

Dr H Singh & Partners

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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	14
Background to Dr H Singh & Partners	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	28

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr H Singh & Partners on 19 January 2015. A total of two breaches of legal requirements were found and two requirement notices were served. After the comprehensive inspection, the practice was rated as requires improvement. The practice sent us an action plan to say what they would do to meet legal requirements in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Safe care and treatment.
- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Good Governance.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr H Singh & Partners on our website at www.cqc.org.uk. We undertook an announced comprehensive inspection on 20 September 2016 to check that the practice now met legal requirements. 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.
- At our previous inspection we found that safety alerts were not effectively acted upon. At this inspection we saw that a system had been introduced and staff were aware of recent safety alerts.
- Some risks to patients were assessed and well managed. However we found examples where risk assessments were required but had not been completed to ensure the safety of patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- At our previous inspection we found that clinical audits were not driving quality improvements. At this inspection we found that clinical audits had improved the prescribing rates of antibiotics.
- 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 practice had recruited an additional GP partner and an advanced nurse practitioner to improve access to appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management.
- The practice 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:

- Ensure that systems are in place to protect patients from potential health care associated infections including provision of immunisations, thorough risk assessments and appropriate screening.
- Introduce systems to ensure that patients who are regularly prescribed medicines for high blood pressure receive timely monitoring before repeat prescriptions are issued. Ensure there are systems in place to risk assess the safety of patients who fail to attend their reviews for many years.
- Ensure Patient Group Directions to allow nurses to administer medicines in line with legislation are current and in date.
- Ensure the required recruitment checks are undertaken in line with current legislation prior to employment. Where issues are found, ensure appropriate risk assessments are carried out to protect patients from the risk of harm.
- In the absence of an emergency medicine needed to treat diabetic patients with low blood glucose levels, carry out a risk assessment to demonstrate how the practice would safely provide urgent care and treatment for these patients.

- Ensure all clinical equipment at the practice is calibrated to ensure it is working properly.

The areas where the provider should make improvements are:

- Review and update the practice's safeguarding vulnerable adults policy to reflect the latest guidance regarding the categories and definitions of the types of abuse.
- Implement a consistent system for recording that blood monitoring checks for patients, who take long term medicines on a shared care basis, have been carried out before the medicines are issued.
- Focus on clinical performance and target areas of high exception reporting. Ensure that patients understand the need for their long term condition, such as asthma or diabetes, to be reviewed.
- Ensure that minutes from multi-disciplinary meetings identify the responsible professional to carry out actions required and that appropriate information is transferred into the patient's electronic record for other clinicians to have ready access to.
- Ensure the practice's three year business plan reflects the changes the practice has planned.
- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.

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 the Care Quality Commission (CQC) that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

Inadequate



- There was an effective system in place for reporting and recording significant events. However, an overarching review of significant events to identify trends had not been completed.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- At our previous inspection in January 2015 we found that safety alerts were not effectively acted upon. At this inspection we saw that a system had been introduced and staff were aware of recent safety alerts.
- Some risks to patients were assessed and well managed. However, we found examples where risk assessments were required but had not been completed to ensure the safety of patients.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse. However the practice's safeguarding vulnerable adults policy did not reflect the latest guidance regarding the categories and definitions of the types of abuse.
- A consistent system for recording that blood monitoring checks for patients, who take long term medicines on a shared care basis, had not been carried out before the medicines were issued. Effective systems were not in place to ensure that patients who were regularly prescribed medicines for high blood pressure received timely monitoring before repeat prescriptions were issued. Two Patient Group Directions to allow nurses to administer medicines in line with legislation were not in date.
- Seven items of clinical equipment at the practice had not been calibrated to ensure they were working properly.
- The practice maintained appropriate standards of cleanliness and hygiene however effective systems were not in place to protect patients from potential health care associated infections including provision of immunisations, thorough risk assessments and appropriate screening.

Summary of findings

- Required recruitment checks were not always undertaken in line with current legislation prior to employment. Where issues were found, appropriate risk assessments had not been carried out to protect patients from the risk of harm.
- The practice had arrangements in place to respond to emergencies and major incidents. However, the emergency medicines pack did not include a medicine needed to treat diabetic patients with low blood glucose levels. A risk assessment had not been completed to demonstrate how the practice would safely provide urgent care and treatment for these patients.

Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to Clinical Commissioning Group (CCG) and national averages. However, their exception reporting rate was significantly high in many areas.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- At our previous inspection we found that clinical audits were not driving quality improvements. At this inspection we found that clinical audits had improved the prescribing rates of antibiotics.
- Staff had the skills, knowledge and experience 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.

Requires improvement



Are services caring?

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

- Data from the national GP patient survey published in July 2016 showed patients rated the practice lower than others for several aspects of care although there had been an improvement in patient satisfaction since our previous inspection in January 2015.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Requires improvement



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients who had been identified as carers were offered flu immunisations and health checks to assess their physical and mental health wellbeing to support them to continue to provide care.

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages. An action plan had been put in place and actioned to address this. The practice was being supported by the patient participation group to monitor the effectiveness of the changes.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Requires improvement



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had developed a three year business plan however it did not reflect some of the changes the practice told us they had planned.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.

Requires improvement



Summary of findings

- There were systems in place to assess risks however the systems had not identified, assessed or mitigated several risks we found on the day of our inspection.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as inadequate for safe and requires improvement for effective, caring, responsive and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified their 2% most vulnerable patients through a risk stratification tool. These patients were supported through care plans. The practice had worked with three local practices to employ an elderly care facilitator to ensure the care and health needs for patients over 85 years of age were met to avoid unplanned hospital admissions.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The provider was rated as inadequate for safe and requires improvement for effective, caring, responsive and well-led. The issues identified as inadequate and requiring improvement overall 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.
- Performance for diabetes related indicators were comparable to the Clinical Commissioning Group (CCG) and national average. However, their exception reporting rate of 24% was significantly higher than the CCG average of 7% and the national average of 9% meaning fewer patients had been included.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions were offered a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals

Requires improvement



Summary of findings

to deliver a multidisciplinary package of care. However, risk assessments monitoring the safety of patients who frequently failed to attend for medication reviews for the treatment of high blood pressure had not been completed.

- At our previous inspection in January 2015 we found that systems were not in place to ensure medicine changes were accurately recorded in patients' records following discharge from hospital. At this inspection we found that effective systems had been put in place.
- A consistent system for checking that the monitoring of patients who took long term high risk medicines on a shared care basis before the medicines were issued, was not in place.
- An emergency medicine needed to treat diabetic patients with low blood glucose levels was not available at the practice. A risk assessment had not been carried out to demonstrate how the practice would safely provide urgent care and treatment for these patients.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as inadequate for safe and requires improvement for effective, caring, responsive and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. However, systems to follow up children who failed to attend for hospital appointments were not in place.
- Immunisation rates were high for all standard childhood immunisations.
- Data from 2014/15 showed that the practice's uptake for the cervical screening programme was 94%, which was above the CCG average and national averages of 82%. However, their exception reporting rate of 33% was significantly higher than the CCG average of 5% and the national average of 6% meaning fewer patients had been included.
- Appointments were not available outside of school hours but the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students).

Requires improvement



Summary of findings

The provider was rated as inadequate for safe and requires improvement for effective, caring, responsive and well-led. The issues identified as inadequate and requiring improvement overall 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours were not available for working aged patients. The practice did however provide telephone consultations for this group of patients.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe and requires improvement for effective, caring, responsive and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including patients nearing the end of their life, carers and those with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe and requires improvement for effective, caring, responsive and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- Seventy-six per cent of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months. This was comparable with the CCG and national averages of 85%. However, their exception reporting rate of 31% was significantly higher than the CCG average of 9% and the national average of 8%.
- At our previous inspection in January 2015, we found that only 35%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosted a cognitive behavioural clinic once a week enabling patients experiencing poor mental health to be seen in an environment they knew.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. However, these statistics demonstrated an improvement from our previous inspection in January 2015. Two hundred and seventy-one survey forms were distributed and 117 were returned. This represented a 43% return rate.

- 56% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 68% of patients described their overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 76%.

- 46% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to CCG average of 81% the national average of 78%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. However, two comment cards stated that it was not always easy to get an appointment. Patients told us staff were caring and listened to their concerns and that they were treated with dignity and respect.

Data from the Friends and Family test for January to December 2015 showed that 89% of patients said they were extremely likely or likely to recommend this practice to their friends or family.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that systems are in place to protect patients from potential health care associated infections including provision of immunisations, thorough risk assessments and appropriate screening.
- Introduce systems to ensure that patients who are regularly prescribed medicines for high blood pressure receive timely monitoring before repeat prescriptions are issued. Ensure there are systems in place to risk assess the safety of patients who fail to attend their reviews for many years.
- Ensure Patient Group Directions to allow nurses to administer medicines in line with legislation are current and in date.
- Ensure the required recruitment checks are undertaken in line with current legislation prior to employment. Where issues are found, ensure appropriate risk assessments are carried out to protect patients from the risk of harm.

- In the absence of an emergency medicine needed to treat diabetic patients with low blood glucose levels, carry out a risk assessment to demonstrate how the practice would safely provide urgent care and treatment for these patients.

- Ensure all clinical equipment at the practice is calibrated to ensure it is working properly.

Action the service **SHOULD** take to improve

- Review and update the practice's safeguarding vulnerable adults policy to reflect the latest guidance regarding the categories and definitions of the types of abuse.
- Implement a consistent system for recording that blood monitoring checks for patients, who take long term medicines on a shared care basis, have been carried out before the medicines are issued.

Summary of findings

- Focus on clinical performance and target areas of high exception reporting. Ensure that patients understand the need for their long term condition, such as asthma or diabetes, to be reviewed.
- Ensure that minutes from multi-disciplinary meetings identify the responsible professional to carry out actions required and that appropriate information is transferred into the patient's electronic record for other clinicians to have ready access to.
- Ensure the practice's three year business plan reflects the changes the practice has planned.
- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.

Dr H Singh & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr H Singh & Partners

Dr H Singh and partners is registered with the Care Quality Commission (CQC) as a partnership provider in Newcastle-under-Lyme, North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 5488 patients. Demographically the practice population has a higher proportion of patients aged over 65 (21%) and 75 (9%) when compared with the national averages of 17% and 8% respectively. The percentage of patients with a long-standing health condition is 62% which is above the local CCG average of 57% and national average of 54%. This could mean increased demand for GP services.

The practice is located in a purpose built single storey building. It also offers on-site parking, disabled parking, a disabled toilet, wheelchair and step-free access. The opening times at the practice are between 8am and 6pm Monday to Friday except Thursdays when it closes at 1pm.

GP appointments are from 9am to 11.30am every morning and 3pm to 5.50pm daily (except Thursday afternoon when the practice is closed). On the day appointments are available and patients can book appointments two weeks in advance. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice is closed.

The practice staffing comprises of:

- Two male GP partners
- Two female practice nurses
- An advanced nurse practitioner working four hours per week
- A practice manager
- An assistant practice manager
- A team of administrative staff working a range of hours.

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for family planning, childhood immunisations, travel vaccinations and smoking cessation support.

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

Detailed findings

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 our inspection we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 20 September 2016. During our inspection we:

- Spoke with a range of staff including GPs, practice nurses and administrative staff and spoke with a member of the Patient Participation Group (PPG) prior to our inspection.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they informed the practice manager of any incidents and there was a recording form available on the practice's computer system. 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had recorded seven significant events throughout 2015/16 which were reviewed at regular clinical, nursing and administrative meetings. The practice carried out an analysis of each significant event however there was no overarching review of significant events to identify trends.
- At our previous inspection in January 2015 we found that an effective system was not in place to ensure safety alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts, were acted upon. At this inspection we found that following an alert being received, the practice checked whether patients were affected by the medicines or equipment involved. However, older alerts were not always re-run to ensure that new patients received care and treatment in line with past alerts.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient had been given a prescription for another patient with the same surname. The practice had amended their procedures for issuing prescriptions and a red dot put on the notes of patients if they had the same surname as another patient.

Overview of safety systems and processes

The practice had developed systems, processes and practices to keep patients safe and safeguarded from the risk of abuse however not all risks were identified or mitigated:

- Arrangements were in place to safeguard children from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Arrangements were in place to safeguard vulnerable adults from the risk of abuse however the vulnerable adults safeguarding policy had not been reviewed since 2014. It did not reflect updated categories or definitions of the types of abuse for example, modern slavery. Policies were accessible to all staff and staff knew where to find them. Details of who to contact for further guidance if staff had concerns about a patient's welfare were displayed in clinical rooms and in the reception area. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. There was a lead member of staff for safeguarding and GPs were trained to child safeguarding level three. The GPs provided safeguarding reports where necessary for other agencies however systems to follow up children who failed to attend for hospital appointments were not in place.
- Notices in the waiting room and clinical rooms 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 (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Most staff had received appropriate immunisations against health care associated infections. However, one GP had dissented to receive the hepatitis B vaccination. A risk assessment had not been completed to demonstrate how patients would be protected from potential harm.

Are services safe?

- At our previous inspection in January 2015 we saw that blank prescription pads were not securely stored. At this inspection we saw they were stored securely and there were systems in place to monitor their use. At our previous inspection we also found that systems were not in place to ensure medicine changes were accurately recorded in patients' records following discharge from hospital. At this inspection we found that effective systems had been put in place.
- There were arrangements for managing medicines, including emergency medicines and vaccines. Processes were in place for handling repeat prescriptions that patients had not collected. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that the practice had significantly reduced the number of antibiotics they had previously prescribed. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation but two of these PGDs were out of date. A consistent system for recording that blood monitoring checks for patients, who take long term medicines on a shared care basis, had not been carried out before the medicines were issued. We saw that 924 patients were regularly prescribed medicines used to treat high blood pressure but 43 (5%) of these patients had not received appropriate screening within the last three years to ensure it was safe to continue to use this medicine. One patient had not been reviewed for 10 years. Letters had been sent encouraging patients to attend the practice for their review but the re-issuing of these medicines had continued even if they consistently failed to attend.
- We reviewed five personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, a local GP visited the practice once a month to carry out the insertion of coils and implants. The practice was unable to provide evidence that safeguarding and professional registration checks had been carried out and that the GP was suitably trained to carry out the procedures. Before the end of the inspection the practice had checked that the GP was registered with the GMC and was on the performers list so was subject to an appropriate DBS check. Staff who worked at the practice were subject to DBS checks. However, where issues were found,

appropriate risk assessments had not been carried out to protect patients from the risk of harm. We saw that gaps in staff employment histories had not been explained.

Monitoring risks to patients

Environmental risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out annual fire drills. Electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment had been calibrated to ensure it was working properly. However, records showed that seven items, including blood pressure monitoring devices, scales and nebulisers, were not presented on the day so had not been calibrated. There were no planned dates for this to be done. The practice had a variety of other risk assessments in place 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place 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 an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).

Are services safe?

- Emergency medicines were 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. However, an emergency medicine needed to treat a low heart rate was not included in the emergency medicine pack but was available elsewhere in the practice. Before the end of our inspection this medicine was added to the emergency medicine pack. An emergency medicine needed to treat diabetic patients with low blood glucose levels was not available. A risk assessment had not been completed to demonstrate how the practice would safely provide urgent care and treatment for these patients.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 84% of the total number of points available for 2014/15 which was lower than the Clinical Commissioning Group (CCG) average of 93% and the national average of 95%. However, the practice showed us their end of year unpublished QOF data for 2015/16 which showed their QOF score had increased to 93%.

This practice was not an outlier for any QOF clinical targets however they had a high exception reporting rate across most indicators. 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. The practice told us a system of three recall letters was in place for patients who failed to attend for a review of their long term condition. If a patient failed to attend after three letters they were exception reported. We reviewed the recall letter and saw it was a generic letter for all types of long term conditions. Condition specific recall letters were not available to ensure that patients understood the need for their long term condition, such as asthma or diabetes, to be reviewed.

Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable to the CCG and national average but their

exception reporting was high. For example, 68% of patients with diabetes, on the register, had a blood pressure reading that was within recognised limits. This was comparable with the CCG average of 76% and the national average of 78%. However, their exception reporting rate of 24% was significantly higher than the CCG average of 7% and the national average of 9% meaning fewer patients had been included.

- Eighty-five per cent of patients with asthma, on the register, had had an asthma review in the preceding 12 months that included an assessment of asthma control. This was comparable with the CCG average of 71% and the national average of 75%. However, their exception reporting rate of 37% was significantly higher than the CCG average of 6% and the national average of 8%.
- At our previous inspection in January 2015 we found that only 16.7% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months. At this inspection we found that this had increased to 76% which was comparable with the CCG and national averages of 85%. However, their exception reporting rate of 31% was significantly higher than the CCG average of 9% and the national average of 8%.
- At our previous inspection we found that only 35% of patients with a recognised mental health diagnosis had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. At this inspection we found that that this had increased to 76% which was comparable with the CCG average of 87% and the national average of 88%. However their exception reporting rate was 34% compared with the CCG average of 12% and the national average of 13%.

We looked at 2014/15 data from the QOFXL which is a local framework used by NHS North Staffordshire CCG to improve the health outcomes of local people. The data showed that:

- The number of emergency admissions to hospital per 1000 patients was 151. This was above the CCG average of 100. We saw that for 2015/16 this had reduced to 126.
- Emergency asthma admissions for patients on the disease register was 5%. This was above the CCG average of 2%. We saw that for 2015/16 this had reduced to 3%.

Are services effective?

(for example, treatment is effective)

There was some evidence of quality improvement including clinical audit.

- At our previous inspection we found that clinical audits were not driving quality improvements. At this inspection we found that there had been three clinical audits completed in the last two years, mainly around the prescribing of medicines. One of these was a completed audit where the improvements made were implemented and monitored.
- The practice had identified that they prescribed 20% above the national average numbers of antibiotics for their population in 2013/14. A two cycle clinical audit carried out by the practice identified this as an unnecessary use of these treatments which could result in resistance developing and increase the risk of patients experiencing unnecessary side effects. Following a programme of patient education and closer adherence to relevant guidelines for the prescribing of antibiotics, the practice demonstrated a reduction in their overall antibiotic prescribing rate. Data provided by the CCG demonstrated that in 2015/16 they had reduced usage to 20% below the national average as well as achieving a reduction in the use of antibiotics that should be reserved for second line treatments.

Effective staffing

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 and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses who reviewed patients with long-term conditions had received specialised training in diabetes, asthma and 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, meetings 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, clinical meetings which included clinical supervision and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was 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 to other services. They used special notes to share information with the out of hours services for patients nearing the end of their life.
- The practice team met three monthly with other professionals, including the palliative care team and the Integrated Long Term Conditions (ILTC) team which included such professionals as community matrons, district nurses and social workers. They discussed the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. We saw minutes that confirmed this however there was a lack of accountability regarding who would carry out actions identified. Information from the ILTC meetings was not always documented in patients notes for other clinicians to have ready access to.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

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.
- There were 14 patients registered with the practice with a 'do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place. We saw that there was a system in place for regularly reviewing DNACPR decisions for patients with a severe illness.
- Since our inspection in January 2015, the practice had introduced a practice policy for documenting consent for specific interventions, for example, for the insertion of contraceptive devices. Patients were informed of the benefits and complications of the procedure and signed consent forms which were scanned into their care records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- There were 24 patients registered with the practice with a learning disability. Sixty three per cent of these patients had received a health review throughout 2015/16. Longer appointments were provided for this group of patients to ensure that their needs were met.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The National Cancer Intelligence Network data published in March 2015 showed:

- 75% of females, aged 50-70, were screened for breast cancer in last 36 months. This was comparable to the CCG average of 79% and the national average of 72%.
- 51% of patients, aged 60-69, were screened for bowel cancer in last 30 months. This was lower than the CCG average of 63% and the national average of 58%. We saw that the practice had been proactive in raising the awareness of this screening and that they had increased this to 66% for 2016.

Data from QOF 2014/15 showed that the practice's uptake for the cervical screening programme was 94%, which was above the CCG average and national averages of 82%. However, their exception reporting rate was 33% which was significantly higher than the CCG average of 5% and the national average of 6% meaning fewer patients had been included. There were systems in place to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 89% to 96%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Screens 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. A notice at the reception desk informed patients they could request this service.

Twenty of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG) prior to the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed the practice was below average for its satisfaction scores on consultations with GPs but above for nurses. For example:

- 72% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 89%.
- 72% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 87% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 69% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 94% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 74% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

However, all of these satisfaction scores had increased since our previous inspection in January 2015. Data from the Friends and Family test for January to December 2015 showed that 89% of patients said they were extremely likely or likely to recommend this practice to their friends or family.

Care planning and involvement in decisions about care and treatment

Patient comment cards showed that patients 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. We saw that care plans were personalised.

Results from the national GP patient survey published in July 2016 showed patients' responses were below the CCG and national averages for their involvement in planning and making decisions about their care and treatment with GPs but above for nurses. For example:

- 67% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 58% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 88% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Of note however, there had been an increase in satisfaction since our last inspection in January 2015.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- The patient participation group (PPG) had secured funding from the local council to produce quarterly practice newsletters so that patients were kept up to date with changes within the practice.
- The practice had access to a sign language service for patients who were deaf.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was a dedicated notice board in the practice waiting room promoting the North Staffordshire Carers Association. Patients who had been identified as carers were offered flu immunisations and health checks to assess their physical and mental health wellbeing to support them to continue to provide care. They were also provided with a carer's pack provided by the North Staffordshire Carers Association.

Staff told us that if families had suffered bereavement the practice sent them a sympathy card offering their support.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice did not offer extended hours appointments to patients but it did provide telephone consultations for working age patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- The practice had identified their 2% most vulnerable and elderly patients who were at increased risk of unplanned hospital admissions. With three other practices in the locality, they employed an elderly care facilitator who contacted, visited and monitored patients over 85 years of age to assess their physical, mental, medical and social needs.
- The practice hosted a cognitive behavioural clinic once a week enabling patients experiencing poor mental health to be seen in an environment they knew.
- The practice had 11 patients on their palliative care list and the practice aimed to meet three monthly to discuss their care.

We reviewed the practice performance from 2014/15 in The QOFXL which is a local framework run by NHS North Staffordshire CCG to improve the health outcomes of local people. The data related to patient attendance at A&E departments showed:

- The number of patients who attended A&E during GP opening hours was 158 per 1000 patients. This was above the CCG average of 101. The practice had taken on an additional GP partner and an advanced nurse practitioner (ANP) who worked four hours a week to

ensure appointments were more accessible. We saw that the practice had reduced the number of A&E attendances during GP opening hours to 128 per 1000 patients.

Access to the service

The practice was open between 8am and 6pm Monday to Friday except Thursdays when it closed at 1pm.

Appointments were from 9am to 11.30am every morning and 3pm to 5.50pm daily (except Thursday afternoon when the practice was closed). On the day appointments were available and patients could book appointments two weeks in advance. Extended hours were not available but telephone consultations were available at the end of the afternoon surgery for working aged patients. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice was closed.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages:

- 66% of respondents were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 56% of respondents said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 80% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 66% of respondents described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

The Patient Participation Group (PPG) had carried out a patient survey over a two week period in August 2016 and Healthwatch UK had carried out a survey in 2015 to assess patient satisfaction with access to appointments. They both demonstrated that patients felt there were insufficient GP appointments. The practice had put an action plan in place to address this including the addition of a GP partner and an ANP. The PPG planned to repeat this audit in December 2016 to determine the impact of these additional clinical sessions.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system on the practice's website and in the practice leaflet.

We looked at five complaints received in the last 12 months and found they were dealt with in a timely manner with openness and transparency however, two of the complaints did not have recorded acknowledgement dates. Lessons were learnt from individual concerns and complaints and learning was shared at complaint review meetings.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a business plan and mission statement which had been discussed with staff. Staff we spoke with knew and understood the values.
- The practice's three year business plan did not reflect some of the changes the practice told us they had planned. For example, to become a training practice for GP registrars and to recruit a pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had set aims and objectives detailing how their practice helped patients who used the service. For example, to provide the best possible quality service for their patients within a confidential and safe environment by working together.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audits had been implemented since our previous inspection in January 2015 to monitor quality and to make improvements.
- Since our previous inspection the practice had introduced a system to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
- There were some arrangements in place for identifying, recording and managing internal risks, issues and implementing mitigating actions. However, risk assessments had not always been carried out when needed. This included:

- How patients with diabetes would receive appropriate care and treatment in the absence of an emergency medicine needed to treat low blood glucose levels.
- How patients were being protected from potential harm when a clinician had dissented to receive the hepatitis B immunisation.
- Where issues were identified regarding the good character of an employee.
- The safety of patients who failed to attend medication reviews for many years but had continued to be prescribed medicines for the treatment of high blood pressure.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. 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 reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us, and we saw minutes, confirming the practice held regular team meetings.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager in the practice. All staff were involved in discussions about

Are services well-led?

Requires improvement 

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

how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met monthly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that background music be played in the waiting room for privacy when patients were speaking with a receptionist and that more chairs were made available in the waiting room. A member of the PPG confirmed that with the support of the PPG the practice had implemented these suggestions.
- The PPG had carried out a survey of patient satisfaction throughout August 2016 and had received 141 responses. Where issues were identified an action plan was put in place to address them with requirement

dates of completion. For example, patients had requested chairs with arms to be available in the waiting area for patients with mobility problems. We saw that this had been completed.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management. Staff 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 within the practice. It was clear from discussions with the partners that they had plans on how to improve their service. The practice had engaged with local pilot schemes to improve outcomes for patients in the area. For example, the practice had identified their 2% most vulnerable patients through a risk stratification tool. The practice had worked with three local practices to employ an elderly care facilitator to ensure the care and health needs for patients over 85 years of age were met to avoid unplanned hospital admissions.

The practice had plans to become a teaching practice for GP registrars and medical students to gain experience, knowledge and higher qualifications in general practice and family medicine. They also planned to recruit a pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing.

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 Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure that information as detailed in our schedule three was obtained before any staff member who delivered care and treatment at the practice had received all the required checks. This included a failure:</p> <ul style="list-style-type: none">• to identify proof of professional qualification for a visiting professional.• to check that a visiting professional had the appropriate training for the insertion of coils and implants.• to identify and mitigate gaps in employment history.• to risk assess information regarding the good character of an employee. <p>This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with:</p> <ul style="list-style-type: none">• How patients with diabetes would receive appropriate care and treatment in the absence of an emergency medicine needed to treat low blood glucose levels.• How patients were being protected from potential harm when a clinician had dissented to receive the hepatitis B immunisation.• The safety of patients who failed to attend medication reviews for many years but had continued to be prescribed medicines for the treatment of high blood pressure. <p>Two Patient Group Directions to allow nurses to administer medicines in line with legislation were not current and in date.</p> <p>Seven items of clinical equipment at the practice had not been calibrated to ensure they were working properly.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>