

# Grafton Medical Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grafton Medical Partners on 4 May 2016. Overall the practice is rated as Requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses, however the system for reporting and recording significant events was not fully effective.
- Risks to patients were not always adequately assessed or well-managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day, however some patients reported difficulty with getting through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were governance systems in place and staff felt supported by leaders and managers in the practice.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

### We saw several areas of outstanding practice:

- The practice commissioned a citizens advice service weekly for all Grafton Medical Partners' Wandsworth patients, due to the level of social needs required by the practice's population group.

# Summary of findings

- The practice employed an in-house pharmacist to assist with medication reviews, who specifically focussed on a review of prescribing for practice patients in two local nursing homes.
- The practice provided the over 75s with an information pack which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.

## **The areas where the provider must make improvement are:**

- Ensure that medicines management procedures are robust to include recording of vaccine refrigerator temperatures every day that the practice is open, tracking and monitoring the use of prescription pads within the practice and monitoring un-collected prescription scripts.
- Ensure that there are effective systems in place to adequately assess, monitor and manage risks including those relating to health and safety, fire safety and control of substances hazardous to health.
- Ensure that there is a clear system in place for reporting and recording significant events and a system for monitoring actions taken to improve safety in the practice.
- Ensure that there is a system in place to identify action taken as a result of safety alerts.
- Ensure that staff have access to regular mandatory training to be able to respond to emergencies, including annual basic life support training and fire safety training.

## **In addition the provider should:**

- Ensure that adequate recruitment checks are undertaken prior to employment for locum staff and documentation kept.
- Ensure that there is a robust system in place for monitoring receipt of all urgent referrals made by the practice.
- Ensure that all multidisciplinary and clinical meetings are documented in order to record discussions, actions and to monitor patients effectively.
- Ensure that the practice further refines practice systems to identify carers.
- Review the complaints system to ensure it is clear for patients, staff and in line with contractual obligations.
- Ensure that the staffing structure, including roles and responsibilities is defined, so that governance arrangements are more robust.

## **Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses, however the system for reporting and recording significant events was not fully effective.
- There was evidence that some lessons were shared informally, but lessons learned and actions taken were not communicated widely enough to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safeguarded from abuse.
- Although some risks were generally well assessed, the systems and processes to manage these risks were not always implemented well enough to ensure safety in the practice, including those related to health and safety, fire safety, control of substances hazardous to health and medicines management.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, although clinical and multidisciplinary meetings were not always documented effectively and urgent referrals were not always monitored.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher or in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice commissioned a citizens advice service weekly for all Grafton Medical Partners' Wandsworth patients, due to the level of social needs required by the practice's population group.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day, however some patients reported difficulty with getting through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, however the practice's complaints procedure was not always clear. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Requires improvement



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care, however systems to monitor and identify risk were not always operating effectively.
- Staff felt well-supported by managers and leaders in the practice, however some roles and responsibilities were not clearly defined. There was no office manager to oversee day to day running of the practice.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a dedicated telephone line between 10am and 12pm named the 'Blue Star Line' for patients aged 75 and over or those on the practice's avoiding unplanned admissions register, to ensure swift access to appointments.
- The practice employed an in-house pharmacist to assist with medication reviews, who specifically focussed on a review of prescribing for practice patients in a local nursing home.
- An information pack for the 75's was provided, which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 mixed. For example, 68% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the

**Requires improvement**



# Summary of findings

national average of 78%. The practice had implemented an automatic check of specific diabetes related blood tests in all NHS health checks for those over 40-75 to aim to increase their prevalence of diabetes in the practice population.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice looked after a number of residents in a local care home, including those with neurodisabilities and dementia, providing twice weekly visits.
- The practice provided an in-house anticoagulation monitoring service for practice patients.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- Immunisation rates were in line with averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the Clinical Commissioning Group (CCG) average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice were able to refer to a local service for family planning treatment and information if family planning services were not accessible at one of the other Grafton Medical Partners practices.

## Requires improvement





# Summary of findings

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care including 'commuter slots' four evenings per week and on Saturday mornings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice employed a phlebotomist who provided sessions at the practice two days per week.
- Joint injections and cryotherapy were provided at another Grafton Medical Partners practice, which patients from Macmillan Way were able to access if required.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- For 2015/16, the practice had identified 97 patients on the learning disabilities register and 67 had received an annual check, which was 69%.
- There were longer appointments available for vulnerable patients including those requiring translation services and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



# Summary of findings

- For example, the practice commissioned a citizens advice service weekly for all Grafton Medical Partners' Wandsworth patients, due to the level of social needs required by the practice's population group.
- 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.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 77% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average.
- Performance for mental health related indicators was in line with the Clinical Commissioning Group (CCG) and national averages for the number of patients who had received an annual review at 90%; compared with CCG average of 91% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided access to in-house counselling, psychotherapy and group therapy at Macmillan Way, which all Grafton Medical Partners patients in Wandsworth CCG were able to access, as well as being able to refer to local psychological therapy services.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing below and in line with local and national averages. Three hundred and sixty three survey forms were distributed and 90 were returned. This represented 0.05% of the practice's patient list.

- 71% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 86% and a national average of 85%.
- 74% would recommend this surgery to someone new to the area compared with a CCG average of 82% and national average of 78%.
- 46% find it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 44% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 57% and a national average of 59%.

- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 75% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were positive about the standard of care received. Patients felt that they received an excellent service from nurses and GPs and that reception staff were very helpful. Patients felt that staff took the time to listen to them and staff were supportive and attentive to their needs. However, some patients commented that they had difficulty in getting appointments and getting through on the telephone.

We spoke with 13 patients during the inspection and one member of the Patient Participation Group (PPG). All patients said they were very happy with the care they received and thought staff were approachable, committed and caring, however patients reported difficulty in obtaining appointments. NHS Friends and Family Test results for January 2016 to April 2016 showed that on average 92% of patients would recommend the practice.

# Grafton Medical Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Grafton Medical Partners

Grafton Medical Partners provides primary medical services in Tooting Bec, Wandsworth to approximately 7900 patients and is one of 43 practices in Wandsworth Clinical Commissioning Group (CCG). The practice, known as Macmillan Way Surgery is one of three practices run by Grafton Medical Partners within Wandsworth CCG.

The practice population is in the fifth least deprived decile in England. The practice population has a higher than average representation of income deprived children and older people. The practice population of children is in line with local and national averages, the practice population of those of working age is above local and national averages at 74%, and the number of older people registered at the practice is lower than local and national averages; 7% of patients are over the age of 65. Of patients residing in Wandsworth borough, 54% are White or White British, 24% are Asian or Asian British and 14.5% are Black or Black British. The Tooting Bec population is mixed with a small proportion of social housing surrounded by less deprived residential areas.

The practice operates from purpose built premises. The practice is based on the ground floor with disabled access to patient areas. The practice has access to five doctors'

consultation rooms and two nurses' consultation rooms. The practice team at the surgery is made up of one part time male GP who is a partner, one part time female GP who is a partner, one part time female salaried GP and one part time female locum GP. The total number of GP sessions per week is 26. The nursing team consists of a full time female practice nurse, one part time female health care assistant and two part time phlebotomists. The total number of practice nurse sessions per week is nine. The administrative team includes a part-time practice manager, a part time secretary and five reception and administrative staff members. The practice team supporting all the Grafton Medical Partners practice sites also includes an IT support worker, a performance manager, an assistant practice manager, a practice administrator, a chief operating officer and a pharmacist. Patients are able to access a range of services offered across the three Grafton medical Partners sites in Wandsworth CCG.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee GPs and provides teaching for medical students.

The practice reception and telephone lines are open from 8am to 8pm Monday to Thursday, 8am to 6.30pm on Friday and 9am to 1pm on Saturday. Scheduled appointments are available between 8.30am and 11.30am every morning and 3pm and 6pm every afternoon. Extended hours surgeries are offered from 6.30pm to 8pm Monday to Thursday and 9am to 1pm on Saturday. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and at weekends and directs patients to the out-of-hours provider for Wandsworth CCG.

# Detailed findings

The practice is registered as a partnership of seven partners with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, maternity and midwifery services and treatment of disease, disorder or injury.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 May 2016.

During our visit we:

- Spoke with a range of staff including doctors, nurses, reception and administrative staff and spoke with 13 patients who used the service and one member of the Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 14 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events, however this was not fully effective.

- The practice had no policy in place for significant events, consequently staff were not fully aware of the incident reporting process for the practice.
- We found that some incidents that had occurred had not been reported as significant events or incidents.
- Staff told us they would inform their line manager of any incidents and there was a recording form available on the practice's computer system that was completed by the clinical staff or the practice manager. We were shown a number of different significant incident forms that had been used in the practice.
- The practice carried out an analysis of the significant events, but they were not always recorded adequately.
- There was some evidence that action was taken as a result of significant events to improve safety in the practice, however these were not always shared effectively with staff. Significant events from across the three Wandsworth practices were discussed in a weekly clinical meeting. The practice had recently started to record minutes of significant event discussions. Where relevant, actions were shared with non-clinical staff in staff meetings or informally. For example, an incident had occurred where a child's medical record had not been linked to their other family member's records on the computer system, who were on the child protection register. The practice ensured that reception staff were aware of the correct registration process for babies and children so vulnerable patients are highlighted.
- We were told that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We also saw the practice process for dealing with patient safety alerts and medicine alerts. We saw evidence that alerts were cascaded to clinical staff and they were stored on the shared drive for the practice, however there was no clear system in place to demonstrate if any action was taken to improve safety.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare, however not all staff we spoke to knew how to find contact numbers to raise concerns to social services if required. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible, however minutes of safeguarding meetings with the health visitor were not thoroughly documented. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and all staff chaperoning had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy and supporting procedures in place which had been tailored to different staffing groups and we saw that staff had received up to date training. An infection control audit had been undertaken in January 2016 by NHS England and we saw evidence that action was taken to address any improvements identified as a result.
- Some arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat



# Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however the practice did not have a system in place to monitor their use. We also found two prescription scripts from November and December 2015 that had not been collected by patients and had not been followed up by the practice. We found that there had been three days where refrigerator temperatures had not been recorded in March 2016. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). All PGD's were electronic at this practice. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five personnel files and found that appropriate recruitment checks were undertaken for most staff, however appropriate checks had not always been undertaken for locum staff members. For example, for one locum GP there was no photo identification, and no DBS certificate in their file, however the practice sent us evidence of these checks shortly after the inspection. There were no clear processes in place to ensure all checks had been done and adequately documented.

## Monitoring risks to patients

Risks to patients were mostly assessed and but not always well-managed.

- A health and safety risk assessment had been undertaken internally, however this was not detailed enough to provide assurance that all risks had been assessed adequately. There was identified actions but no evidence that these had been completed.
- The practice had an up to date fire risk assessment, however this was not robust or detailed enough to

provide assurance that all risks had been assessed adequately. There was evidence that the practice carried out regular fire drills and fire equipment had been checked by an external company. Not all staff had received fire safety training. Following the inspection the practice provided evidence that they had booked a health and safety and fire risk assessment to be undertaken by an external company in May 2016.

- Clinical equipment was checked to ensure it was working properly. There was no evidence of previous testing for electrical equipment, however we saw evidence that testing had been booked for May 2016. There was also no evidence that the practice had checked that the electrical wiring was safe, however shortly after the inspection the practice provided evidence that an electrical check had been booked.
- The practice had a legionella risk assessment in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had a control of substances hazardous to health (COSHH) policy in place, they had a number of data sheets for COSHH products used and COSHH products were stored securely, however no COSHH risk assessment had been carried out as stated in policy.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most clinical staff received annual basic life support training, however one GP had last received training in September 2014 and non-clinical staff received training every three years which was not in line with recommended guidance. We saw evidence that the practice had arranged for basic life support training for May 2016 for all staff that required updating.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- There were a full range of emergency medicines available in the reception area and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. NICE guidance was discussed in weekly clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

From all medical records we reviewed, the practice was found to be following best practice guidance and patients' needs were effectively assessed with the use of annual review templates. We found that localised 'planning all care together' care plans were used for a range of long-term conditions and care plans were also used for vulnerable patients, including those with two or more long-term conditions and those at risk of admission to hospital. From records we viewed, the practice were using patient-centred and holistic care planning in order to identify patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The practice reported a high turnover of patients; at 25% of the practice population annually due to their transient population. The practice had put systems in place and tailored services to ensure the range of people's needs were met, so that their patients were monitored and provided with continuity of care as far as possible. The most recent published results were 95.1% of the total number of points available with 4.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was mixed. For example, 68% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%. The practice had implemented an automatic check of specific diabetes related blood tests in all NHS health checks for those over 40-75 to aim to increase their prevalence of diabetes in the practice population.
- The number of patients who had received an annual review for diabetes was 87% which was in line with the CCG average of 88% and national average of 88%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 94% which was above CCG average of 91% and national average of 90%.
- Performance for mental health related indicators was in line with the CCG and national averages for the number of patients who had received an annual review at 90%; compared with CCG average of 91% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 77% which was below the CCG average of 87% and national average of 84%.

There was some evidence of quality improvement including clinical audit:

- There had been four clinical audits undertaken in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit of patients with osteoporosis compared with best practice guidance, the practice had improved awareness amongst clinicians of appropriate management and improved their coding on the computer system. The audit demonstrated that management of these patients had improved as a higher proportion of patients with osteoporosis were on the appropriate bone-sparing medicines.
- The practice had also conducted mandatory audits reviewing antibiotic prescribing. The practice were performing within the required targets.

# Are services effective?

## (for example, treatment is effective)

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Benchmarking data was discussed at monthly CCG and locality meetings attended by one of the partners and data was shared during weekly clinical meetings and management meetings. There was evidence that the practice were clearly engaged with the CCG and had a thorough awareness of their current performance and targets. We were specifically shown that the practice had effective systems for managing and monitoring patients with suspected cancer. The practice had one of the lowest emergency cancer presentations in the CCG and the practice were one of the best performing in the CCG with regards to appropriate suspected cancer referrals made.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, health and safety and confidentiality. Induction checklists were not always used, however the practice had implemented a more robust induction pack for future staff.
- Staff received update training that included: safeguarding, basic life support, infection control and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff had training in the Mental Capacity Act 2005. Not all staff had received update training in fire safety or basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. There was a wide skill mix amongst clinical staff, including GPs specialising in minor surgery, and one GP with a special interest in dermatology provided a service at another practice site that could be accessed by patients at the practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice supported and educational environment. They were registered as a training practice for trainee GPs and provided teaching for medical students. All the GP partners were GP trainers.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice also held comprehensive referral management meetings weekly to ensure that they were monitoring all referrals effectively.
- However, during the inspection we noted that since December 2015 when a staff member had left, the practice did not have a robust system in place for ensuring all urgent referrals were received and patients had appointments booked. We were told that this was due to the reduction in staffing.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs, for example for patients on the palliative register and patients with mental health conditions. The practice also carried out weekly clinical meetings for all GPs and nursing staff,

# Are services effective?

(for example, treatment is effective)

however we found that these weekly and monthly meetings were not always minuted. The practice had recently implemented a system to ensure clinical meeting discussions were documented.

## 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with learning disabilities. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice nursing team. For 2014/15 133 patients were referred and there was a 22% successful quit rate.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the Clinical Commissioning Group (CCG) average of 81% and the

national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. The practice reported a lower than average uptake due to the ethnic diversity and cultural preferences of their population group. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and they promoted chlamydia screening in the practice. For 2014/15, of those eligible for chlamydia screening, there was a 39% uptake.

Flu immunisation rate for those over 65s for 2014/15 was 75% which was in line with national average. Flu immunisation rates for at risk groups was 51% for 2014/15 which was above national average. The percentage of patients with diabetes who had received the flu immunisation for 2014/15 was 84% which was in line with CCG average but below national average. Childhood immunisation rates for the vaccinations given were comparable to CCG averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice also provided health checks for patients with learning disabilities. For 2015/16, the practice had identified 97 patients on the learning disabilities register and 67 had received an annual check, which was 69%. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 13 patients and one member of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 82% said the nurse was good at listening to them compared to the CCG average of 88% and national average of 91%.
- 89% said the nurse gave them enough time compared to the CCG average of 90% and national average of 92%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and national average of 97%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 91%.
- 75% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 83% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 90%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice provided packs for specific patient groups including a new mother pack and a booklet detailing local services for older people.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 patients as carers (0.004% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice were actively trying to promote carer support by providing carers packs and promoting carers support via the practice newsletter. We also saw that care plans for patients incorporated a section covering carers support and the practice had invited carers to receive flu immunisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was no bereavement support information available in the reception area.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had a thorough awareness of their local population. The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services to ensure they were tailored to patients' needs. For example:

- The practice offered 'commuter slots' during extended hours from Monday to Thursday in the evening in addition to Saturday morning, to meet the needs of their working-age population who were not able to attend during normal opening hours.
- There were longer appointments available for vulnerable patients including those requiring translation services and those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day and emergency appointments were available with a GP daily for children and those with serious medical conditions. The practice were able to provide some emergency appointments where appropriate, during extended hours to ensure continuity of care for patients.
- The practice looked after a number of residents in two local care homes, providing three visits per week in total.
- The practice had a dedicated telephone line between 10am and 12pm named the 'Blue Star Line' for patients aged 75 and over or those on the practice's avoiding unplanned admissions register, to ensure swift access to appointments.
- The practice employed an in-house pharmacist to assist with medication reviews, who specifically focussed on a review of prescribing for practice patients in the two local nursing homes the practice visited.
- The practice employed a phlebotomist who provided sessions at the practice two days per week.
- The practice provided an in-house anticoagulation monitoring service for practice patients.
- Joint injections and cryotherapy were provided at another Grafton Medical Partners practice, which patients from Macmillan Way were able to access if required.

- The practice provided access to in-house counselling, psychotherapy and group therapy for all Grafton Medical Partners patients in Wandsworth CCG at Macmillan Way, as well as being able to refer to local psychological therapy services.
- The practice commissioned a citizens advice service weekly due to the level of social needs required by the practice's population group.
- The practice were able to refer to a local service for family planning treatment and information if family planning services were not accessible at one of the other Grafton Medical Partners practices.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were translation services available for those with language barriers and the practice had a hearing loop installed. There were disabled facilities available and all patient areas were on the ground floor.
- Information packs were provided to patients where appropriate and during consultations. One of these was an over 75's pack which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.

### Access to the service

The practice reception and telephone lines were open from 8am to 8pm Monday to Thursday, 8am to 6.30pm on Friday and 9am to 1pm on Saturday. Scheduled appointments were available between 8.30am and 11.30am every morning and 3pm and 6pm every afternoon. Extended hours surgeries were offered from 6.30pm to 8pm Monday to Thursday and 9am to 1pm on Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 75%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 46% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 54% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 44% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 57% and a national average of 59%.

People told us on the day of the inspection that there was difficulty in getting through on the telephone. The practice were aware of this and had sought to promote online appointment booking to improve telephone access. Patients reported they were able to get urgent appointments when they needed them, but some patients experienced delays in getting routine pre-bookable appointments, often waiting for two to three weeks. However, on the inspection day we were able to see that the next routine appointment with any GP was available within two days.

### Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice which was one of the partners with input from the practice manager and office manager.

- Its complaints policy and procedures were mostly in line with recognised guidance and contractual obligations for GPs in England, however the practice requested that patients complain within three to six months of the original event.
- We saw that some information was available to help patients understand the complaints including a poster and information on the practice website, however patients had to request the practice complaints procedure leaflet.
- The complaints leaflet, the information on the website and the practice's complaints policy contained conflicting information about the practice's complaints procedure.
- The practice held an annual complaints review meeting and detailed minutes of these meetings were kept.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. The practice's complaints policy was that all written complaints would be responded to within 10 working days, however there were several occasions where the practice responded after this time frame.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that they were not able to have their blood pressure taken during a consultation as no blood pressure cuff was available. Following this a system was implemented where reception staff checked regularly that suitable equipment was made available for GP and locum GP staff in all consulting rooms. Staff we spoke with confirmed that these checks occurred, however the learning was not recorded in staff meeting minutes.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care, treat patients with dignity and respect and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice were able to articulate their strategy and business plans which reflected the vision and values and this was regularly discussed in partnership meetings and a five year business plan was in place.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance arrangements included:

- A clear and comprehensive understanding of the performance of the practice was maintained and the lead partners attended regular locality meetings to benchmark practice performance.
- A programme of clinical and internal audit was used to monitor quality and to make improvements, including a thorough annual review of all patient deaths.
- Practice specific policies were implemented and were available to all staff on the shared drive of the practice's computer system.
- The practice manager worked across four practice sites. The practice manager visited Macmillan Way once every one to two weeks. We were told that practice management responsibilities at this practice were divided between staff and the practice manager monitored and co-ordinated these areas. However, we found that the staffing structure was not always clear and at times staff were not aware of their own and others' areas of responsibilities. There was no designated office manager at Macmillan Way to assist with day to day running of the practice so safe systems and processes were not always operating effectively.
- Some risks had been assessed but systems for ongoing assessment and management of risks, significant events and implementing mitigating actions were not fully effective.

- There were some systems in place for monitoring and recording staff training and maintaining personnel records, however we identified that these were not fully robust.
- Governance issues were discussed during structured weekly management meetings and comprehensive minutes were kept. The partners also discussed governance issues in a larger partnership meeting which involved the provider's other businesses.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of the requirements of the duty of candour. The practice had implemented recent systems to ensure compliance with this and there was evidence from reviewing complaints and significant events that they understood their responsibilities in relation to this. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

However, we found at least two examples where not all incidents had been reported in order to fully identify where things had gone wrong in the practice.

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

- Staff told us that the practice they held weekly clinical meetings for clinical staff across the Graton Medical Partners sites, where learning was shared, although these meetings were not generally minuted. The practice had recently implemented a system to minute discussions in clinical meetings.



# Are services well-led?

Requires improvement 

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

- The partners provided significant clinical and educational leadership to salaried GPs, trainee GPs and medical students.
- The practice nurses met as a group every month from across the practice sites.
- The practice management team from across the practice sites held a weekly management meeting.
- The practice also held a practice-specific site meeting every two months which involved non-clinical staff. Communication with staff was also informal or via emails in between staff meetings. There was no designated office manager to oversee day to day running of the practice to support the work of the practice manager.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff said they felt respected, valued and supported, by the managers and partners in the practice.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG consisted of seven members who met bi-monthly from across the three Wandsworth practice sites. They assisted in carrying out patient surveys and facilitating improvements. For example, following patient feedback,

the PPG assisted with running role play workshops to improve customer service awareness for reception staff. The PPG also assisted with the development of the over 75s information booklet entitled 'Local Services for Older People'.

- NHS Friends and Family Test results for January 2016 to April 2016 showed that on average 92% of patients would recommend the practice.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice commissioned a citizens advice service weekly for all Grafton Medical Partners' Wandsworth patients, due to the level of social needs required by the practice's population group.

The practice had recognised the need to improve their prescribing patterns and employed an in-house pharmacist to assist with medication reviews, who specifically focussed on a review of prescribing for practice patients in local nursing homes.

The practice provided the over 75s with an information pack which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.

## 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not have robust medicines management procedures, including the recording of vaccine refrigerator temperatures every day that the practice is open, tracking and monitoring the use of prescription pads within the practice and the monitoring of un-collected prescription scripts.</p> <p>This was in breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have a clear system in place for reporting and recording significant events and a system for monitoring actions taken to improve safety in the practice including action taken as a result of safety alerts.</p> <p>Systems to monitor and manage assessed risks including those relating to health and safety, fire safety and control of substances hazardous to health were not robust.</p> <p>The provider had not ensured that all staff had access to regular mandatory training to be able to respond to emergencies, including annual basic life support training and fire safety training.</p> <p>This was in breach of regulation 17(1)(2)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>