Northfield Surgery

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Northfield Surgery on 28 January 2015 and 2 February 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe effective services and being well led. They were also inadequate for providing services for the six population groups. Improvements were also required for providing caring and responsive services.

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

- The majority of staff understand and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Systems, processes and practices are not always reliably implemented to keep people safe.
- Information about safety is recorded and monitored but it not robustly reviewed.
- Risks to patients are not always assessed and risks are not well managed.
- Data showed patient clinical outcomes are below average for the locality. Although some audits have been carried out, we saw no evidence audits are driving improvement in performance to improve patient outcomes.
- Urgent appointments were usually available on the day they were requested but filled up very quickly. Patients reported it was very difficult to get through the practice when phoning to make an appointment.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- The practice had a number of policies and procedures to govern activity, but these are new and had not been fully implemented. The practice does not hold regular governance meetings.
- The practice has not proactively sought feedback from staff.
- Patients said they are treated with compassion, dignity and respect and they are mostly involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain are available and easy to understand.

The areas where the provider must make improvements in the following areas. The practice must:

- Ensure there is an effective system for reporting and recording significant events.
- Ensure audits of practice are used to drive improvement in performance to improve patient outcomes.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Have a business continuity plan to deal with emergencies or major incidents, such as power failure, adverse weather or unplanned sickness, which may impact on the daily operation of the practice.
- Ensure all staff complete the practices mandatory training.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements
- Ensure fire evacuation drills are performed

In addition the provider should:

- Review the arrangements for privacy of patients in the reception area
- Review access arrangements for patients with respect to telephone access and appointments.
- Ensure there is a process in place to review locum work
- Ensure there is a process to track prescriptions through the practice
- Ensure patients are aware and can access information about chaperones

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. Staff understood their responsibilities to raise concerns, and to report incidents and near misses, though not all locums were familiar with the practice incident reporting process. When things went wrong, reviews and investigations were not thorough and lessons learned were not communicated widely to support improvement. Actions implemented were not reviewed for effectiveness. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented sufficiently to ensure patients were kept safe. For example, there was no system to check whether safety alerts received by the acting HR manager and circulated to relevant members of the clinical team had been acted upon.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services. Data showed patient outcomes were below average for the locality. Knowledge of and reference to national guidelines was inconsistent. While there were some completed audits of patient outcomes, there was little evidence that audit was used to drive improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent. Some locum staff told us they were not sure how their work was supervised.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services. Data showed patients rated the practice lower than others in this locality, for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to. Information was available to help patients understand the services available to them. Staff at the practice told us they were exploring the provision of other literature in different languages to meet the needs of the patient population.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. Feedback from patients reported access to a named GP and continuity of care was not always available as soon as they would wish. Urgent appointments were usually available the same day but they soon filled up and patients reported difficulties getting through to the practice by telephone. The practice was

Summary of findings

equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. There was evidence learning from complaints had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. The practice had a number of policies and procedures to govern activity, but these had been written recently and there was no evidence of circulation to staff. The practice more recently had started to have two weekly clinical and three weekly clerical staff meetings. Practice staff did not meet as a whole group. They did not hold regular governance meetings and issues were discussed at clinical and clerical meetings. The practice had not proactively sought feedback from staff. The practice did have a Patient Participation group (PPG) but the minutes of meetings were not available to patients either in the practice or on the website. Staff told us they had not received regular performance reviews and did not have clear objectives.

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

Inadequate

The population group older people is rated as inadequate because there were aspects which were considered to be unsafe, including the management and governance of the practice overall which had an impact on all population groups. The practice held a register for older people. Care plans for this population group were captured in the care pathway for patients with chronic illness. Nationally reported data, Quality and Outcomes Framework (QOF), showed outcomes for patients for conditions commonly found in older people were similar to the local average. Longer appointments and home visits were available for older people when needed.

People with long term conditions

Inadequate

The population group people with long term conditions is rated as inadequate because there were aspects which were considered to be unsafe, including the management and governance of the practice overall which had an impact on all population groups. Locum nursing staff had lead roles in chronic disease management. Longer appointments and home visits were available when needed. However, not all these patients had a personalised care plan or structured annual review to check their health and care needs were being met. The reviews were not co-ordinated to streamline the process if the patient had more than one long term condition. The practice had a higher percentage of long term condition patients being admitted to hospital as an emergency than the local area.

Families, children and young people

Inadequate

The population group families, children and young people is rated as inadequate because there were aspects which were considered to be unsafe, including the management and governance of the practice overall which had an impact on all population groups. The practice told us they worked with the multi-disciplinary teams to follow up children who lived in disadvantaged circumstances who were at risk. Immunisation rates for the standard childhood immunisations were mixed. For example the practice had a lower administration rate for the Measles Mumps and Rubella vaccines for children aged 2 years and 5 years compared to other age related vaccines it administered. Patients told us children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours. The premises were suitable for families, children and young people there was adequate room for prams and pushchairs and there was a baby changing facility.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The population group working-age people (including those recently retired and students) is rated as inadequate because there were aspects which were considered to be unsafe, including the management and governance of the practice overall which had an impact on all population groups. The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. Although the practice offered GP appointments twice a week during the lunch hour period, there were no other extended opening times. Patients could book appointments and order repeat prescriptions online.

People whose circumstances may make them vulnerable

Inadequate

The population group people whose circumstances may make them vulnerable is rated as inadequate because there were aspects which were considered to be unsafe, including the management and governance of the practice overall which had an impact on all population groups. The practice held a register of patients living vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability, but there was no evidence these had been followed up. The practice did have a chaperone policy but there were no notices in the practice to inform patients. Patients told us they were not aware they could request a chaperone.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had sign posted vulnerable patients to various support groups and voluntary organisations. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most 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.

People experiencing poor mental health (including people with dementia)

Inadequate

The population group people experiencing poor mental health (including people with dementia) is rated as inadequate because there were aspects which were considered to be unsafe, including the management and governance of the practice overall which had an impact on all population groups. The practice had a very low dementia diagnosis rate compared to the local area and only a small proportion of patients who were diagnosed with depression

Summary of findings

had a follow up assessment. The practice worked with multi-disciplinary teams in the case management of patients who experienced poor mental health but not always those with dementia.

The practice had sign posted patients who experienced poor mental health to various support groups and voluntary organisations including Mind which is a charity organisation who provide advice and support to empower anyone experiencing a mental health problem. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have experienced poor mental health.

Summary of findings

What people who use the service say

During our visit we spoke with eight patients and reviewed 17 completed CQC comment cards. Patients we spoke with told us their health issues were discussed with them but some did not feel involved in decision making about the care and treatment they received from the GP. We received variable views from patients on the CQC comment cards to the extent they felt involved in the decisions about their care. Two patients we spoke with told us they had long term conditions and had an agreed care plan in place and they said they had been involved in making decisions.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the most recent (January 2015) national GP patient survey completed by 107 patients (36% response rate) and a Patient Participation Group (PPG) questionnaire completed in January 2014. The evidence from these sources showed the majority of patients were satisfied with how they were treated by staff and this was with compassion, dignity and respect. For example, data from the PPG questionnaire showed the majority of respondents stated they were treated in an appropriate manner and with dignity. The proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 71% compared to the local average of 85% for all GP practices in the area.

The practice was well above the Clinical Commissioning Group (CCG) average for its satisfaction scores on consultations with nurses with 93% of practice respondents to the national GP patient survey saying the nurse was good at listening to them and 89% saying the nurse involved them in decisions about their care. The GP scores were significantly lower than the CCG average with 48% of practice respondents saying the GP was good at listening to them and 68% saying the GP gave them enough time. The results reported 35% of respondents would recommend the practice to someone new to the area compared to 76% for the CCG average. Respondents also reported difficulty getting through to the practice by telephone which was 33% lower than the CCG average.

Areas for improvement

Action the service MUST take to improve

- Ensure there is an effective system for reporting and recording significant events.
- Ensure audits of practice are used to drive improvement in performance to improve patient outcomes.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Have a business continuity plan to deal with emergencies or major incidents, such as power failure, adverse weather or unplanned sickness, which may impact on the daily operation of the practice.
- Ensure all staff complete the practices mandatory training.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements
- Ensure fire evacuation drills are performed

Action the service SHOULD take to improve

- Review the arrangements for privacy of patients in the reception area
- Review access arrangements for patients with respect to telephone access and appointments.
- Ensure there is a process in place to review locum work
- Ensure there is a process to track prescriptions through the practice
- Ensure patients are aware and can access information about chaperones

Northfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two other CQC Inspectors and a GP specialist advisor.

Background to Northfield Surgery

Northfield Surgery is located in the village of Thorne on the outskirts of Doncaster. The practice provides personal medical care services for approximately 10,807 patients under the terms of the nationally agreed NHS General Medical Services contract. The practice catchment area includes Thorne, Moorends, Sykehouse, Fishlake, Hatfield, Hatfield Woodhouse and some areas of Dunscroft and Dunsvill. The practice is classed as being within the group of the third most deprived areas in England. The age profile of the practice population is broadly similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area.

There are two GP partners (both male) at the practice who each worked eight clinical sessions per week, as well as two salaried GPs, one male who worked eight clinical sessions per week and one female who worked six clinical sessions a week.

The GPs are supported by three regular GP locums, all male, who performed two, four and six clinical sessions per week. A further four locums who had just started working at the surgery performed two clinical sessions each per week. The medical staff are supported by one locum first contact nurse practitioner, one locum advanced nurse practitioner, three practice nurses, two healthcare assistants and a clerical team. The practice employs a temporary acting Human Resource (HR) manager to oversee the day to day running of the practice and support staff in the absence of a practice manager.

The practice reception is open from 8.00am until 6.00pm each weekday. GP appointments are available between 8.00am to 6.00pm each weekday apart from alternate Wednesday afternoons when the practice holds training sessions for staff. GP appointments are available during the lunch period twice a week. Minor surgery, diabetes, asthma, family planning, antenatal and mother & baby clinics are run each week. Out of hours care is provided by Doncaster out of hours service.

Northfield Surgery is registered to provide; diagnostic and screening procedures, family planning, maternity and midwifery services surgical procedures and the treatment of disease, disorder or injury from The Vermuyden Centre, Fieldside, Thorne, Doncaster, DN8 4BQ.

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. This inspection was planned to check whether the provider was 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.

Please note 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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed information that we held about the practice and asked Doncaster Clinical Commissioning Group (CCG) and NHS England to share what they knew. We carried out announced visits on 28 January 2015 and 2 February 2015. During our visits we spoke with three GPs, the acting HR manager, two nurses and seven members of the clerical team. We also spoke with eight patients who used the service and reviewed 17 comment cards where patients 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 are provided for specific groups of people and what good care looks 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)

Inadequate

Are services safe?

Our findings

Safe track record

Staff at the practice could not demonstrate reliable systems, processes and procedures had been implemented to keep people safe. New reporting systems had been introduced but had not been reviewed to determine whether they were effective. All of the staff we spoke to were aware of their responsibilities to raise concerns. Not all locums were familiar with the practice incident reporting process. The managers did not consistently use information such as significant events or clinical audits to identify risks and improve patient safety.

Learning and improvement from safety incidents

Safety concerns were not consistently identified or addressed. They did not have an effective system for reporting and recording significant events. Staff told us sometimes they would complete an incident form or alternatively they would pass their concerns on verbally to the acting HR manager.

We were provided with summaries of four significant events which had occurred during the last four months. No significant event records prior to October 2014 were made available to us. We were told they were not accessible. We saw one example of a disposal of a clinical waste error. In line with practice policy the incident was reported and investigated. We were shown the memo circulated to staff to inform them of the event, actions taken and subsequent learning. Staff did not sign to record they had received the memo. We were told the memo's were also re-distributed to staff during the clinical meetings. The level of investigation with the other three incidents varied. We saw the incident records documented the action taken but they were not consistent in recording the investigation undertaken, findings and completion of actions.

Staff told us more recently information about significant events had been shared at the clinical and clerical staff meetings. We saw evidence of this in the written records of the meetings.

National patient safety alerts were disseminated by the acting HR manager to relevant practice staff on paper. Staff did not sign to record they had received the alert. Some staff we spoke with were not able to give examples of recent alerts that were distributed. We were told if the alert was considered high risk an extra-ordinary meeting would be convened for staff. We asked if there was any written record of these meetings. We were told no recent extra ordinary meetings had been held.

Reliable safety systems and processes including safeguarding

We observed systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed staff had received relevant role specific training on safeguarding. We asked members of the medical, nursing and clerical staff about their most recent training. All the staff we spoke to knew how to recognise signs of abuse in older people, vulnerable adults and children. The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They could demonstrate they had the necessary safeguarding level 3 training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern. For example, we saw a completed child protection referral and minutes of the child protection conference which practice staff had attended.

There was a system to highlight vulnerable patients on the patient electronic record system. This included information to make staff aware of any relevant issues when patients attended appointments; for example, children subject to child protection plans.

There was a chaperone policy, we did not observe any posters or written information in the practice to say chaperones were available. The practice website did include a section on chaperones. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff acted as chaperones. Patients we spoke with were not aware chaperones were available.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures and described the action to take in the event of a potential failure. The practice staff followed the policy.

Inadequate

Are services safe?

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with current regulations.

Staff at the practice were supported by a pharmacist from the Clinical Commissioning Group (CCG) to audit the use of prescribed medicines. The repeat prescribing policy had recently been updated. Repeat prescriptions were reviewed and signed by a GP before they were issued. GPs carried out medicine reviews annually; however one patient we spoke with told us their medication review was overdue.

Blank prescription forms were kept securely however they did not follow national guidance and track them through the practice. On the second day of our inspection the practice had implemented a procedure to track prescriptions through the practice.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We saw the Health and Safety manual for the cleaning processes which included policies, risk assessments, work procedures and action plans.

The infection control lead had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. We noted not all staff had received infection control training specific to their role. We saw evidence the infection control lead, a representative from the CCG and the local authority had carried out an infection control audit in January 2015. However, an action plan to address the shortfalls identified had not been developed. For example, it was documented in the audit additional equipment should be removed from the boiler room. We noted this had not been completed.

We were shown an infection control policy and supporting procedures for staff to refer to. They told us this enabled them to plan and implement measures to control infection. For example, the use of personal protective equipment including disposable gloves, aprons and coverings in the treatment and consulting rooms. Staff were able to describe how they would use these to comply with the infection control policy. However staff told us and we observed no personal protective equipment available to staff in the reception area. There was a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

We were shown a review of patients who had minor surgery in the practice between January 2014 to December 2014. The review demonstrated no patient experienced a post-operative infection as a consequence of the procedure.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water). We saw records which confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us all the equipment was tested and maintained regularly. We saw equipment maintenance logs and other records which confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last test date. We saw evidence of calibration of relevant equipment; for example weighing scales and ear irrigation tools.

Staffing and recruitment

A number of nursing and clerical staff had recently joined the practice over the past six to nine months. In the absence of a practice manager a temporary acting HR manager had been appointed. We were told the practice manager recruitment campaign was at the shortlisting stage. They had recently advertised to recruit a salaried GP and we were told there were no applicants. Three regular Locum GPs provided regular clinical sessions at the practice and their appointments were open to patients to book a month in advance. A further eight clinical sessions a week were provided by four other locum GPs who had recently started at the practice. They were supported by a

locum first contact nurse practitioner, a locum advanced nurse practitioner, three practice nurses, two healthcare assistants and a clerical team. We were told there were good working relationships among the staff.

Staff records we looked at contained evidence appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy which set out the standards it followed when they recruited clinical and non-clinical staff. Photo proof of identification was not evident in staff files. We saw evidence of DBS checks for locum staff.

Staff told us about the arrangements for planning and monitoring the number of staff. We were told the mix of staff needed to meet patients' needs had improved since the new staff had started. We saw there was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There was also an arrangement in place for members of staff, which included nursing and clerical staff, to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and keep patients safe. The acting HR manager showed to us records to demonstrate the actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice supported the NHS national initiative to reduce unplanned hospital admissions. We were told care plans were in place for four percent of the patient population who had been identified as vulnerable and high risk of hospital admission. Staff told us these patients had management plans in place and referrals had been made to the appropriate teams. For example a patient had requested the community matron to manage their condition rather than be admitted to hospital. The GP told us the practice did not have separate care plans in place for those patients over the age of 75 as they were captured in the high risk persons group.

We were told meetings were held to discuss patients with chronic conditions or who received palliative care. We asked to see a record of these meetings and were told they were not documented.

The practice had mechanisms in place to communicate concerns about patients at high risk to local care services, including NHS 111 and the GP out-of-hours services. Special Patient Notes, or summary care records, were faxed to the appropriate services. Special Patient Notes were used to record information about patients with complex health and social care needs. Plus those who may be at risk to themselves or others and cannot manage their own care.

Health and safety information, including evacuation procedures, was displayed at the practice. The information stated the acting HR manager was the lead for health and safety issues.

Some systems and procedures had been put in place to manage and monitor risks to patients, staff and visitors to the practice. These included testing of portable electrical equipment. We asked to see records of assessments completed to ensure the safety of the practice buildings, fixtures and fittings. We were told that these were not available as they were completed by the landlord of the building.

Clerical staff who answered the telephone to patients followed a protocol to determine whether the patient required an urgent or routine appointment. They told us this helped to identify those patients with symptoms who required a 999 ambulance.

Managers did not maintain a workplace risk log or records to show how environmental risks were managed to staff, patients and visitors. A fire risk assessment had been completed but the actions from this were not followed up. There was no evidence or records of fire evacuation drills.

Arrangements to deal with emergencies and major incidents

We were told staff had completed annual basic life support training; however, training records demonstrated some staff had not attended an update since 2011. Emergency equipment was available including oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Records confirmed the equipment was checked regularly. Emergency medicines were available and staff told us where they were stored. We observed staff following the emergency procedure for patients whose condition deteriorated in the practice on the day of our first visit. Emergency care was accessed quickly for those patients.

Inadequate

Are services safe?

Staff at the practice did not have a business continuity plan to deal with emergencies or major incidents, such as power failure, adverse weather or unplanned sickness, which may impact on the daily operation of the practice. We were told about an emergency winter crisis group set up to plan and discuss contingency over the winter period. We were shown a summary sheet of actions taken during the winter period which included the use of locums, use of agency nurses and clerical bank staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was little evidence of risk profiling or risk stratification being used to ensure patients needs were assessed, care planned and delivered proactively. We were told new drugs and treatments were discussed at clinical meetings and future actions agreed. We saw evidence from the December 2014 clinical meeting minutes Hormone Replacement Therapy was discussed and a recommended treatment noted. Not all medical and nursing staff attended this meeting. There was no formal system to share information about new clinical guidelines produced by the National Institute for Health and Care Excellence (NICE) with all staff. Staff told us they kept themselves upto date with best practice for their areas of speciality.

Staff told us they used read codes in the electronic patient record system. Read codes are a comprehensive list of terms intended for use by all healthcare professionals to describe care and treatment for patients. They enable the capture and retrieval of patient centred information in a computer based clinical language. The acting HR manager told us read codes were not being used consistently across the practice. Further external training had been arranged for staff in February 2015 to promote consistent use of read codes.

National data showed the practice had slightly lower referral rates to secondary care than other practices in the area. We were told a review of elective referrals was undertaken. The review identified not all referral letters were completed within a three week period. The acting HR manager told us this was due to staffing levels at the time of the referrals and since the review the referrals had been made.

We were told there was no discrimination when making care and treatment decisions, for example with respect to age, gender, race or culture.

Management, monitoring and improving outcomes for people

Staff across the practice were involved in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, managing child protection alerts and medicines management.

We were shown six clinical audits which had been undertaken in the last year. One completed audit demonstrated where the practice was able to confirm the changes since the initial audit. Following an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) regarding a medicine to prevent blood clots forming an audit was performed. The aim of the audit was to ensure all patients prescribed this medicine in combination with aspirin were not put at risk of serious drug interactions following a surgical procedure. The first audit demonstrated 19 patients were taking both medicines. The information was shared with GPs and patients were called into the practice for a medication review. A second clinical audit was completed one year later which demonstrated no patients were now taking the two medicines. The GPs told us clinical audits were often linked to medicines management information or safety alerts.

The Quality and Outcomes Framework (QOF) is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. We checked the practice QOF results for 2013-14. We saw the practice achieved 656.7 points (73.5%) out of a total out of 894. This performance was 23% below the Clinical Commissioning Group (CCG) average and 20.5% below the England average. We saw QOF data was discussed at clinical meetings but not all clinical staff attended. We noted there were no actions documented in the minutes. Practice data collected by Public Health England also indicated the practice's performance was significantly lower than the England average in a number of other areas. The practice was 13% lower than the local average for both those patients with high blood pressure who had a blood pressure reading in the last nine months and those patients over 65 years who were given the flu vaccination. Patients who had diabetes who received an influenza vaccine was 14% lower than the local average. The number of patients who were newly diagnosed with depression and had received a review within 35 days was 81% significantly lower than the local average.

There was no evidence the team was making use of clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with were unsure as a group, how they reflected on the outcomes achieved other than at clinical meetings.

Inadequate

Are services effective?

(for example, treatment is effective)

Separate chronic disease management clinics were run by the nursing staff and they were supported by clerical staff to schedule appointments for patients. For example, patients with diabetes, asthma or heart disease. There were no arrangements to coordinate appointments in order to reduce the number of visits to the practice for patients with multiple conditions. Baby clinics were run by the practice nurses.

The protocol for repeat prescribing was in line with national guidance. Staff told us they regularly checked those patients who received repeat prescriptions to ensure they attended regular reviews with the GP. However one patient we spoke with showed us their prescription which documented their medication review was overdue. The prescribing module in the patient record system flagged up relevant medicines alerts when the GP prescribed medicines.

Staff at the practice had identified four percent of the practice population who were considered vulnerable and a high risk of hospital admission. These patients had a named GP and care plans in place to avoid hospital admission. The practice had a palliative care register for patients receiving end of life care. Staff told us they had quarterly meetings with the community matron and palliative care nurses to discuss the care, support needs of patients and their families. There was no evidence of records of these meetings.

Staff told us they carried out quarterly reviews of patients who had passed away in the previous three months to review the care provided. Staff could not tell us any actions or changes that had been made following a review of these patients.

The practice staff participated in local benchmarking run by the CCG. This was a process of evaluating performance data from the practice and compared it to similar surgeries in the area. This benchmarking data showed the practice had outcomes which were not comparable to other practices in the area. For example, the number of patients with a long term condition who had been admitted to hospital as an emergency was 10% higher than the CCG average for 2013-14. We were told these patients were being supported more recently through the hospital admission avoidance group.

Effective staffing

Practice staffing included medical, nursing, managerial and clerical staff. We were shown a document recording the practices mandatory training for the year 2014-15. We saw not all staff were up to date with attending the courses listed such as infection control. The acting HR manager told us the practice had recently recruited staff to a number of roles within the practice. Only some of the new and locum staff we spoke with told us they had received an induction into their role.

We were told all GPs were up to date with their yearly continuing professional development requirements and all had been either revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). We saw additional support had been arranged for medical staff by NHS England and the CCG with individual performance plans.

Our interviews with staff who had worked at the practice for more than 12 months confirmed not all staff had an annual appraisal within the last 12 months. The reason provided by the acting HR manager was the focus had been recruiting new staff to the vacant posts. We were told staff appraisals were planned for February 2015. Dates and times had not been scheduled. Clerical staff told us they had recently attended a customer care skills course in October 2014 following on from feedback received from patients. Staff we spoke with said since September 2014 the practice had become positive about staff support and development.

Some of the locum staff told us they were not sure how their work was supervised or reviewed and they did not receive regular feedback.

Practice nurses were expected to perform defined duties and were able to demonstrate they were trained to fulfil these duties. For example, administration of vaccines, cervical cytology and wound care clinics.

Staff files we reviewed showed where poor performance had been identified appropriate action had been taken to manage this.

Working with colleagues and other services

Staff at the practice worked with other care providers to meet patient need and manage those patients with

complex needs. Blood test results, X ray results and letters from the local hospital, which included discharge summaries, were received both electronically and by post. Communication from the GP out-of-hours service and NHS 111 was received via fax. This enabled patient data to be shared in a secure and timely manner. This was then scanned onto the patient record system and allocated to the appropriate GP to read and action.

We were shown the process which outlined the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers. The GP who saw these documents and results was responsible for the action required on the day they were received.

Information sharing

Staff used an electronic patient record to coordinate, document and manage patients' care. The practice used a software package to enable scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence records were being scanned but were not shown any audits to assess the completeness of these records.

Consent to care and treatment

We found staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. The clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. Staff told us they did not often see patients who lacked capacity. Where they did they involved carers or relatives to support the patient or sought advice from the mental health team. A member of staff told us how they refrained from administering a medicine after a carer had asked for it to be given to a patient. The patient became very distressed following an explanation of what the medicine was and how it would be administered. We noted not all staff had completed formal Mental Capacity Act training.

Clinical staff demonstrated a clear understanding of Gillick competencies (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Staff were also familiar with the Fraser Guidelines issued in relation to the provision of confidential contraceptive advice to girls.

There was a practice policy for documenting consent for specific interventions. For example for all minor surgical procedures. A patient's written consent was documented on a consent form and scanned into the electronic patient notes.

Health promotion and prevention

It was practice policy to offer a health check with the health care assistant to all new patients who registered at the practice. The GP was informed of all health concerns detected and these were followed up.

Staff had identified some patient population groups who needed additional support. For example, the practice kept a register of all patients with a learning disability.

Staff at the practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance of the administration of the childhood Measles, Mumps and Rubella (MMR) immunisation at 2 years and 5 years old was lower than the other childhood immunisations administered at the practice. The practice was below average for the CCG and nationally, for the provision of flu vaccine to those patients over 65 years old and those who had a long term condition. The practice's performance for cervical smear uptake was comparable to other practices in the area.

Staff told us advice was offered on smoking cessation and patients were also referred to specialist health promotion or lifestyle clinics. The percentage of patients registered at the practice who had stopped smoking was comparable to other practices in the area. Patients were encouraged to participate in screening programmes. We were told they were not routinely followed up if they did not attend.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey available in January 2015 and the Patient Participation Group (PPG) questionnaire completed in January 2014. The evidence from these sources showed the majority of patients were satisfied with how they were treated by staff and this was with compassion, dignity and respect. For example, data from the PPG questionnaire showed the majority of respondents stated they were treated in an appropriate manner and with dignity. However, the proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 71% compared to the local average of 85% for all GP practices in the area.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 17 completed CQC comment cards and the majority were positive about the service experienced. We also spoke with 8 patients during our inspection. Patients said they felt the nursing and clerical staff at the practice were helpful and caring. They reported staff treated them with dignity and respect.

Staff and patients told us all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation / treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

The reception area was a large open area with a large open curved desk to one side and patient seating in rows on the other. The seating rows faced a television and the consulting rooms. There was a small room at the end of the reception desk which could be accessed from both behind reception and the waiting room area. Staff told us this was used if the patient requested privacy at the reception desk. There was a sign just after the entrance to the reception area asking patients 'to wait here' to be called by reception staff to the desk to promote privacy. We observed the repeat prescription post box was located on the reception desk top. We observed patients posting repeat prescription requests into the box whilst other patients spoke with reception staff. We reported this to the acting HR manager who told us another location would be found for the box. We observed conversations could be overhead in the reception area between reception staff and patients. Some of the patients we spoke with raised this as a concern. The practice switchboard was located in a room behind reception which helped keep patient information private.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise these with their manager or the acting HR manager. The acting HR manager told us they would investigate these and any learning identified would be shared with staff.

There were notices in the patient reception area stating the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

The national GP patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their nursing care and treatment and generally rated the practice well in these areas. Respondents to the national GP patient survey (89%) reported the last nurse they saw or spoke to was good at involving them in decisions about their care which was above the CCG average of 88%. However we received mixed reviews about GPs. Data from the national GP patient survey showed 48% of practice respondents said the GP involved them in care decisions compared to the CCG average of 81%.

Patients we spoke with on the day of our inspection told us their health issues were discussed with them but some did not feel involved in decisions made about the care and treatment they received from the GPs. We received variable views from patients on the CQC comment cards about the extent they felt involved in the decisions about their care with a GP. Two patients we spoke with told us they had long term conditions and had an agreed care plan in place and they said they had been involved in making decisions.

Patient/carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

Notices in the patient waiting room and patient website advised patients how to access a number of support groups and other local services. The information was available in English and staff at the practice told us they were exploring the provision of other literature in different languages to meet the needs of the patient population, particularly those from eastern Europe.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available to carers to ensure they understood the various avenues of support available to them. Staff told us patients who had experienced bereavement were signposted to support agencies such as Cruse bereavement care. A patient with a mental health condition told us that they had received assistance from the GP to access support services to help them manage their care and treatment when it had been needed.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice population included a number of patients originally from eastern Europe. The practice had male GPs, a female GP and a receptionist who spoke Polish. GPs were able to access translation services and offered extended appointments where appropriate.

Patients were able to book appointments and request repeat medicines using the practice's on-line service. All the GPs offered home visits for patients, such as those with long term conditions who found it difficult to attend the practice. The practice nurses visited the local nursing home to administer vaccines.

We were told staff at the practice met with the palliative care team in relation to specific patients and held quarterly palliative care meetings. Updates to patients care plans and Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) forms were faxed to the GP out of hour's services.

The practice had an established patient participation group (PPG). We spoke with one member of the PPG. They told us the group met monthly and between six and eight members attended each meeting. They had made suggestions for improvements, for example, for reception staff to wear name badges which were being worn on the day of our visit. They said the group felt their views were listened to and taken seriously by the practice. They were working with staff at the practice to recruit more members to the PPG group who would be representative of the patient population. For example young people and working age people.

Tackling inequity and promoting equality

Longer appointment times were available for those patients who requested or needed it. Mother and baby clinics were held each week.

The premises and services had been adapted to meet the needs of patients with disabilities. The building had wheelchair access via automatic doors at the main entrance and there was a lowered counter for wheelchair users in the reception area. There was a text phone and loop hearing system for the deaf and hard of hearing.

The practice was situated on the ground and first floor of the building with all services for patients on the ground floor. There was lift access to the first floor.

We saw the waiting area was large enough to accommodate patients with wheelchairs, prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice and included baby changing facilities.

Access to the service

Appointments were available from 8am to 6pm on weekdays. GP appointments were available through the lunchtime period two days a week. Information was available to patients about appointments on the practice website. The website included information about home visit requests, nurse and doctor appointments and how to book appointments through the website.

There were arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made, by request, to local nursing homes and those patients who needed one.

Respondents to the national GP patient survey reported 65% satisfaction with the practice opening hours compared to 79% for other practices in the area. Patients told us there was often a long wait to make an appointment with the GP of their choice. Some of the patients we spoke with told us the practice relied heavily on the use of locum GPs and this prevented them from seeing the same GP for continuity of care. Approximately 20 GP sessions per week were covered by locums.

Appointments could be made via the telephone, in person or online. The patients we spoke with on the day of our visit told us they were not satisfied with the access to the telephone appointments system. They confirmed they had made many attempts to get through to the practice as the telephone line was continually engaged especially first thing in the morning. They told us it was easier to visit the practice to make an appointment in person. This was

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

aligned to 31% of respondents to the national GP patient survey who reported it easy to get through to the practice by telephone compared to the local average of 76%. Patients we spoke with during our visit said if they were in urgent need of treatment they often had to make an appointment for the following day. For example, one patient we spoke with told us how they needed an urgent appointment for their young child. Following two phone calls to the practice the only available appointment was for the following day. The next available appointment on the day of our visit was for the following day. We were told telephone access was an issue and the acting HR manager was working with the CCG exploring ways to improve it.

We received one comment card which stated it was difficult to get an appointment during normal office hours and there was nothing available outside of these hours.

Patients also told us they often waited more than twenty minutes following their appointment time to be seen. The Patient Participation Group (PPG) survey in January 2014 also identified this as an issue and highlighted the majority of patients whose appointment time had been delayed were not notified of the delay. In response to this the practice had a notice board behind the reception desk to document how late clinics were running.

Listening and learning from concerns and complaints

The practice had a new system in place for handling complaints and concerns since September 2014. 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. The acting HR manager told us they had been working in partnership with Healthwatch to manage and respond to patient complaints. We saw in the minutes of clinical and clerical meetings themes and actions from complaints were discussed.

We saw information was available to help patients understand the complaints system on the practice website and a complaints leaflet was available in the practice. The complaints leaflet was out of date as it referred to the Primary Care Trust that had been replaced by the Clinical Commissioning Group (CCG). We reported this to the acting HR manager. Comments and compliment forms were available for patients to complete and post in a box in reception. We were shown completed comment forms containing compliments which we were told were fed back to staff informally.

Patients we spoke with were aware of the process to follow if they wished to make a complaint. Several of the patients we spoke with had made a complaint about the practice and the majority had been addressed. However two patients told us they had made verbal complaints 6 months prior to our visit and were still waiting for further contact from the practice. We passed this information to the acting HR manager who said it would be followed up.

We looked at eight complaints received in the last four months and found contact had been made with the complainant in a timely way. There was openness and transparency in dealing with the compliant and an apology had been given. Learning identified following the complaint was actioned but there was no evidence this was followed up to confirm completion of action.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had completed a Statement of Purpose as required by the Health and Social Care Act 2008. The staff we spoke with told us the practice's main priority was to deliver good patient care but they were not aware of a practice vision or strategy. The staff placed high value on staff stability, understanding the needs of patients and continuity of care. They said there was a supportive and friendly culture among the staff. Staff also noted there had been a greater emphasis on improving the service more recently.

The practice had prepared a two year Business Action Plan for 2015 to 2017 which they shared with us on the second day of our inspection. The plan included objectives and actions, such as developing staff through appraisal and mentorship. Improving accessibility of services and long term conditions including dementia and people with mental health issues were included. However, it was unclear what measures or management arrangements were in place to monitor and manage achievement of the practice's priorities.

Governance arrangements

The practice had a number of recently renewed policies (December 2014) and procedures in place to govern activity. We observed they were available to staff in paper files in the practice. We looked at 10 of these policies and procedures. They were not consistently written and contained some errors. For example the Training Policy referred to NHS Scotland procedures. There was no evidence the updated policies had been circulated to staff or evidence of receipt recorded.

The practice did not have a clear leadership structure and some staff were unclear as to who took the lead roles. For example, not all staff knew who the lead for infection control was. A GP partner was the lead for safeguarding and most staff we spoke with told us this. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. Staff reported the practice lacked leadership and direction. They all told us they had more recently felt valued, well supported and knew who to go to in the practice with any concerns.

The practice did not effectively use the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was not performing in line with national standards. We checked the information against the QOF results for 2013-14. We saw the practice achieved 656.7 points (73.5%) out of a total out of 894.This performance was 23% below the CCG average and 20.5% below the England average. We saw QOF data was discussed at clinical team meetings. However action plans were not produced to maintain or improve outcomes.

Some staff had completed clinical audits, mainly related to prescribed medicines. We were not shown an on going programme of clinical audits to monitor quality and systems to identify where action should be taken.

The practice did not have effective arrangements which identified, recorded or managed risks. Arrangements for reporting incidents were sometimes informal and not all staff completed an incident form. We saw evidence they were discussed at the separate clinical and clerical meetings but actions and follow up were not recorded. Staff could not tell us how often fire drills were practiced.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were happy to raise issues with the senior GP partner or acting HR manager. We saw some minutes of clinical and clerical meetings. Clinical meetings were held every two weeks and clerical meetings every three weeks. From the meeting minutes It was unclear how information and agreed actions were circulated or shared amongst the wider practice team. The practice did not hold a whole practice meeting and we were not shown any minutes of such meetings.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through a patient suggestion box located in the reception area. The patient participation group (PPG) completed a survey of patients in January 2014. The PPG met on a monthly basis and we saw minutes of the PPG meetings. The minutes of the PPG meetings were not available to patients in the practice or on its website. However a summary of the suggestions made by the PPG and changes implemented were available on the website.

Are services well-led?

Inadequate

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

We looked at the results of the PPG patient survey and the majority of respondents suggested the telephone access to the practice and continuity with GPs needed to be improved. We saw as a result of this the practice was in discussion with the telephone provider and the CCG to explore access issues. Three locum GPs were working at the practice on a regular basis. We saw as a result of PPG suggestions a notice board displayed the staff on duty. A television had been installed with a DVD playing in reception to inform patients of local information and relevant health campaigns. We reviewed a summary of complaints from patients between August 2014 and January 2015, which had common themes to the PPG patient survey.

There were no arrangements for staff surveys. We were told staff could feedback at the clinical and clerical meetings or as the issue arose to team managers or the acting HR manager.

The practice had a whistleblowing policy which was available to all staff in the policy file and staff told us it was there.

Management lead through learning and improvement

Staff told us more recently the practice supported them to maintain their clinical professional development through training. Staff told us not all had a recent appraisal or clear objectives agreed within the last twelve months. New staff told us how their probation period had been signed off. Staff told us the practice was supportive of training and they had staff training sessions where guest speakers and trainers attended. Staff told us about a recent session where the safeguarding lead from the CCG had attended to discuss the safeguarding referral process.

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 15 HSCA (RA) Regulations 2014 Premises and equipment We found the partnership had not protected people against the risk of inappropriate or unsafe care and treatment, by means of maintaining the premises and equipment. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because: A fire risk assessment had been completed but the actions from this were not followed up. There was no evidence or records of fire evacuation drills Regulation 15 1 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010(Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found the partnership had not protected people against the risk of inappropriate or unsafe care and treatment, by means of good governance. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because:

This section is primarily information for the provider

Requirement notices

Risk profiling or risk stratification was not being used to ensure patients' needs were assessed and care planned and delivered proactively.

There was no on going programme of clinical audits to monitor quality and systems and identify where action should be taken.

The practice did not have an effective system for reporting and recording significant events.

The practice did not consistently use information such as significant events or clinical audits to identify risks and improve patient safety.

The practice did not have a business continuity plan to deal with emergencies or major incidents, such as power failure, adverse weather or unplanned sickness, which may impact on the daily operation of the practice

The practice had no clear leadership structure and limited formal governance arrangements.

Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010(Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found the partnership had not protected people against the risk of ineffective training and support for workers. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used services were not protected against the risks associated with ineffective training and support for workers. This was because staff were not receiving appropriate training, professional development, supervision and appraisal. Regulation 18 (2) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010(Regulated Activities) Regulations 2014