

Wideopen Medical Centre

Quality Report

Great North Road,
Wideopen,
Newcastle Upon Tyne,
Tyne and Wear,
NE13 6LN

Tel: 0191 2362115

Website: www.wideopenmedicalcentre.nhs.uk

Date of inspection visit: 25 August 2016

Date of publication: 18/10/2016

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

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	13
Background to Wideopen Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wideopen Medical Centre on 25 August 2016. Overall the practice is rated as requires improvement.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- A programme of clinical audit was used to monitor quality and to make improvements. However, there was no designated lead for infection control; as a consequence no infection control audits had been carried out.
- Managers did not have a comprehensive understanding of the practice's Quality and Outcomes Framework (QOF) exception rates.
- 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 available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- Patients could book appointments and order repeat prescriptions in person, on-line, by telephone or by using an 'App' on a mobile device.
- The practice was well equipped to treat patients and meet their needs. There was a disabled WC at each site; however there were no grab rails or alarm call systems installed at the Dudley surgery. After the inspection the practice informed us that grab rails had been fitted to the WC at the Dudley site and doorbells had been installed at both surgeries.
- There was step-free access to both surgeries, however, the external doors did not open automatically and there were no facilities for patients who need assistance to summon support.

Summary of findings

- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

The areas where the provider must make improvements are:

- Ensure arrangements are in place for the proper and safe management of medicines; including; appropriate monitoring of the temperatures of the refrigerators used to store vaccines, maintaining records of blank prescription form serial numbers and ensuring non-prescribing staff are properly authorised to administer vaccines.
- Implement effective processes to assess the risk of, prevent, detect and control the spread of healthcare related infections, ensuring; appropriate management and monitoring arrangements are in place and the proper labelling of sharps bins.

- Put systems and processes in place so managers have a comprehensive understanding of the practice's Quality and Outcomes Framework (QOF) exception rates.

In addition, the provider should:

- Implement processes for arranging home visits in line with recent NHS England guidelines (Patient Safety Alert, March 2016).
- Review the arrangements for fire safety; implement the recommendations made following a visit by the fire service and take steps to ensure all staff are adequately trained.
- Review staffing levels within the administrative staff team to ensure sufficient staff are deployed.

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.

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally.

There were some processes in place to manage and control infections but these were not fully embedded. It was not clear who was the nominated infection control clinical lead within the practice. As a result, no infection control audits had been undertaken to identify any improvements necessary

The arrangements for managing medicines required improvement. Requests for repeat prescriptions were dealt with in a timely way and there were systems were in place for reviewing and re-authorising repeat prescriptions. However, Patient Group Directions (PGDs) had not been signed by the practice nurse or authorised by an appropriate manager and the health care assistants had administered flu vaccines and B12 injections to patients without using Patient Specific Directions (PSDs). Records of blank prescription form serial numbers were not made on receipt into the practice or when the forms were issued to GPs. This is contrary to guidance issued by NHS Protect, which states that 'organisations should maintain clear and unambiguous records on prescription stationery stock'. Recent records had been completed to monitor refrigeration temperatures using two sources of information; however maximum and minimum temperatures were not noted; this is contrary to national guidance.

Effective staff recruitment practices were followed and Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98.3% of the points available. This was above the local and national averages of 96.7% and 94.7% respectively. However, some clinical exception reporting rates were high (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not

Good



Summary of findings

penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect). Managers were unaware of the reasons for the high exception reporting and were unable to provide an update on the exception rates for the year April 2015 to March 2016.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, the uptake rate for females aged 50-70 screened for breast cancer was low. Managers were unable to provide a reason for this; they thought it may have been that the breast screening unit was too far away for patients and were considering whether the service could be provided closer to the practice.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in July 2016 showed that scores on consultations with doctors and nurses were broadly in line with local and national averages. Results showed that 86% of respondents said the GP was good at treating them with care and concern, compared to the national average of 85%; 91% of respondents said the nurse was good at treating them with care and concern, the same as the national average. However, 77% said they found the receptionists helpful, compared to the national average of 87%.

Managers were aware of this issue; changes to working practices had been implemented and staff had received further training and support.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

The most recent results from the National GP Patient Survey (published in July 2016) showed most patients were satisfied with how they could access the practice. For example, 86% (the same as the national average and compared to 85% locally) of respondents were able to get an appointment or speak to someone when necessary; 84% of respondents said they were satisfied with opening hours (compared to the national and local averages of 75% and 78% respectively).

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

There was a disabled WC at each site; however there were no grab rails or alarm call systems installed at the Dudley surgery. There was step-free access to both surgeries, however, the external doors did not open automatically and there were no facilities for patients who need assistance to summon support. After the inspection the practice informed us that grab rails had been fitted to the WC at the Dudley site and doorbells had been installed at both surgeries.

The arrangements in place for arranging home visits were not in line with recent NHS England guidelines (Patient Safety Alert, March 2016).

Are services well-led?

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

There was a clear and documented vision for the practice. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity. However, managers did not have a comprehensive understanding of the practice's Quality and Outcomes framework (QOF) exception rates.

There was a programme of clinical audit which was used to monitor quality and to make improvements. However, no infection control audits had been carried out.

The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Requires improvement



Summary of findings

The practice team was part of local pilot schemes to improve outcomes for patients in the area.

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 practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check with health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- There were effective systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 85.3%, which was above the CCG average of 83.1% and the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered at the Wideopen surgery every Thursday evening (between 6.30pm and 7.15pm) and Friday morning (between 7.30am and 8.45am); and at the Dudley surgery every Thursday morning (between 7.30am and 8.45am) and evening (between 6.30pm and 7.15pm) for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line and by using an App on a mobile device.

Requires improvement



Summary of findings

- Additional services were provided such as health checks for the over 40s and travel vaccinations.

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 practice was rated as requires improvement providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- There were longer appointments available for people with a learning disability. Staff were working with a local learning disability team to review practice literature to ensure it was suitable for patients with a learning disability.
- The practice team had attended a Learning Disability update course; following this the system for inviting patients on the learning disability register in for their annual reviews was revised, to include a telephone call to the patient the day before their appointment to remind them of their appointment.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- 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 and out of hours.
- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were referred for a carer's assessment.
- Although there was a disabled WC at each site, there were no grab rails or alarm call systems installed at the Dudley surgery. After the inspection the practice informed us that grab rails had been fitted to the WC at the Dudley site.
- There was step-free access to both surgeries, but the external doors did not open automatically and there were no facilities for patients who need assistance to summon support. After the inspection the practice informed us that doorbells had been installed at both surgeries.

Requires improvement



Summary of findings

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 practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Requires improvement



Summary of findings

What people who use the service say

We spoke with 12 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 19 CQC comment cards which had been completed by patients prior to our inspection.

Patients were generally complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Most patients were happy with the appointments system.

The National GP Patient Survey results published in July 2016 showed the practice was performing in line with local and national averages in most areas, although some scores were below average. There were 127 responses (from 251 sent out); a response rate of 51%. This represented 1.8% of the practice's patient list. Of those who responded:

- 89% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 88% and a national average of 85%.
- 74% said they would recommend the practice, compared with a CCG average of 81% and a national average of 78%.
- 83% found it easy to get through to this surgery by phone, compared with a CCG average of 79% and a national average of 73%.
- 77% found the receptionists at this surgery helpful, compared with a CCG average of 90% and a national average of 87%.
- 86% were able to get an appointment to see or speak to someone the last time they tried, the same as the CCG average and above the national average of 85%.
- 98% said the last appointment they got was convenient, compared with a CCG average of 93% and a national average of 92%.
- 75% described their experience of making an appointment as good, compared with a CCG average of 77% and a national average of 73%.
- 69% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 72% and a national average of 65%.
- 61% felt they don't normally have to wait too long to be seen, compared with a CCG average of 64% and a national average of 58%.

Areas for improvement

Action the service MUST take to improve

Ensure arrangements are in place for the proper and safe management of medicines; including; appropriate monitoring of the temperatures of the refrigerators used to store vaccines, maintaining records of blank prescription form serial numbers and ensuring non-prescribing staff are properly authorised to administer vaccines.

Implement effective processes to assess the risk of, prevent, detect and control the spread of healthcare related infections, ensuring; appropriate management and monitoring arrangements are in place and the proper labelling of sharps bins.

Put systems and processes in place so managers have a comprehensive understanding of the practice's Quality and Outcomes Framework (QOF) exception rates.

Action the service SHOULD take to improve

Implement processes for arranging home visits in line with recent NHS England guidelines (Patient Safety Alert, March 2016).

Review the arrangements for fire safety; implement the recommendations made following a visit by the fire service and take steps to ensure all staff are adequately trained.

Review staffing levels within the administrative staff team to ensure sufficient staff are deployed.

Wideopen Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a medicines inspector and a further CQC inspector.

Background to Wideopen Medical Centre

Wideopen Medical Centre is registered with the Care Quality Commission to provide primary care services. It is located in the town of Wideopen, north of Newcastle upon Tyne.

The practice provides services to around 7,400 patients from two locations:

- Great North Road, Wideopen, Newcastle upon Tyne, NE13 6LN;
- Dudley Surgery, Market Street, Dudley, Cramlington, Northumberland, NE23 7HR.

We visited both of these addresses as part of the inspection.

The practice has three GP partners (one female and two male), three salaried GPs (one female and two male), a practice nurse (female), two healthcare assistants, a practice manager, and nine staff who carry out reception and administrative duties.

The practice is part of North Tyneside clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (23.9% compared to the national average of 18.9%). Information taken from Public Health England

placed the area in which the practice is located in the fifth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The Wideopen surgery is located in a purpose built two storey building. All patient facilities are on the ground floor. The Dudley surgery is located in a converted single storey building. There are no dedicated patient car parks however; there is parking in the streets surrounding the surgeries. There is a disabled WC at each site, although there are no grab rails installed at the Dudley surgery. There is step-free access to both surgeries, however, the external doors do not open automatically and there are no facilities for patients who need assistance to summon support. After the inspection the practice informed us that grab rails had been fitted to the WC at the Dudley site and doorbells had been installed at both surgeries.

Opening hours at the Wideopen surgery are between 8.45 am and 6pm Monday, Wednesday and Thursday; between 8.45am and 6pm then 6.30pm to 7.15pm on Tuesday; and between 7.30am and 6pm on Friday.

Opening hours at the Dudley surgery are between 8.45am and 6pm Monday, Tuesday, Wednesday and Friday; and between 7.30am and 7.15pm on Thursday.

Patients can book appointments in person, on-line, by telephone or by using an 'App' on a mobile device. Appointments are available at the following times:

- Monday - 8.45am to 11.20am; then from 2.55pm to 4.45pm
- Tuesday – 8.45am to 11.20am; from 2.30pm to 5.05pm; then from 6.30pm to 7.15pm
- Wednesday – 8.45am to 11am; then from 3pm to 5.40pm
- Thursday – 7.30am to 12.20pm; then from 2pm to 7.10pm

Detailed findings

- Friday – 7.30am to 11.20am; then from 2.30pm to 5.40pm

A duty doctor is available each morning between 8am and 8.45am and each afternoon until 6.30pm.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care.

Why we carried out this inspection

We inspected this service 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 registered 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

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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 25 August 2016. We spoke with 12 patients and 12 members of staff from the practice. We spoke with and interviewed four GPs, a practice nurse, the practice manager, two healthcare assistants and four staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 19 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident, the arrangements to make any changes patients' prescriptions following discharge from hospital were amended.

We discussed the process for dealing with safety alerts with the practice manager. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Any alerts were initially received by the practice manager; information was then forwarded to clinicians and other staff where necessary. However, some staff were unaware of recent alerts and there was no recorded evidence to show that alerts were discussed at appropriate meetings to ensure all relevant staff were aware of any necessary actions. As a consequence, the processes in place for arranging home visits were not in line with a recent patient safety alert, issued in March 2016.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe, however, these were not fully satisfactory.

- There were effective arrangements 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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding; they had worked with the practice manager to develop a comprehensive framework for dealing with any safeguarding issues. This included setting up a dedicated safeguarding group, any information about relevant patients was then distributed so all were aware and able to take action where necessary. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse were trained to child safeguarding level three.
- Chaperones were available if required. All staff who acted as chaperones 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). Staff who undertook the role had received chaperone training.
- There were some processes in place to manage and control infections. There was an infection control protocol in place and staff had received up to date training. However, it was not clear who was the nominated infection control clinical lead within the practice. As a result, no infection control audits had been undertaken to identify any improvements necessary. The practice did carry out daily housekeeping checks and we observed the premises to be clean and tidy. However, the bins for disposing of sharp devices had not been labelled when assembled.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment

Are services safe?

checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Medicines management

The arrangements for managing medicines required improvement.

We saw that requests for repeat prescriptions were dealt with in a timely way. Systems were in place for reviewing and re-authorising repeat prescriptions, providing assurance that prescribed medicines always reflected patients' current clinical needs. There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance.

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). The individual PGDs were all in date but had not been signed by the practice nurse or an appropriate manager.

The health care assistants had been trained to immunise patients; however they had administered flu vaccines and B12 injections to patients without using Patient Specific Directions (PSDs). A PSD is an instruction to administer a medicine to a list of named patients where each patient on the list has been individually assessed by that prescriber. The prescriber must have knowledge of the patient's health, and be satisfied that the medicine to be administered serves the individual needs of each patient on that list.

We looked at records to see if medicines requiring refrigeration had been stored appropriately. Recent records had been completed to monitor refrigeration temperatures using two sources of information; however maximum and minimum temperatures were not noted. This is contrary to national guidance and meant that it was not possible to demonstrate that the temperatures were always within the correct range.

Blank prescription forms were not always handled in accordance with national guidance. They were stored securely in a locked cupboard however, there was no system in place to monitor their use. Records of blank prescription form serial numbers were not made on receipt

into the practice or when the forms were issued to GPs. This is contrary to guidance issued by NHS Protect, which states that 'organisations should maintain clear and unambiguous records on prescription stationery stock'. This presented a risk, as the practice would not be able to identify or report the serial numbers of any prescription forms that were misdirected or lost.

Monitoring risks to patients

Risks to patients were assessed but not always well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area. The practice had up to date fire risk assessments; however regular fire drills were not carried out at either site. The fire service had visited the practice in October 2015 and recommended that a fire drill was carried out within two weeks. At the time of the inspection, August 2016, this requirement had still not been actioned.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. However, there were no formal arrangements in place for monitoring the number and mix of staff needed to meet patients' needs. Over the previous year managers had changed the working arrangements for the administration staff. A 'hub' had been developed, where dedicated staff answered telephones and other staff worked in the reception area. However, at the time of the inspection administrative staff were behind on some tasks, including summarising patient records (entering new patients' past medical details onto their current record). There were 330 records awaiting summarisation (4.4% of the practice list size). We were told that a member of staff was going to be employed on a temporary basis to help summarise the records.

Are services safe?

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. However, clinical staff had not completed any fire safety training recently.
- The practice had defibrillators at both surgeries and oxygen with adult and children's masks. There was also a first aid kit and accident book available at both sites.
- Emergency medicines were easily accessible to staff in secure areas of the surgeries and all staff knew of their location. All the medicines we checked were in date and fit for use, however some syringes and needles used to administer these medicines were out of date. These were removed immediately.
- 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 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. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 98.3% of the total number of points available, which was above the England average of 94.7% and the clinical commissioning group (CCG) average of 96.7%.

The data showed:

- Performance for diabetes related indicators was better than the national average (95.9% compared to 89.2% nationally). For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 94%, compared to the national average of 91.4%.
- Performance for chronic kidney disease related indicators was better than the national average (100% compared to 94.7% nationally). For example, the percentage of patients on the register whose notes had a record of a specified urine test in the preceding 12 months was 99.6%, compared to the national average of 80.2%.

- Performance for hypertension (high blood pressure) related indicators was above the national average (100% compared to 97.8% nationally). For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 89.3%, compared to the national average of 83.6%.
- Performance for osteoporosis related indicators was below the national average (66.7% compared to 81.4% nationally). However, this was because the practice did not have any patients which were in one of the categories.

At 8.9%, the clinical exception reporting rate was below the England average of 9.2% and the CCG average of 9.6% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect). However, some of the individual exception rates were high. For example:

- The exception rate for cancer related indicators was 31.3%, compared to the CCG average of 14.8% and the national average of 15.4%.
- The exception rate for mental health related conditions was 23.3%, compared to the CCG average of 12% and the national average of 11.1%.
- The exception rate for rheumatoid arthritis related conditions was 17.6%, compared to the CCG average of 4.7% and the national average of 6.3%.

Managers were unaware of the reasons for the high exceptions and were unable to provide an update on the exception rates for the year April 2015 to March 2016.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. This included an audit of the prescribing of a particular medicine for patients with diabetes. An initial audit was carried out which showed that 6% (2) of patients had been incorrectly prescribed the medicine. Action was taken, including a discussion at a practice meeting to raise awareness and carrying out

Are services effective?

(for example, treatment is effective)

medication reviews for the patients' identified. A further audit cycle was carried out and this showed an improvement, in that no patients were prescribed the medicine, in line with NICE guidelines.

However, nationally reported data showed that the practice was an outlier in relation to prescribing. For example

- The number of ibuprofen and naproxen items prescribed as a percentage of all non-steroidal anti-inflammatory drugs was 60.2%, compared to the CCG average of 74.5% and the national average of 76.7%.
- The percentage of antibiotic items prescribed that were cephalosporins or quinolones was 9.4%, compared to the CCG average of 4.3% and the national average of 5.1%.

Managers were aware of these issues and were working with the CCG pharmacist to improve this. For example, they had introduced new local guidelines for the treatment of sore throats and urinary tract infections and planned to carry out an audit to check if the improvements had been successful.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Although clinical staff had not completed any fire safety training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice and a dietician were available on the premises.

The practice's uptake for the cervical screening programme was 85.3%, which was above the CCG average of 83.1% and the national average of 81.8%. However, the QOF exception rate for cervical screening was high, 12.3%, compared to the CCG average of 4.7% and the national average of 6.3%. Managers told us this was due to a misunderstanding with the screening service about sending letters to follow-up non-attenders. They said they had taken action to address this and thought that figures for the current year would show an improvement.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, the uptake rate for females aged 50-70 screened for breast cancer was low; 58.9% compared to the CCG average of 75.9% and the national average of 73.2%. Managers were unable to provide a

reason for this; they thought it may have been that the breast screening unit was too far away for patients and were considering whether the service could be provided closer to the practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.8% to 98.7% (compared to the CCG averages of between 97.3% and 98.8%). Rates for five year olds ranged from 94.3% to 98.6% (compared to the CCG average of between 95.3% and 98.4%).

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. Appropriate follow-ups on 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 throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- 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.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient CQC comment cards we received were positive about the service experienced. We spoke with 12 patients during our inspection. Patients 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, published in July 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. Scores on consultations with doctors and nurses were broadly in line with local and national averages. However, scores on the helpfulness of reception staff were below average. For example, of those who responded:

- 95% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw, the same as the CCG average and above the national average of 97%.
- 91% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 92% and the national average of 91%.
- 77% said they found the receptionists at the practice helpful, compared to the CCG average of 90% and the national average of 87%.

Managers were aware of this issue; changes to working practices had been implemented and staff had received further training and support.

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.

Results from the July 2016 National GP Patient Survey we reviewed showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results in a few categories were slightly below local and national averages. For example, of those who responded:

- 90% said the GP was good at listening to them, the same as the CCG average of 90% and above the national average of 89%.
- 87% said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.
- 81% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 89% and the national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 85% and the national average of 82%.
- 95% said the last nurse they spoke to was good listening to them, compared to the CCG and national average of 91%.
- 94% said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.
- 87% said the nurse was good at explaining tests and treatments, compared to the CCG average of 91% and the national average of 90%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice had taken part in the NHS 'Accessible Information Standard'; this had involved contacting

Are services caring?

patients with communication difficulties to ask for their preferred method of contact. This was then noted on the patient record so staff could follow the patients' wishes.

- There were hearing loops available for patients who had a hearing impairment.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 180 patients (2.4% of the practice list) had been identified as carers. They were referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were generally planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care, although improvements could be made. For example;

- The practice offered surgeries at the Wideopen surgery every Thursday evening and Friday morning; and at the Dudley surgery every Thursday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability. Staff were working with a local learning disability team to review practice literature to ensure it was suitable for patients with a learning disability. The practice team had attended a Learning Disability update course; following this the system for inviting patients on the learning disability register in for their annual reviews was revised, to include a telephone call to the patient the day before their appointment to remind them of their appointment.
- 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.
- There were hearing loops installed at both surgeries and translation services available.
- There was a disabled WC at each site, although there were no grab rails or alarm call systems installed at the Dudley surgery. After the inspection the practice informed us that grab rails had been fitted to the WC at the Dudley site.
- There was step-free access to both surgeries, however, the external doors did not open automatically and there were no facilities for patients who need assistance to summon support at either site. After the inspection the practice informed us that doorbells had been installed at both surgeries.
- The practice had taken part in the NHS 'Accessible Information Standard'; this had involved contacting patients with communication difficulties to ask for their preferred method of contact. A 'protocol' had been set up on the practice computer system; this supported administrative staff to record patients' requirements by asking a series of standard questions.

- The practice nurse was in the process of designing some patient information leaflets for patients with long term conditions, with the aim of promoting self-management of their conditions.
- The practice also offered a range of services that enabled patients to receive care and treatment closer to home. For example, diabetic eye screening checks and INR clinics (a monitoring service for patients on warfarin and other oral anticoagulants (medicines to prevent blood coagulation clotting)) were available at the practice.
- The practice was part of the regional 111 Vanguard (Vanguards have been set up by NHS England to help pioneer new models of care in the NHS) where patients were able to access GP appointments via the 111 service.
- The practice manager was part of the local clinical commissioning group (CCG)'s transformation team which developed an App for use by patients to book appointments and request repeat medication. This was subsequently rolled out to some other practices in the area.
- The practice took part in the CCG's admission avoidance scheme, and had identified those patients at high risk of admission to hospital. Staff closely monitored this group of patients. A protocol had been developed on the practice computer system; this identified when those patients had been seen in accident and emergency and automatically created a 'task' for one of the GPs to carry out a follow-up review.

Access to the service

The surgery at Wideopen was open 8.45am and 6pm Monday, Wednesday and Thursday; between 8.45am and 6pm then 6.30pm to 7.15pm on Tuesday; and between 7.30am and 6pm on Friday.

Opening hours at the Dudley surgery were between 8.45am and 6pm Monday, Tuesday, Wednesday and Friday; and between 7.30am and 7.15pm on Thursday.

Appointments were available at the following times:

- Monday - 8.45am to 11.20am; then from 2.55pm to 4.45pm
- Tuesday – 8.45am to 11.20am; from 2.30pm to 5.05pm; then from 6.30pm to 7.15pm
- Wednesday – 8.45am to 11am; then from 3pm to 5.40pm

Are services responsive to people's needs?

(for example, to feedback?)

- Thursday – 7.30am to 12.20pm; then from 2pm to 7.10pm
- Friday – 7.30am to 11.20am; then from 2.30pm to 5.40pm

Extended hours surgeries were offered at the Wideopen surgery every Thursday evening (between 6.30pm and 7.15pm) and Friday morning (between 7.30am and 8.45am); and at the Dudley surgery every Thursday morning (between 7.30am and 8.45am) and evening (between 6.30pm and 7.15pm).

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent on the day appointments were also available for people that needed them. At the time of the inspection the practice was trialling a new approach to the duration of appointments with one of the GPs; patients could request either five, 10 or 15 minute appointments. A survey was due to be carried out to measure the success of the trial.

Results from the National GP Patient Survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. The vast majority of patients we spoke with on the day were able to get appointments when they needed them. For example:

- 78% of patients were satisfied with the practice's opening hours, the same as the clinical commissioning group (CCG) average and above the national average of 76%.
- 83% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 79% and the national average of 73%.
- 75% of patients described their experience of making an appointment as good, compared to the CCG average of 77% and the national average of 73%.
- 69% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 72% and the national average of 65%.

The arrangements in place for arranging home visits were not in line with recent NHS England guidelines (Patient Safety Alert, March 2016). Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess whether a home visit was clinically necessary; but there were no formal arrangements to assess the urgency of the need for medical attention during mornings. Any requests for home visits received in the afternoon were assigned to the duty doctor to triage. However, requests for visits in the mornings were added to a list which was divided between the GPs. There were no arrangements to prioritise or triage these requests to ensure the most urgent were addressed first.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about prescriptions, changes were made to the way requests for repeat prescriptions were actioned.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement; staff knew and understood the values. The mission statement was 'Our practice aims to maintain a responsive and effective service for our patients. We want to continue to achieve improvements in patient care, delivered with sensitivity at patient level. We will continue to provide an appropriate and rewarding experience for our patients whenever they need our support. To this end, we will continue to strive for the means to provide improved, efficient and cost effective services'.
- The practice had a supporting business plan which reflected the vision and values and was regularly monitored.
- Managers had considered the age of the workforce and were in the process of developing a succession plan to allow, for the continuation of the service when staff retired.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however, these were not always dealt with appropriately or in a timely way. For example, the fire service had visited the practice in October 2015 and recommended that a fire drill was carried out within two weeks. At the time of the inspection, August 2016, this requirement had still not been actioned.
- A programme of clinical audit was used to monitor quality and to make improvements. However, there was no designated lead for infection control, as a consequence no infection control audits had been carried out.
- Some of the clinical staff were unaware of recent patient safety alerts and there was no recorded evidence to show that alerts were discussed at appropriate

meetings to ensure all relevant staff were aware of any necessary actions. For example, the processes for arranging home visits were not in line with a recent safety alert.

- Practice leaders did not have a comprehensive understanding of the practice's Quality and Outcomes Framework (QOF) exception rates. There were areas where the practice was an outlier, including the Quality and Outcomes Framework (QOF) exception reporting; managers were unaware of the reasons for the high QOF exception rates and were unable to provide an update on the most recent rates.

Leadership, openness and transparency

Staff told us managers were approachable and always took the time to listen.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. 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.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt supported by the practice manager and the partners in the practice.
- 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.

Are services well-led?

Requires improvement 

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

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. Feedback had been gathered from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Some patients had also joined a virtual PPG; they were asked about their views and gave suggestions via email. We spoke with two members of the PPG and they told us about some improvements made; this included the development of the practice website and improvements to the décor throughout the surgeries.

The practice had also gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area.

The practice was part of the regional 111 Vanguard (Vanguards have been set up by NHS England to help pioneer new models of care in the NHS) where patients were able to access GP appointments via the 111 service.

The practice manager was part of the local clinical commissioning group (CCG)'s transformation team which developed an App for use by patients to book appointments and request repeat medication. This was subsequently rolled out to some other practices in the area.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice did not effectively and safely manage medicines, including; appropriate monitoring of the temperatures of the refrigerators used to store vaccines, maintaining records of blank prescription form serial numbers and ensuring non-prescribing staff are properly authorised to administer vaccines.</p> <p>The practice did not have effective infection prevention and control arrangements in place. Appropriate management and monitoring arrangements were not in place and sharps bins were not correctly labelled.</p> <p>Regulation 12 (1).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities. Managers did not have a comprehensive understanding of the Quality and Outcomes Framework (QOF) exception rate and risks were not always dealt with appropriately or in a timely manner.</p>