had been trained in minor illness. Multi-disciplinary meetings took place on a regular basis.

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. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment for vulnerable and palliative care patients. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis for vulnerable patients and for patients requiring palliative care.

Good

Are services effective?

(for example, treatment is effective)

- The practice worked closely with a multidisciplinary rapid response service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.
- A named GP carried out a weekly visit to a local care home for continuity of care. We spoke to the home manager who told us that the practice would respond to issues and that they had a good relationship with clinical staff.

Consent to care and treatment

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

- The practice had a consent policy in place and 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 nurses 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.

- These included patients considered to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation, travellers, patients in sheltered accommodation and patients experiencing poor mental health. Patients were then signposted to the relevant services.
- Smoking cessation advice was provided by the nursing team.
- A health and wellbeing specialist from the local public health team held a weekly session at the practice and provided information, advice about diet management and provided motivational and behavioural support. Patients were also signposted to local services.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had completed 16 health checks out of 38 patients on the learning disability register since April 2016.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending letters to patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were comparable with local and national averages. For example:

- Data published in March 2015 showed 54% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
- Data showed 74% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% which was comparable with the local CCG average of between 96% and 98%. Childhood immunisation rates for the vaccinations given to five year olds was from 95% to 97% compared to the CCG average of 94% to 97%

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. The practice had offered 352 health checks to patients aged 75 and over, which was 75% of this population group. New patients were offered a health check upon registering and appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.
- The practice had an electronic check-in kiosk available which promoted patient confidentiality and had adapted the layout of the reception area to improve patient privacy.

We received 65 CQC patient comment cards. Patients said they felt the practice offered an excellent service and said staff were helpful, caring and treated them with dignity and respect.

Patients were very positive about a number of individual staff members and one patient commented on the support they had received from a GP during a particularly difficult time.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 76% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%). The practice told us that new staff members had been recruited and some reception staff were in the process of completing a diploma in customer services.

Care planning and involvement in decisions about care and treatment

Patients commented on how they felt involved in decision making about the care and treatment they received. They also commented on how they felt listened to and involved in decisions about the choice of treatment available to them.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local averages and below national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%). The practice told us that there had been changes to the nursing team since the last patient survey results and felt that improvement had now been made. The comments received from patients were positive and aligned to this view.

The practice did not provide translation services for patients who were hard of hearing or did not have English as a first language. The practice did not have a hearing loop system available for patients with a hearing impairment. The practice told us that they had submitted an application for a hearing loop via the quality improvement fund but this had not been agreed.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

- Notices in the patient waiting rooms 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 held a register of carers with 159 carers identified which was approximately 1.5% of the practice list. A member of the administration team was the practice's carers lead (a Carers' champion). The practice had carer information packs available in the waiting area and also displayed information on a carers notice board.
- The practice maintained a bereavement register. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&E department.

- The practice worked closely with the local drug and alcohol service. A community drug liaison nurse carried out a weekly visit to the practice and provided a range of interventions to patients. The practice told us that there were 60 people accessing this service at one stage and this had now been reduced to under 10 people. We were told that 50% of those people that were no longer on the programme had been signposted to a more intensive programme and the remaining 50% had successfully completed the programme.
- The practice had developed shared care services and worked alongside local community drug services and charities in place to support people with addictions.
- A Phlebotomist from the local hospital visited the practice between Mondays and Fridays to take blood samples from patients for required testing.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice told us that they would be providing an electronic prescribing service (EPS) in July 2016. EPS enables GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever vaccination centre.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. A community midwife held a clinic at the practice on a weekly basis.
- The practice maintained a list which highlighted vulnerable patients to all staff. Practice staff provided flexible and additional support services to these patients.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- The practice had doctors with a special interest in mental health and the practice worked closely with the community psychiatric nurse (CPN) and child and adolescent mental health services (CAMHs).
- The practice had close links to a local women's resource centre which provided support to vulnerable women.
- The practice had developed personal health plans for patients with diabetes, one of the nurses had a lead role in managing diabetes and the practice worked closely with the local diabetic consultant who carried out an annual review of patients with diabetes.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had completed a refurbishment of the building in 2012. The practice had baby changing facilities, disabled facilities, sufficient space for prams, a suitable place available for baby feeding and a suitable area for children.

Access to the service

The practice was open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP were available from 8.50am to 11.50am and from 2pm to 5pm daily. The practice offered extended surgery hours between 7am and 8.30am every Monday and Thursday, and from 8.30am to 12pm one Saturday each month. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment were below local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 78%.
- 50% of patients said they could get through easily to the surgery by phone compared to the CCG average 63% and national average of 73%.

The practice told us that the practice nurses offered additional appointments between 7am and 8.30am each Friday. The practice told us that they had received positive feedback from patients after they had increased capacity to manage the volume of telephone calls and had changed the way they released appointments during the week. The practice displayed signs in the practice informing patients of the new system and encouraged patient feedback on this change. Patient comments about access to the practice were positive.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. One of the GP Partners was the designated responsible person who handled all complaints in the practice. However, information on how to complain was not made easily available to patients and verbal complaints were not being recorded or analysed.

The practice leaflet included information on the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England). However, the practice did not provide patients with information on the role of the PHSO when responding to patient complaints as standard.

We looked at six complaints received in the last six months and found all of these had been dealt with in a timely way. Apologies were offered to patients where necessary. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice reviewed their procedures when referring patients for an x-ray and also created clearer instructions on the process for locum GPs. However, there was no evidence of learning from complaints being shared with all relevant staff.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice did not display the vision in the practice and the staff we spoke with were not familiar with the practice's vision. The practice told us that staff members were made aware of the practice values during their induction process.

We spoke with one of the part-time salaried GPs who told us that they completed four sessions per week and had a personal patient list size of 1,500. The practice told us that they were having difficulties recruiting GPs and the practice had been discussing their concerns about capacity with their local GP Federation, Local Medical Committee, CCG and NHS England. The practice told us that discussions had taken place with a local GP practice with a view to having a formal merger in place with this practice. Following the inspection the provider informed us that they are expecting to lose further clinical capacity in the near future.

Governance arrangements

Although the practice had an overarching governance framework which supported the delivery of the strategy and good quality care, it was insufficient in ensuring the implementation of and adherence to some systems, processes and procedures.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff however we found some of these policies to be generic as they did not include the named leads at the practice. We also found the practice did not have a policy in place for staff appraisals.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. However, not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.

Leadership and culture

Staff told us the partners 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of written correspondence.

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

- Clinical staff held regular meetings. The practice held a meeting with all staff in December 2015 however there was no system in place for regular meetings to take place for non-clinical staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues directly with senior staff.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice.

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

The practice told us that they had a virtual Patient Participation Group (vPPG) of between 20 to 30 people however the practice had not attempted to engage with this group for over 12 months and were unsure if the contact details for these individuals were accurate. The practice told us that they were planning on completing a review of this group in an attempt to engage with their vPPG.

The practice did gather patient feedback through the Friends and Family Test and through complaints and comments received from patients. Patients were also able to submit feedback to the practice using the practice's website.

The practice had developed an action plan from the National GP Patient Survey and Friends and Family results and had made changes to the appointment booking system, layout of the reception area to promote patient privacy and had increased the number of consulting rooms.

Are services well-led?

Requires improvement

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

The practice gathered feedback from staff through face to face discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We spoke with one of the GP Trainees who told us that they felt well supported at the practice. The practice told us that they had supported a member of staff to expand their role at the practice and this individual had developed new skills.

Continuous improvement

We were unable to find evidence that there was a focus on continuous learning and improvement at all levels within the practice. There was a failure to learn from significant events and complaints. The practice did not engage with their vPPG or seek feedback from these members to improve the services within the practice.

The practice was a member of a local GP Federation and one of the Partners was a director of this Federation. Three of the GPs at the practice were associate trainers. Senior staff attended monthly meetings with the local CCG, the practice nurses attended the local nurse forum and senior staff attended regular meetings with peers.

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:** We found the provider had not protected people using the service against the risks of inappropriate or unsafe care and treatment because of the lack of systems in place to ensure appropriate support, supervision, training and development of staff. The provider was not following their clinical supervision policy and the nurse prescriber was not receiving formal clinical supervision. The provider did not operate an accessible and effective system for receiving and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. There was no information available in the patient waiting areas on how to complain and the practice did not provide all complainants with information about the Parliamentary and Health Service Ombudsman when responding to complaints. There was no evidence of learning from complaints being shared with all relevant staff. This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not ensure arrangements were in place for staff to receive vaccinations in line with current national guidance. No Control of Substances Hazardous to Health assessment had ever been carried out at the practice. The provider had completed a Legionella assessment and had not acted on the 19 areas of high priority (action should be taken immediately and should be completed within three months of the date of this risk assessment), nine areas of medium priority and two areas of low priority which were all identified in the risk assessment. There was no process in place that would identify if blank prescriptions were missing or used inappropriately. We found the provider had not taken steps to ensure learning was disseminated to appropriate staff. We spoke to a salaried GP who did not attend practice meetings and they told us that they were not informed of learning from significant events. The provider did not complete regular fire drills at the practice and did not maintain a record of previous fire drills.

This section is primarily information for the provider

Enforcement actions

The provider did not have a business continuity plan in place for major incidents such as power failure or building damage.

There was an infection control policy in place however this policy was generic and did not include details of the responsible person at the practice. Staff members had not completed infection control training and the last infection control audit carried out at the practice was in 2014.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.