

Malling Health @ Blue Suite

Inspection report


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Date of inspection visit: 24 July 2018
Date of publication: 17/09/2018

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

Ratings

Overall rating for this location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

This practice is rated as Inadequate overall. (Previous rating November 2014 - Good)

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Malling Health @ Blue Suite on 24 July 2018 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 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.

At this inspection we found:

- Significant issues that threatened the delivery of safe care were not identified or adequately managed.
- The practice's systems, processes and practices did not always keep people safe and safeguarded from abuse.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- Patients were at risk of harm due to inadequate medicines management by the practice.
- The practice was unable to demonstrate that they always learned from and made improvements when things went wrong.
- The practice had an action plan to improve quality and was in the process of reviewing the effectiveness and appropriateness of the care provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- The practice's complaints system was not operated effectively and was not accessible to all patients.
- Governance arrangements were not always effective.
- The systems and processes for learning, continuous improvement and innovation were not always effective.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Consider reinstating multidisciplinary team meetings to help understand and meet the range and complexity of patients' needs and to assist and plan ongoing care and treatment.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.
- Continue to monitor and improve national GP patient survey patient satisfaction scores.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Overall summary

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

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

Population group ratings

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

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 Malling Health @ Blue Suite

- The registered provider is Malling Health (UK) Limited which is a subsidiary of Integral Medical Holdings (IMH) Limited.
- Malling Health @ Blue Suite is located at 103-107 High Street, Rainham, Gillingham, Kent, ME8 8AA. The practice has an alternative provider medical services contract with NHS England for delivering primary care services to the local community. The practice website address is .
- As part of our inspection we visited 103-107 High Street, Rainham, Gillingham, Kent, ME8 8AA only, where the provider delivers regulated activities. The provider also delivers regulated activities at Parkwood Surgery, Long Catlis Road, Parkwood, Rainham, Kent, ME8 9PR.
- At the time of our inspection Malling Health @ Blue Suite did not have a registered manager in post and had not done so since 7 September 2017.
- Malling Health @ Blue Suite has a registered patient population of approximately 7,400 patients. The practice is located in an area with a lower than average deprivation score.
- There are arrangements with other providers (MedOCC) to deliver services to patients outside of the practice's working hours.
- Malling Health @ Blue Suite is operated by Malling Health (UK) Limited. The practice staff consists of three salaried GPs (two male and one female), one practice manager, one assistant practice manager, three advanced nurse practitioners (all female), two practice nurses (both female), one diabetic nurse specialist (female), one healthcare assistant (female), one clinical pharmacist as well as reception and administration staff.
- Malling Health @ Blue Suite is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.

Are services safe?

We rated the practice as inadequate for providing safe services.

- The practice's system for reporting and recording significant events was not always effective.
- The practice was unable to demonstrate that all relevant staff were covered by medical indemnity insurance.
- The practice was unable to demonstrate that all clinical equipment was checked and / or calibrated to ensure it was safe to use.
- The practice's system for managing infection prevention and control was not always effective.
- Not all substances hazardous to health were being stored securely and safely.
- Staff did not always follow the practice's systems for the safe prescribing of high risk medicines.
- Medicines requiring refrigeration were not always stored in line with national guidance.
- The practice did not always learn and share lessons, identify themes and take action to improve safety.
- The practice was unable to demonstrate that they acted on and learned from national patient safety alerts.

Safety systems and processes

The practice's systems, processes and practices did not always keep people safe and safeguarded from abuse.

- The practice's system for reporting and recording significant events was not always effective.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. However, not all staff were up to date with safeguarding children training.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, records did not specify which staff were covered by the medical indemnity insurance taken out by Integral Medical Holdings (IMH) Limited.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, this did not include clinical equipment provided by GPs in their home visit bags.
- There was a system to manage infection prevention and control. However, this was not always effective.
- The practice had systems for notifiable safety incidents.

Risks to patients

Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice had arrangements to respond to emergencies. Staff understood their responsibilities to manage emergencies on the premises and knew how to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. However, not all staff were up to date with training in recognising patients with deteriorating conditions such as sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were comprehensive risk assessments in relation to safety issues. However, not all substances hazardous to health were being stored securely and safely.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The arrangements for managing medicines in the practice did not always keep patients safe.

- The practice had systems to manage the prescribing of high risk medicines. However, records showed that staff did not always follow these systems.
- Records showed that medicines requiring refrigeration were not always stored in line with national guidance.
- Staff administered or supplied medicines to patients in line with current national guidance.

Are services safe?

- Patients were involved in regular reviews of their medicines.

Lessons learned and improvements made

The practice was unable to demonstrate that they always learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. However, not all significant events that took place were reported.
- Records showed that some significant events were reportable by the practice to the National Reporting and Learning System (NRLS). For example, a near miss where

a patient was prescribed the incorrect dose of a high risk medicine that had the potential to cause the patient harm. However, there were no records to demonstrate that the practice had reported this to the NRLS.

- There were systems for reviewing and investigating when things went wrong.
- The practice did not always learn and share lessons, identify themes and take action to improve safety in the practice.
- The practice was unable to demonstrate that they acted on and learned from national patient safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice, and all of the population groups, as inadequate for providing effective services overall.

- Staff did not always follow national guidelines to deliver care and treatment to meet patients' needs.
- Uptake rates for childhood immunisations were below the 90% target in three out of the four indicators.
- Not all staff were up to date with essential training.
- Multidisciplinary meetings were no longer taking place on a regular basis.

Effective needs assessment, care and treatment

- The practice had systems to help keep all clinical staff up to date.
- Staff had access to guidelines from National Institute for Health and Care Excellence (NICE). However, they did not always follow this information to deliver care and treatment that met patients' needs. For example, the prescribing of high risk medicines did not always follow latest guidelines.
- We saw no evidence of discrimination when making care and treatment decisions.

Older people:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than local and national averages. However, the practice's exception reporting on their performance for diabetes related indicators was high.
- Performance for asthma, COPD (coronary obstructive pulmonary disease) and blood pressure related

indicators was in line with local and national averages. However, the practice's exception reporting on their performance for COPD and blood pressure related indicators was high.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, uptake rates were below the 90% target in three out of the four indicators.
- There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

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

- The practice's uptake for cervical screening was comparable with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line with the national average.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability to help ensure they received the care they needed.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- 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.

Are services effective?

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- Performance for mental health related indicators was in line with local and national averages.
- Performance for dementia related indicators was in line with local and national averages.
- The practice worked with other services in the case management of patients experiencing poor mental health, including those with dementia.

Monitoring care and treatment

The practice had a programme of quality improvement activity and was in the process of reviewing the effectiveness and appropriateness of the care provided.

- QOF results for Malling Health @ Blue Suite were comparable with local and national averages.
- The practice used information about care and treatment to make improvements.
- The practice was involved in quality improvement activity.

Effective staffing

Staff had the skills and experience to deliver effective care, support and treatment.

- The learning and development needs of staff were assessed and the provider had a programme of learning and development to meet their needs. However, not all staff were up to date with essential training.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. However, multidisciplinary team meetings were no longer taking place on a regular basis.

Helping patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.

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.
- 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 assessed the patient's capacity and, recorded the outcome of the assessment.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as requires improvement for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- The practice gave patients timely support and information.
- Results from the national GP patient survey published in July 2017 showed that the practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses.
- Results from the national GP patient survey published in July 2018 were mixed for the practice's satisfaction scores on consultations with healthcare professionals.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Results from the national GP patient survey published in July 2017 showed that the practice was comparable with local and national averages for its satisfaction scores on GPs and nurses involving them in planning and making decisions about their care and treatment.

- Results from the national GP patient survey published in July 2018 showed that the practice was comparable with local and national averages for its satisfaction scores on healthcare professionals involving them in planning and making decisions about their care and treatment.
- The practice provided facilities to help patients be involved in decisions about their care.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as inadequate for providing responsive services.

- Patients were not able to book appointments or order repeat prescriptions on line.
- Chronic disease reviews for housebound patients were not currently being provided as a result of staff shortages.
- The practice's complaints system was not effective.

Responding to and meeting people's needs

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

- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those patients with serious medical conditions.
- The practice had a website.
- Patients were not able to book appointments or order repeat prescriptions on line. However, the practice had an action plan to improve on line access for patients that was due to be completed in October 2018.
- The facilities and premises were appropriate for the services delivered.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admission to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Older people:

- The practice was responsive to the needs of older people, and offered longer appointments and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- Designated seating was available in the practice's waiting area for older people.

People with long-term conditions:

- There were longer appointments available for patients with some long-term conditions.
- Patients with a long-term condition were offered a structured annual review to check their health and medicine needs were being met. However, these were only conducted at the practice. Staff told us that chronic disease reviews for housebound patients were not currently being provided due to staff shortages.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care on an individual basis.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available outside of normal working hours.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Are services responsive to people's needs?

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice directly employed a GP with a special interest in mental health.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was below local and national averages.
- Results from the national GP patient survey published in July 2018 showed that patient's satisfaction with how they could access care and treatment was still below local and national averages.

Where national GP patient survey results were below average the practice had developed and implemented an

action plan to address some of the findings and improve patient satisfaction. For example, the practice planned to consider providing additional appointments outside of normal working hours after conducting a patient survey to ascertain the time of day when these appointments were most likely to be taken up. Records showed this was due to be completed by January 2019.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. However, they did not record verbal complaints.

- Information about how to make a complaint or raise concerns was available.
- Information to help patients understand the complaints system was not available in the practice.
- The practice was unable to demonstrate that they learned lessons from individual concerns and complaints.
- The practice was unable to demonstrate that they acted as a result of complaints received to improve the quality of care provided.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

- Not all the staff we spoke with were aware of the practice's vision or mission statement.
- The practice's processes for providing staff with the development they need did not ensure all staff were up to date with essential training.
- Not all staff had an up to date written job description to ensure they were aware of their own roles and responsibilities.
- The practice's processes and systems to support good governance and management were not always effective.
- The practice's processes for managing risks, issues and performance were not always effective.
- The systems and processes for learning, continuous improvement and innovation were not always effective.

Leadership capacity and capability

On the day of inspection the practice management told us they prioritised high quality and compassionate care.

- The provider had recently recruited and appointed a lead salaried GP and practice manager.
- The lead salaried GP and practice manager were knowledgeable about issues and priorities relating to the quality of services. They understood the challenges and were in the process of addressing them.
- There was a clear local leadership structure and staff felt supported by the lead salaried GP and practice manager.
- Staff told us the lead salaried GP and practice management were approachable and always took time to listen to all members of staff. They said that leadership at the practice was open, transparent and inclusive.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which reflected their vision.
- Some of the staff we spoke with were not aware of the practice's vision or mission statement.
- The practice planned its services to meet the needs of the practice patient population.

Culture

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident and supported in doing so.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and complied 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).
- There were processes for providing all staff with the development they need. However, not all staff were up to date with essential training.
- Staff we spoke with told us they felt respected, valued and supported by managers in the practice.

Governance arrangements

Governance arrangements were not always effective.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, not all staff had an up to date written job description.
- There were processes and systems to support good governance and management. However, they were not always effective.
- Policies were implemented and were available to all staff. However, the practice was unable to demonstrate there was an effective system to help ensure all governance documents were kept up to date.

Managing risks, issues and performance

The practice's processes for managing risks, issues and performance were not always effective.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not always effective.
- The practice had processes to manage current and future performance.
- The practice was unable to demonstrate that their clinical audit activity was effectively making improvements to the quality of patient care.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- At the time of our inspection Malling Health @ Blue Suite did not have a registered manager and had not

Are services well-led?

done so since 7 September 2017. We wrote to the provider on 18 April 2018 requesting that they advise us as to what action they were taking to resolve this deficit and the date by which a registered manager would be appointed at Malling Health @ Blue Suite. We received a notification on 3 July 2018 indicating that a member of staff from Malling Health @ Blue Suite would be applying to be their registered manager. However, to date CQC has not received any such application.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was in the process of being used to help improve performance.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

The systems and processes for learning, continuous improvement and innovation were not always effective.

- The practice did not always learn and share lessons, identify themes or take action to improve safety as a result of significant events.
- Not all significant events that took place were reported by staff.
- The practice was unable to demonstrate that they acted on and learned from national patient safety agency alerts.
- The practice was unable to demonstrate that they learned lessons from individual concerns and complaints.
- The practice was unable to demonstrate that they acted as a result of complaints received to improve the quality of care provided.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The service provider had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. This was in breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The service provider did not have an established and effective recruitment procedure. In that: The practice was unable to demonstrate that all relevant staff were covered by medical indemnity insurance. This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users. The service provider was not: Doing all that was reasonably practical to mitigate any such risks. In particular: the practice did not have an effective system for reporting and recording significant events; not all substances hazardous to health were being stored securely or safely; the practice did not always learn and share lessons, identify themes and take action to improve safety in the practice; and the practice was unable to demonstrate that they acted on and learned from national patient safety alerts. Ensuring that the equipment used by the service provider for providing care or treatment to a service user was safe for such use and was used in a safe way. In particular: clinical equipment provided by GPs in their home visit bags was not being routinely checked and / or calibrated to ensure it was safe to use. Ensuring the proper and safe management of medicines. In particular: staff did not always follow the practice's systems to manage the prescribing of high risk medicines; and medicines requiring refrigeration were not always stored in line with national guidance. Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: the practice did not have an action plan to address issues identified by infection prevention and control audits; and clinical waste was not always stored safely. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

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

Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular: the uptake of childhood immunisations was below the 90% target in three out of the four indicators; online appointments and online repeat prescriptions were not available; clinical audit activity was not effectively making improvements to the quality of patient care; as well as systems and processes for learning, continuous improvement and innovation were not always effective assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may have been at risk which arose from the carrying on of the regulated activity. In particular: risks from the lack of regular checking and / or calibration of clinical equipment provided by GPs in their home visit bags; infection prevention and control risks identified by audit; risks from substances hazardous to health not being stored securely or safely; risks from inadequate medicines management; the risks from not all staff being up to date with essential training; and the risks to patients from staff shortages. maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity. In particular: staff had not reported and recorded all significant events; not all staff had up to date job descriptions; and the practice did not keep records of action taken (of if no action was required) in response to national patient safety alerts; This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that sufficient staff numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

Health and Social care Act 2008 (Regulated Activities) Regulations 2014. In particular: chronic disease reviews for housebound patients were not currently being offered as a result of staff shortages. The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular; not all staff were up to date with essential training. This was in breach of Regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.