Dr Krishnan

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Krishnan on 6 January 2016. Overall the practice is rated requires inadequate.

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

- Risks to patients were not consistently assessed and well managed. There were some systems for assessing risks including risks associated with fire safety and infection control. However these were not robust and where areas for improvements had been identified these had not been actioned.
- Infection control procedures in place were not robust. Some parts of the practice were visibly dirty and cleaning schedules and quality monitoring were not in place.
- Medicines were not stored or checked in a consistent manner to reduce risks. Fridge temperatures were not being effectively monitored.
- There was no detailed business continuity plan to deal with untoward incidents that may affect the day to day running of the practice.
- The procedure for dealing with medical emergencies were not recorded and available for staff to refer to as needed and there was insufficient equipment to support patients in the event of a medical emergency.
- The practice staff recruitment procedure included carrying out checks including proof of identity and employment references. However these procedures were not followed consistently and Disclosure and Barring Service (DBS) checks were not carried out and this was not supported by a risk assessment to determine that these checks were not needed. There were no processes for checking that clinical staff including the practice nurse had a current and effective registration with their professional body.
- The practice ensured that significant safety events were investigated and learning was shared with staff.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

Summary of findings

However patients test results were not handled consistently, stored within patients records and evidence that appropriate action was taken following tests was not recorded.

- Clinical audits and reviews were carried out to make improvements to patient care and treatment. However these were infrequent and carried out only as part of GP appraisal rather than part of a continuous programme for improvement.

- Staff told us that they were supported and there was a system for staff appraisal.
- Staff had not received role specific training to meet the needs of patients. This included safeguarding, chaperoning and basic life support.
- 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 and how to complain was readily available. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or they experienced poor care or services.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped. However appropriate checks were not carried out to ensure that equipment was calibrated so that it was working properly.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure that risks to staff and patients are assessed and managed appropriately. This includes risks associated with medicines, fire and infection control. It also includes assessing risks associated with treating patients routinely, taking action after receiving test results and in the event of a medical emergency.

- Ensure that staff receive training that is specific to their roles.

- Ensure that appropriate checks are carried out as to the fitness of staff to practice and that all staff have current and effective registrations with their professional body. Ensure that all relevant staff have received a disclosure and barring service check prior to employment.

- Ensure that there is an effective system for assessing and monitoring the quality and safety of services provided.

- Ensure that those staff carrying out chaperone duties have received training and a disclosure and barring service check or a risk assessment is in place as to why one is not necessary.

- Ensure that there is sufficient and appropriate equipment for use in the treatment of patients, including in the event of a medical emergency and that this equipment is calibrated to ensure it is working correctly.

- Ensure that there is a business continuity plan in place in the event of an emergency taking place that disrupts the services to patients.

- Carry out regular reviews and clinical audits to support improvements in patient treatment.

Additionally the provider should:

- Consider the needs of patients with sensory impairment and provide a hearing loop if needed.

- Review the practice policies and procedures to ensure that they are up to date and practice specific.

- Ensure that prescriptions are stored securely and tracked through the practice.

Due to the passage of time between the inspection and the publication of the report we asked the provider to outline any improvement action they have already made. They sent us further information that assured us that the risks identified at the practice on the day of the inspection have been considerably reduced. This has not resulted in a change of rating but has reduced the need to take enforcement action at this time, although requirement notices have been issued.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made

Summary of findings

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 practice 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 vary the provider's registration to remove this location or cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services. There were systems in place to monitor safety and to act when things went wrong. Lessons were learned and communicated with staff to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

The practice had safeguarding protocols and staff we spoke with were able to demonstrate that they understood their responsibilities to keep people safe. However staff had not had safeguarding training. There were arrangements to provide chaperones during examinations and patients were advised of this. However staff who performed these duties had not received training and appropriate DBS checks or risk assessments had not been carried out for these staff.

The practice had infection control policies. However these were not followed consistently. Some areas of the practice were visibly dusty including curtain rails in clinical areas and the floors in patient toilets. There were no cleaning schedules to demonstrate cleaning tasks and staff who were responsible for these. An infection control audit had been carried out. However this was not detailed and areas for improvement had not been identified.

Risks to staff and patients were not assessed and managed in a consistent way. A fire safety risk assessment had been carried out. However the improvements required had not been made. Equipment was not consistently maintained to ensure that it was working properly and fit for use. All portable electrical equipment had been PAT tested. However clinical and diagnostic equipment had not been calibrated since 2013.

Staff recruitment did not include appropriate checks such as Disclosure and Barring Services (DBS) checks and this was not supported by a risk assessment to determine that these checks were not required. Staff had not undertaken training in areas such as infection control, safeguarding vulnerable people and basic life support.

Medicines were not managed safely. There were no procedures in place for ensuring that medicines such as vaccines, which require refrigeration, were stored appropriately. The fridge temperatures were not monitored correctly. We saw that prescriptions were not always stored securely and there were no records to track these so

Summary of findings

as to minimise the risk of misuse. Emergency medicines were checked every three months. However the frequency of these checks did not ensure that these medicines were within their use by date when required for use.

The practice did not have procedures for staff to follow in the event of a medical emergency. There were emergency medicines available and staff were aware of their location. There was no oxygen or Automated External Defibrillator (AED) to treat patients in the event of a medical emergency.

There was no business continuity plan available in the event of situations which could disrupt the running of the practice such as power failure.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Data showed that the practice performed in line with other GP practices locally and nationally for disease management and the treatment of long term conditions such as heart disease, dementia and diabetes. The practice did not routinely review its performance or carry out clinical audits to make improvements as needed.

Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. The practice performed in line with current guidelines for prescribing medicines such as antibiotics and antidepressants. The practice proactively promoted national health promotion and screening programmes and performed well in the area of seasonal flu vaccinations, cervical smear screening and childhood immunisations.

Patients test results which were received electronically had not been saved to patients records since May 2015. This meant that patient records did not accurately reflect the results of tests including blood tests and smear tests even when these indicated abnormalities. GPs told us that there had been a failure within the electronic patient record system and that these results could not be saved. They said that all results had been reviewed and appropriate action taken. However patient records did not always include details or the test result and what action was taken as a result of these.

Staff performance was appraised, however staff training was inconsistent and the practice acknowledged that improvements were needed in this area. Appropriate checks were not carried out to ensure that all clinical staff working within the practice had an effective registration with their professional body. The practice nurses' professional registration had lapsed and they had continued to work for a period of two months before this was identified and appropriate measures taken.

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Are services caring?

Good

The practice is rated as good for providing caring services. The results from the NHS GP Patient Survey which was published on 2 July 2015 showed that patients rated the practice higher than others for several aspects of care, such as how GPs and the nurse treated them with care and concern, listened and explained care and treatments. Patients who we spoke with during the inspection told us their treatment was always explained to them in a way that they could understand. They also told us that staff treated them kindly and were respectful and helpful.

The practice had suitable procedures in place for handling and storing information about patients so as to maintain confidentiality.

There was a range of information leaflets available within the waiting area. These included information about the various support agencies locally such as Macmillan, and local carers groups. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The results from the 2014/15 NHS GP Patient Survey showed that patients were happy with the practice opening hours, appointments system and access to the practice by telephone.

Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Emergency appointments were available each day and the practice ethos was to aim to provide all patients with appointments that met their individual needs. Home visits and telephone consultations were provided as needed.

Each of the six patients we spoke with told us that they were happy with the appointment system and that they could access appointments when needed.

The practice had considered in part the needs of patients who may require extra support such as those with mobility difficulties. Adapted toilets and baby changing facilities were available. However there was no emergency pull cord in the toilets and the practice did not have a hearing loop.

Information about how to complain was readily available. There was no information displayed or available within the patient waiting area. This was rectified during the inspection. We saw that the

Summary of findings

practice responded quickly to complaints. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

The practice had a number of policies and procedures to govern activity. However these were not always practice specific and did not accurately reflect how the practice was managed. A number of policies had not been reviewed since 2013 to ensure that they reflected current legislation and guidance. There was a lack of governance at the practice and the leadership was ineffective in many areas. Policies and procedures were not routinely followed by staff to maintain and improve the quality of services provided. There were insufficient procedures in place for assessing, monitoring and improving the quality of the services provided and for assessing and mitigating risks.

There were some systems in place to monitor and improve quality and identify risk. However these were not consistently followed. Risks associated with the premises, equipment, fire safety, infection control, training, recruitment, business continuity, managing test results and medicines were not assessed and appropriate actions taken to mitigate these.

The practice had a clear vision and strategy to provide a responsive service for all its patients. However staff did not have access to appropriate policies, procedures or guidance in order to achieve the practice aims and objectives. Patients had access to GPs throughout the day via face to face appointments or for advice and telephone consultations. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and met regularly with practice staff to discuss any issues and how these could be improved upon. Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe and well led domains. The practice was rated as requires improvement for effective and good for caring and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were however, examples of good practice.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example:

- The practice offered dementia screening services and seasonal flu vaccines to older people.
- Patients who were diagnosed with dementia had an annual review.

The practice offered proactive, personalised care to meet the needs of the older people:

- Home visits and telephone consultations were provided on a daily basis as required.
- Longer appointments were provided as needed.
-

GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

People with long term conditions

Inadequate

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe and well led domains. The practice was rated as requires improvement for effective and good for caring and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

We found that some test results were not recorded within patient's records and details of what actions taken were also not recorded.

The practice performance for the management of some long term conditions in 2014/15 was lower than other GP practices nationally. For example:

Summary of findings

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 66% compared to the national average of 77%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was the 66% which was significantly lower than the national average at 90%.

There were however, examples of good practice:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 82% compared to the national average of 83%.
- The percentage of patients with asthma who had a review within the previous 12 months was 85% compared to the national average of 75%.
- Patients who had one or more long term condition were invited to attend health review.
- Medicines reviews were carried out as required.
- Consent to care and treatment was obtained in line with current legislation and guidance.
- Patients who we spoke with told us that they were happy with the care and treatment that they received.

Families, children and young people

Inadequate

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe and well led domains. The practice was rated as requires improvement for effective and good for caring and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Some staff had not undertaken safeguarding children training.
- Relevant staff did not have Disclosure and Barring Services checks.
- Staff who carried out chaperone duties were not trained.

There were however, examples of good practice:

- The practice offered same day appointments for children and appointments were available outside of school hours.
- The practice had a dedicated lead for safeguarding and they shared relevant information with professionals including social services and health visitors as required.
- Immunisation rates were similar to other GP practices 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.

Summary of findings

- Information and a range of sexual health and family planning clinics were available.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe and well led domains. The practice was rated as requires improvement for effective and good for caring and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were however, examples of good practice.

- Late evening appointments were available on Monday and Thursday evenings and telephone consultations were available each day.
- 95% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 83% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG and national average of 74%.
- The practice offered a range of online services including on-line appointment booking and electronic prescribing (where patients can arrange for their repeat prescriptions to be collected at a pharmacy of their choice).
- The practice offered a full range of health promotion and screening that reflected the needs for this age group including well man and well woman checks.
- Patients who we spoke with told us that they were happy with the care and treatment that they received.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe and well led domains. The practice was rated as requires improvement for effective and good for caring and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were however, examples of good practice.

- The practice proactively promoted annual health checks for patients with learning disabilities and mental health conditions.
- Home visits were available for these reviews as needed.

Summary of findings

- Information was available to advise patients of the services and benefits available.
- The practice regularly worked with and shared information with multi-disciplinary teams to ensure that patients whose circumstances made them vulnerable were supported.

Patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe and well led domains. The practice was rated as requires improvement for effective and good for caring and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were however, examples of good practice:

- Staff at the practice were proactive in carrying out dementia screening and liaised with the dementia community nurses to ensure that care was coordinated and effective to meet patient's needs.
- The practice reviewed and monitored patients with dementia and carried out face-to-face reviews. In 2014/15 95% of patients who were diagnosed with dementia had a face to face review within the previous 12 months compared with the national average of 94%.
- Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs.
- Longer appointments and home visits were provided as required. The practice supported patients who lived at a local hostel and provided same day appointments when required.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 123 responses from 294 surveys sent out which represented 42% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 95% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 95% found it easy to get through to this surgery by phone compared with a CCG average and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average and a national average of 85%.
- 98% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 89% described their experience of making an appointment as good compared with a CCG average of 71% and national average of 73%.
- 73% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 70% felt they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 81% of patients would recommend the practice to someone new compared with a CCG average of 72% and a national average of 77%.

As part of our inspection we also sent CQC comment cards to the practice be completed by patients prior to our inspection. However these had not been received by the practice so patients were unable to complete them. We spoke with six patients on the day of the inspection. Patients we spoke with told us that they were happy with the practice. They said that it was easy to make appointments. Patients said that all staff at the practice were kind and helpful.

Areas for improvement

Action the service MUST take to improve

- Ensure that risks to staff and patients are assessed and managed appropriately. This includes risks associated with medicines, fire and infection control. It also includes assessing risks associated with treating patients routinely, taking action after receiving test results and in the event of a medical emergency.
- Ensure that staff receive training that is specific to their roles.
- Ensure that appropriate checks are carried out as to the fitness of staff to practice and that all staff have current and effective registrations with their professional body. Ensure that all relevant staff have received a disclosure and barring service check prior to employment.
- Ensure that there is an effective system for assessing and monitoring the quality and safety of services provided.
- Ensure that those staff carrying out chaperone duties have received training and a disclosure and barring service check or a risk assessment is in place as to why one is not necessary.
- Ensure that there is sufficient and appropriate equipment for use in the treatment of patients, including in the event of a medical emergency and that this equipment is calibrated to ensure it is working correctly.
- Ensure that there is a business continuity plan in place in the event of an emergency taking place that disrupts the services to patients.

Summary of findings

- Carry out regular reviews and clinical audits to support improvements in patient treatment.

Action the service SHOULD take to improve

- Consider the needs of patients with sensory impairment and provide a hearing loop if needed.
- Review the practice policies and procedures to ensure that they are up to date and practice specific.
- Ensure that prescriptions are stored securely and tracked through the practice.

Dr Krishnan

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 CCQ inspector, a GP specialist adviser and a practice manager specialist advisor.

Background to Dr Krishnan

Dr Krishnan is located in Kent Elms Health Centre just off the A127 in Leigh on Sea, Essex. The practice provides services for 4822 patients.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 85 years. Economic deprivation levels affecting children, older people are higher than the practice average across England. Life expectancy for men at 76 years is lower than the local CCG and national average which are 80 years and 79 years respectively. Life expectancy for women is similar to local and national averages at 80 years. The practice patient list compares similarly to the national average for long standing health conditions. It has a much higher than the national average for working aged people that are unemployed.

The practice is managed by two GP partners who hold financial and managerial responsibility. The practice employs two salaried GPs and two locum GPS. In total three male and three female GPs work at the practice. In addition the practice employs one practice nurse, a practice manager, a deputy practice manager and a team of reception and administrative staff. All staff at the practice work on a part time basis.

The practice is open between 8am and 6.30pm on Tuesdays, Wednesdays and Fridays with late evening opening up to 8pm on Mondays and 7.30pm on Thursdays. Appointments are available between 9am to 11.30am and 3.30pm to 6pm daily. Late evening appointments are available on Mondays and Thursdays.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

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

Detailed findings

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.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 January 2016. During our visit we spoke with a range of staff including the GPs, nurses, and reception / administrative staff. We also spoke with six patients who used the service and the local Community Dementia Specialist Nurse.

We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place for using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance to monitor aspects of patient safety. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We saw that alerts were received and reviewed by the GP partners and shared with other GPs within the practice. We saw that these alerts were acted upon and patients' medicines were reviewed and changed where indicated. Alerts were kept and accessible to staff to refer to as needed.

The practice had systems in place for investigating and learning from when things went wrong through a process for reporting, investigation and learning from significant events. Staff we spoke with told us that they were aware of the process for escalating concerns, significant events and near misses. They told us that the practice had an open approach to dealing with these and that there was a no blame culture which encouraged learning and improvement.

Through discussion with GPs and a review of records including minutes from staff meetings and significant event reports we found that safety incidents were investigated and that learning from these was shared with all relevant staff. These incidents had been appropriately reviewed to ensure that learning was imbedded within the practice.

Overview of safety systems and processes

The practice did not have consistent or clearly defined and embedded systems, processes and practices in place to keep people safe. We found that:

- Arrangements were in place to safeguard adults and children from abuse. The practice had an identified GP lead to oversee safeguarding and they attended local safeguarding meetings whenever this was possible and provided information or reports where necessary to other agencies. Some but not all staff had undertaken role specific training. All staff had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for keeping patients safe and to report concerns to the appropriate persons both within and outside of the practice as required.
- The practice had procedures in place for providing chaperones during examinations and notices were displayed to advise patients that chaperones were available, if required. Chaperone duties were carried out by the practice nurse and reception staff. We reviewed staff records and found that reception staff who undertook chaperone duties did not have a disclosure and barring check (DBS). (These
- The practice had limited procedures in place for monitoring and managing risks to patient and staff safety. There were some policies and procedures in place such as a procedure for safe moving and handling. There was no health and safety policy available and no health and safety risk assessments had been carried out to identify potential risks associated with the premises or equipment.
- All portable electrical equipment had been checked within the previous 12 months to ensure that it was safe to use. However clinical and diagnostic equipment had not been checked or calibrated since 2013 to ensure it was working properly. These checks should be carried out annually.
- The practice had not carried out a risk assessment in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. There were some COSHH data sheets available however these did not relate to materials in the practice.
- There had been no assessment conducted to identify risks in relation to legionella.
- The practice had a fire safety policy and a fire safety risk assessment had been carried out in May 2015. This assessment was carried out by an external contractor and identified 30 areas for improvement relating to staff training, checking and maintaining fire safety equipment and premises. We found that the areas for improvement had been reviewed and action had not been taken such as carrying out fire evacuation drills, checking fire alarms and emergency lighting.

Inadequate

Are services safe?

- The practice had policies and procedures in place for infection prevention and control. However we found that these were not detailed and were followed consistently. These procedures did not include information about appropriate cleaning for clinical and non-clinical areas. For example the use of separate cleaning equipment such as mops for clinical areas. Cleaning equipment such as cleaning cloths and mops we saw were visibly dirty and worn. We observed the premises to be generally visibly clean and tidy. However rails for privacy curtains within the consultant and treatment rooms were visibly dusty. The practice nurse was the infection control clinical lead and they had responsibility for overseeing infection control procedures within the practice. However there were no cleaning schedules in place to identify areas to be cleaned and the staff responsible for carrying out these cleaning tasks. An infection control audit had been carried out but this was not detailed and had not identified areas for improvement. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- The practice had some procedures in place for the safe management of medicines, including emergency medicines and vaccinations. Medicines were generally stored securely and only accessible to relevant staff. We saw that there were medicines in GPs bags and there were no procedures for logging or checking these to ensure that they were in date and accounted for. All medicines we saw were in date and on the day of the inspection the practice set up a checking and recording procedure for medicines in GPs bags.
- Blank prescription forms and pads were not securely stored as we found some in a box in one of the GPs consulting rooms. There were no systems in place to monitor their use. For example we found more than 10 boxes of prescriptions. There were no records of logs in respect of these to monitor their use and minimise the risks of misuse. On the day of the inspection the practice set up a checking and recording procedure for monitoring the use of and storage of prescription pads.
- Medicines we saw were in date and there were systems in place to check these on a quarterly basis. We saw that the next planned date for checking emergency medicines was April 2016. However a number of these medicines were due to expire before this date. The practice did not have written procedures in place for the handling and storage of temperature sensitive medicines such as vaccines. We found that fridge temperatures were not monitored and recorded correctly to ensure that they remained within the acceptable ranges for medicines storage.
- The practice had a written procedure for employing clinical and non-clinical staff. We reviewed four staff files including those for the two most recently employed staff. We found that the recruitment procedures were not followed consistently. Records included checks such proof of identification, one employment reference, qualifications, registration with the appropriate professional body where appropriate. Disclosure and Barring Service checks had not been undertaken for non-clinical staff and no risk assessment had been carried out to determine the need for carrying out these checks.
- New staff undertook a period of induction and there was an induction checklist which showed that new staff had the opportunity to review the practice policies and procedures and to shadow more experienced staff. We saw that staff induction did not include training and one member of staff who had started work at the practice within the previous six months had not undertaken training in areas such a safeguarding, chaperone roles and responsibilities.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice did not have a written procedure in place for dealing with medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction). Administrative staff we spoke with told us that they would alert the GPs and call the paramedics if needed in the event that a patient's health deteriorated while they were in the practice. Some but not all staff had received annual basic

Inadequate

Are services safe?

life support training. Emergency medicines were available and accessible to staff. All the medicines we checked were in date. The practice did not have an automated external defibrillator (AED) to treat and support patients in the event of a medical emergency such as cardiac arrest and there was no risk assessment in place to support this decision. At the time of our inspection the practice did not have oxygen to treat patients in the event of a medical emergency. The day following our inspection we were provided evidence that oxygen had been purchased.

The practice did not have a business continuity plan in place for dealing with major incidents such as power failure or building damage which could affect the day to day running of the practice. The practice manager told us that they were in the process of developing the practice business continuity plan.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 66% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 75% compared to the national average of 78%.
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 76% compared to the national average of 81%.
- The percentage of patients with diabetes who had an influenza immunisation within the previous six months was 80% compared to the national average of 94%.

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible. We discussed the QOF performance with the senior GP partner and in particular the areas where the practice had performed lower than the national average. They told us despite attempts to educate patients about management of diabetes that the practice experienced difficulties in carrying out checks for younger diabetic patients. They said that there were issues with patient non-compliance with treatments and attending the practice for reviews and checks.

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 82% compared to the national average of 83%.
- The percentage of patients who were identified as being at risk of stroke (due to heart conditions) and who were treated with an anticoagulant was 100% compared to the national average of 98%.

The practice performance for monitoring and treating patients with a respiratory illness was:

- The percentage of patients with asthma who had a review within the previous 12 months was 85% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was the 66% which was significantly lower than the national average at 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition was:

- 100% of patents with a mental health disorder had a record of their alcohol consumption compared to the national average of 90%.

Data showed that 95% of patients who were diagnosed with dementia had a face to face review within the previous 12 months compared with the national average of 94%. We spoke with the local Community Dementia Nurse Specialist and they told us that the staff at the practice were proactive in making referrals, seeking and acting on advice and reporting any concerns they had about patients.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls patients fail to attend reviews or where treatments may be unsuitable for some patients. This avoids GP practices being financially penalised where they have been unable to meet the targets a set by QOF.

Requires improvement

Are services effective?

(for example, treatment is effective)

We looked at how the practice used clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement. We were provided with details of three clinical audits. Two of these had been carried out in 2010 and the most recent audit had been carried out in 2013.

The most recent audit reviewed the treatment of patients with atrial fibrillation. Of the 86 patients who were diagnosed 79% were treated with Warfarin, 7% were treated with Dabigatran and 14% were treated with Aspirin. These medicines help to reduce the risk of stroke in patients with atrial fibrillation. Current guidelines and evidence suggest that the former are more effective in the prevention of strokes and recommend that these are used in preference to Aspirin. As a result of this audit those patients who were prescribed Aspirin were reviewed and the appropriate alternative medicines was prescribed. This audit was repeated and this showed that all patients were being treated in accordance with guidelines.

GPs told us that medicine reviews were carried out every six months or more frequently where required. The practice performance for prescribing front line antibiotics, hypnotic medicines such as sleeping tablets and antidepressants and non-steroidal anti-inflammatory medicines were similar to that of GP practices locally and in line with current best practice guidelines.

Effective staffing

Staff we spoke with told us that they were supported to carry out their duties. We reviewed the arrangements for appraising staff performance and training to ensure that they had the appropriate knowledge and skills to meet the needs of patients. The practice manager acknowledged that improvements were needed around staff training. We looked at the files for four members of staff. We saw that the while the nurse and GPs had received training, non-clinical staff had not undertaken training in several areas including safeguarding, fire safety awareness, chaperone duties and basic life support.

The practice had an induction checklist for newly appointed members of staff. This covered an introduction to policies and procedures such as safeguarding, fire safety, health and safety and confidentiality to new staff to familiarise themselves with the practice policies and procedures. The induction period did not include training. We spoke with one member of staff who had been employed at the practice within the previous six months. They told us that they had not yet undertaken training in safeguarding, basic life support or chaperone duties. The practice manager told us that dates for this training had been booked and this was due to take place within the next month.

- Staff we spoke with told us that they felt supported and that they had an annual appraisal. We reviewed four staff files (practice nurse, deputy practice manager and two reception staff) and saw that staff had an annual appraisal within the previous 12 months. We found that the practice nurse had undertaken training to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and reviews for a number of long term conditions such as diabetes and respiratory conditions. The majority of training had been carried out in 2013/14. There was no system in place for reviewing when training updates should be undertaken. The nurse was unavailable on the day of the inspection to discuss this.
- The practice nurse and GP staff had ongoing clinical supervision through meetings and peer support within the practice. Through discussions and a review of records we saw that all GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).
- During the inspection we were informed that the practice nurse had informed the practice on 29 December 2015 that their Nursing and Midwifery Council (NMC) registration had lapsed due to an oversight in paying their registration fee in November 2015. The practice nurse was in the process of re-applying for entry onto NMC register and was not working at the practice while their application was being processed. However we were told that during the period between 30 November 2015 and 29 December 2015 the practice nurse had continued to work at the practice despite their lapsed registration status. This meant that they were not authorised to work as a registered nurse during this period of time. The practice had no systems in place for checking that the nurses NMC registration status was effective.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Nursing duties were being covered with temporary locum nursing staff. We saw that checks had been carried out to ensure that these nurses had an effective NMC registration.

Coordinating patient care and information sharing

The practice used its electronic records and intranet system to share information needed to plan and deliver patient care and treatment. This included care and risk assessments, care plans, medical records and test results. We looked at records within this system for the results of tests including blood results and results from smear tests. We saw that patient results dating from May 2015 had not been saved within patients individual records. One GP told us that there had been an issue within the electronic record system that prevented these results being saved. This included where results indicated abnormalities. The practice manager and senior GP partner told us that they had been unaware that this was an issue. This included where results indicated abnormalities. We checked a sample of patient records and saw that details of the results and the action taken had not been recorded. We also saw that one patient had left the practice and because their test result had not been saved within their individual patient record this information would not be available or accessible to their new GP.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis. The care and treatment of patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients was discussed and reviewed.

Consent to care and treatment

The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. Staff told us that patients' consent to care and treatment was always sought in line with legislation and guidance including the Mental Capacity Act 2005. This Act ensures that where patients lack capacity to make decisions about their care or treatment that any decisions made on their behalf are in the person's best interest.

We saw that written consent was obtained before GPs carried out treatments such joint injections. Written consent forms were scanned and stored in the patients' electronic records. GPs told us that patients were provided with detailed information about the procedures including intended benefits and potential side effects. We saw that written consent was obtained before GPs carried out treatments such joint injections. Written consent forms were scanned and stored in the patients' electronic records and where verbal consent was obtained for treatments and procedures that this was recorded correctly within the patients' medical record.

Health promotion and prevention

There was a range of patient information leaflets available within the practice waiting area. This included information on health promotion and disease prevention. Information about cancer screening programmes, diet, smoking and alcohol consumption was available as well as details about local support services.

The practice encouraged patients to participate in NHS screening programmes. The practice's uptake for the cervical screening programme for 2014/15 was the same as the national average at 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 100% compared to the CCG percentage at 96%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 97% compared to the CCG percentage of 93%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 93% compared to the CCG percentage of 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 - 74 years.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Each of the six patients who we spoke with said that they were happy with how staff at the practice treated them. They told us that staff were friendly, caring and helpful.

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff were mindful when speaking on the telephone not to repeat and personal information. They also told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey, which was published on 2 July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

For example:

- 92% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 97% said the GP gave them enough time which was the same as the CCG average of 84% and compared to the national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG of 94% and national average of 95%
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of and national average of 90%.
- 95% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Each of the six patients we spoke with told us that they were happy with the way in which staff at the practice treated them. They said that staff at the practice were caring and considerate.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us GPs and the nurse spent sufficient time to explain and answer any questions about their health conditions and treatments clearly. They told us that they were able to be involved in making decisions about their care and treatment.

Results from the national GP patient survey, which was published on 2 July 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were similar to the local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%

Staff told us that they were unaware of what translation services were available for patients who did not have English as a first language. However they said that all of their patients spoke English. Following our inspection the practice provided us with evidence that they had access to language translation services if required.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment and staff we spoke with were aware of these. There were notices in the patient waiting room advising how patients could access a number of local support groups and organisations including counselling, cancer support and bereavement services.

Good

Are services caring?

The practice identified patients (approximately 2% of the practice population) who were also a carer and used read codes within the electronic record system to alert staff when the patient attended appointments so that extra support and advice could be provided.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. The GP told us that they would contact bereaved families to offer condolences and to arrange an appointment or a home visit as needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. We found;

- The practice aimed to meet the needs of its patient population and offered flexibility in appointments and offered same and next day appointments where possible.
- There were longer appointments available for patients as needed including for initial childhood immunisations and patients with a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Accessible facilities were available. However the practice did not have a hearing loop or emergency pull cord within the adapted toilet facilities.

Access to the service

The practice was open between 8am and 6.30pm on Tuesdays, Wednesdays and Fridays with late evening opening up to 8pm on Mondays and 7.30pm on Thursdays. Morning appointments are available between 9am to 11.00am for routine appointments and with emergency appointments available between 11am and 11.20am. Afternoon appointments were available between 3.30pm to 6pm daily. Late evening appointments are available on Mondays and Thursdays.

Results from the national GP patient survey, which was published on 2 July 2015 showed that:

- 95% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 73% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.
- 83% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG and national average of 74%.

Each of the six patients we spoke with told us that they could usually get an appointment on the same day or within 48 hours. We reviewed the appointments system and saw that the next available routine appointment was on 12 January 2016 and emergency appointments were available on the evening of our visit.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The senior GP partner was the designated responsible person who handled all complaints in the practice.

There was no information available within the waiting area or reception to advise patients how they could make a complaint. This was provided and made available during the inspection.

The practice website and patient information leaflet advised patients should they wish to make a complaint that this must be made in writing. It advised patients that complaints would be responded to within two days. The information was inaccurate as it did not provide the correct contact details should a patient wish to escalate their concerns if they were unhappy with the practice response or how their complaint was handled.

We looked at a summary of complaints received within the previous twelve months and saw that these had been acknowledged, investigated and responded to within the complaints procedure timeline. We saw that a suitable apology was given to patients when things went wrong or their experience fell short of what they expected. Staff who we spoke with said that learning from complaints was shared and any improvements arising from these were actioned and embedded into practice.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a clear vision and ethos, which was described in their Statement of Purpose. The ethos within the practice was to provide a high standard of quality care for all its patients regardless of age, ethnicity or disability. Staff were clear about the vision and their responsibilities in relation to this. Staff we spoke with demonstrated that they were dedicated to meeting the need of patients. However some practice policies and procedures were not practice specific to assist staff to carry out their duties and fulfil the practice ethos.

Governance arrangements

The practice governance arrangements were not consistent to support the delivery of good quality care. We found that:

- There were insufficient governance arrangements and overall leadership in place to assess, monitor and improve the services, and to assess and mitigate risks.
- GP partners were unaware of some of the issues which had been highlighted at the inspection. For example they told us that they were unaware that there had been an ongoing issue over several months which meant that some blood and other test results were not saved within patients records.
- There were insufficient arrangements for monitoring areas of risk in relation to staff. For example ensuring that staff including nurses were registered with their relevant professional bodies.
- There were limited risk assessments. There were no systems for monitoring and managing risks to the health and safety of staff and patients.
- Where risks had been assessed, for example risks associated with fire the findings of these had not been acted on so as to mitigate these risks.
- There were ineffective systems to monitor and manage risks associated with medicines.
- Staff were not trained to fulfil all of their roles and responsibilities within the practice team. There was limited oversight and management to ensure that staff were trained to carry out their roles and responsibilities.
- The senior GP partner had lead roles in specific areas such as safeguarding, end of life care and unplanned admissions avoidance to improve outcomes for patients.
- There were a range of policies and procedures available to all staff. However these policies had not been consistently or regularly reviewed and amended so that reflected any changes in legislation and guidance. A number of policies were generic and had not been amended so that they were specific to the practice.
- Some clinical audits were carried out and these were used to make improvements to patient care and treatment.
- The practice had some systems for monitoring and learning from when things went wrong.

Leadership, openness and transparency

Both GP partners who we spoke with were approachable and staff we spoke with told us that the practice encouraged a culture of openness and honesty. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

A range of clinical and non-clinical practice meetings were held on a regular basis during which staff could raise issues and discuss ways in which the service could be improved. However these meetings were not used effectively to share relevant information so as to help identify areas for improvement and who was responsible for dealing with these.

Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. A suggestions and comments box was available in the patient waiting area and we saw that the practice had received a number of 'thank you' cards from patients. There was an active Patient Participation Group (PPG) which met on a regular basis. We spoke with two member

Are services well-led?

Inadequate

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

of this group and they told us that the practice staff were approachable and that they considered all comments made and implemented improvements where these were identified.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that all patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risks to the safety of patients and staff were not assessed and managed appropriately. There were no health and safety risk assessments in place. Clinical equipment had not been calibrated since 2013 to ensure that it was working properly Regulation 12 (1) (2)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were ineffective systems in place for assessing, monitoring and managing the quality and safety of the service. There were no systems for ensuring that staff were registered with their professional bodies where appropriate. There were limited systems in place for assessing and mitigating risks to patients and staff. There were limited risk assessments in place and where assessments had been carried out the findings from these had not been acted upon. There were no systems in place for reviewing patient test results and ensuring that these were shared and recorded appropriately within patients' records. Regulation 17 (1) (2) (a) (b) (c)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff had not undertaken training in respect of their roles and responsibilities. Staff had not undertaken training in areas such as safeguarding adults and children, chaperone duties and infection control. There were no arrangements in place to ensure that nursing staff had an effective and current registration with their regulatory body (NMC). Regulation 18 (1) (2)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Appropriate checks were not carried out when employing staff to ensure that they had the appropriate qualifications, competence and skills and that where appropriate staff are registered with relevant professional body. Regulation 19