

Family Health Care

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Family Health Care on 5 May 2016. Overall the practice is rated as requires improvement. The practice was rated as requires improvement for the safe, effective, responsive and well led domains and rated as good for the caring domain.

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

- The practice investigated safety concerns when things went wrong. However learning from these incidents was not always recognised, shared or acted on to minimise recurrences.
- The practice had policies and procedures in place to safeguard vulnerable children. However some staff had not undertaken training in safeguarding vulnerable adults and no staff had undertaken safeguarding adults training.
- All staff that carried out chaperone duties had appropriate checks in place including Disclosure and Barring Services (DBS) checks. However not all staff who carried out these duties had undertaken training.
- Infection control procedures were being followed. Regular infection control audits were being carried out. However some staff had not undertaken infection control training. There was no legionella risk assessment in place. There was no evidence that all relevant staff had Hepatitis B vaccinations / immunity.
- All equipment was routinely checked, serviced and calibrated in line with the manufacturer's instructions. However the practice could not demonstrate that the vaccine fridge temperatures were accurate.
- There were risk assessments in place for areas including fire safety, infection control, health and safety, premises and equipment. However there was no fire alarm system and not all staff had undertaken fire safety training.
- There was a detailed business continuity plan in place to deal with any untoward incidents which may disrupt the running of the practice.

Summary of findings

- The practice had an effective recruitment procedure. Newly employed staff undertook a period of role specific induction.
- Medicines were stored securely and there were systems in place to check they were in date and available in sufficient quantities. However emergency medicines and equipment were stored in various areas throughout the practice and some staff were unsure as to their whereabouts.
- Clinical audits were not carried out routinely to monitor and improve outcomes for patients.
- Some patients did not have regular medicines reviews where they were prescribed medicines on a long term basis or where they were prescribed high risk medicines.
- Patients consent to care and treatment was sought in line with current legislation and guidance.
- Patients were treated with dignity and respect and those spoken with were happy with the care and treatment they received.
- The practice identified where patients that were carers and offered them appropriate support.
- Same day urgent appointments or telephone consultations and home visits were available. Patients spoken with told us they were satisfied with the appointment system. .
- The practice did not offer extended hours such as early morning or late evening appointments. These were available at their other Surgery but this was not widely advertised.
- Complaints were investigated and responded to appropriately and apologies given where relevant. Information about the complaints system was not readily available for patients to access.
- The practice had suitable facilities and equipment to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. However some of the policies and procedures in place were not practice specific.
- The practice did not have a patient participation group to help gain patients comments and views as to how the practice is managed.

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

Importantly the provider must:

- Ensure that risks to patients and staff are assessed and managed. This relates to assessing the need for a fire alarm system, assessing risks in relation to legionella and ensuring that medicines which require refrigeration are stored at the appropriate temperatures.
- Ensure that patients receive regular reviews of their medicines, including those that are high risk.
- Ensure that staff receive training in to meet the needs of patients and to keep them safe. This includes training in safeguarding vulnerable adults and children, chaperone training, fire safety and infection control training.
- Ensure that the quality of the services provided is monitored through clinical and other reviews and audits.

Additionally the should:

- Review the arrangements for recording how significant events are investigated and how learning arising from these is used to make improvements and minimise recurrence.
- Review the arrangements for the storage of emergency medicines and equipment to facilitate ease of access in the event of a medical emergency.
- Review staff records so that they include evidence that staff have been vaccinated / have immunity against Hepatitis B.
- Update information that is provided to patients so that it information about the practice complaints procedure and arrangements for accessing services when the practice is shut.
- Review the practice policies and procedures so that they are practice bespoke and relevant to the day to day management of the practice.
- Consider the implementation of a patient's participation group.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There were systems in place to report safety related incidents and to investigate when things went wrong. However the practice could not demonstrate that lessons were learned and communicated with staff to support improvement and minimise recurrence.
- Information about safety such as safety alerts were received, shared and acted on as needed.
- There were procedures in place to safeguard patients from abuse or harm. The practice had a safeguarding lead and suitable policies and procedures in place to highlight adults and children who were at risk of harm or abuse.
- The practice nurse was the infection control lead and oversaw the infection control procedures. All areas of the practice we saw were visibly clean and a cleaner was employed on a daily basis. Infection control audits were carried out to monitor the effectiveness of cleaning and infection control measures within the practice. There was no risk assessment in place in respect of legionella. There was no evidence that all relevant staff had hepatitis B vaccinations / immunity.
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- The practice had a health and safety policy and procedure and risks to the health and welfare of staff and patients were assessed and managed. Staff had access to relevant information in relation to substances which may be hazardous to health such as cleaning materials.
- There were fire extinguishers located throughout the premises and these were checked regularly. Fire exits were signposted and regular fire evacuation drills were carried out. However staff had not undertaken fire safety training. The practice had smoke detectors but no fire alarm system in place and there had been no assessment carried out to determine if an alarm system was required.
- Electrical and diagnostic equipment used within the practice was tested to ensure that it was working properly.
- Medicines were checked regularly and those we looked at were in date. However we found the fridge temperatures for the

Summary of findings

vaccine fridge were not being monitored properly and some staff that carried out these checks were unsure of how to recognise if the temperatures recorded indicated a fault with the fridge settings.

- Staff were recruited consistently. All of the appropriate checks including proof of identify, employment references and Disclosure and Barring Services (DBS) checks were carried out when new staff were employed.
- There were medicines and equipment available to deal with medical emergencies and all clinical staff had undertaken basic life support training. However emergency medicines and equipment were stored in various areas throughout the practice and some staff were unsure as to their whereabouts.
- The practice had a detailed business continuity plan to deal with incidents that may disrupt the running of the practice.

Are services effective?

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

- Data for 2014/15 showed that the practice performance for the management of the majority of long term conditions and disease management such as heart disease, diabetes and respiratory illness was similar to other practices both locally and nationally.
- The practice was not undertaking clinical audits and there were no other quality improvement processes in place.
- GPs and the practice nurse referred to published guidance and used this in the assessment and treatment of patients.
- Data showed that the practice performance for prescribing certain antibiotics, antidepressants and painkillers was better than other GP practices locally and that GPs were following guidance and best practice.
- Some patient's records did not show that patients had received appropriate blood tests and medicines reviews when they were prescribed medicines or high risk medicines.
- The practice followed current legislation and guidance in relation to obtaining patient consent to care and treatment.
- Staff were proactive in health promotion and disease prevention and provided patients with information on diet and lifestyle. They also encouraged patients to attend the practice for regular routine health checks, screening and reviews for medication long term conditions.

Requires improvement



Summary of findings

- The practice received, reviewed and shared information with other health services to help ensure that patients received coordinated and appropriate care and treatment.
- Staff received training, supervision and appraisals and said that they were supported to perform their roles and to meet patient's needs.
- Not all staff had recent training in areas such as safeguarding adults and children, chaperone duties, fire safety and infection control.

Are services caring?

The practice is rated as good for providing caring services. The results from the national GP patient survey, which was published on 7 January 2016, comments made by patients we spoke with, and those who completed comment cards showed that:

- Patients felt that they were treated with kindness, respect and dignity by staff.
- Patients said that reception staff were welcoming and helpful.
- GPs and the nurse listened to patients and gave them time to discuss any issues or concerns.
- GPs and nurses explained treatments and involved patients in making decisions about their care and treatment.

The results from the most recent GP patient survey showed that the practice scored higher than other practices both locally and nationally for all aspects in relation to how staff treated patients. For example:

- 92% said the GPs were good at listening to them compared to the CCG average of 85% and national average of 89%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

We observed staff treat and assist patients in a caring and compassionate manner. We saw that reception staff were polite and that they took time to listen and to assist patients with general and specific queries and questions.

The practice recognised the needs of patients who were carers. There was information displayed throughout the waiting area, which

Good



Summary of findings

directed carers to the relevant organisations and told them about the range of benefits and support that were available locally. This information included details about social care assessments and local agencies that provide support and bereavement services.

Are services responsive to people's needs?

The practice is rated as 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 practice was participating in a local pilot initiative working with local care homes to help reduce the number of unplanned hospital admissions.

The most recent GP patient survey showed that the practice performed the same as or better than some other GP practices both locally and nationally for several aspects of its service including access to appointments. For example:

- 78% described their experience of making an appointment as good compared with a CCG average of 70% and compared with the national average of 73%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG of 74% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and the national average of 73%.

We found that:

- The practice did not offer extended hours such as early morning or late evening appointments. In certain instances patients were offered these appointments at the larger surgery (Queensway Surgery). However this was not actively encouraged or advertised to patients.
- Routine appointments could be booked in person, by telephone or online via the practice website.
- Same day emergency appointments were available.
- Telephone consultations were available each day as were home visits for those who were unable to attend the practice.
- The practice had suitable facilities and was equipped to treat patients and meet their needs.
- The practice had considered the needs of patients with physical and / or sensory impairment and the premises were suitable to meet their needs.
- Translation services were available if needed.

Requires improvement



Summary of findings

- The practice responded quickly to complaints raised and offered apologies to patients when things went wrong or the service they received failed to meet their needs.

Information about the practice services (such as how to access services when the practice was closed) and how to complain was not easily accessible. For example the practice website referred mainly to services offer by the main surgery. Information about how to complain was not detailed and only referred to briefly within the practice patient information leaflet.

Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy to provide a responsive service for all its patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

The governance at the practice required improvement. There were a number of risks to patients that had not been identified or acted on. These included monitoring patients prescribed high-risk medicines, staff training, cascading the learning from significant events, the monitoring of fridge temperatures for the storage of vaccines and monitoring and assessing the services provided to identify where they might improve.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity. However some of these were not practice specific and they were not reviewed regularly to ensure that they reflected current legislation and guidance.

The practice sought feedback from staff and patients, which it acted on. The practice did not have a patient participation group. Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

Requires improvement



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 provider was rated as requires improvement overall and this includes for this population group. The provider was rated as requires improvement for safe, effective, responsive and well led domains. It was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including older people. However there were areas of good practice:

- All patients over 75 years had a named GP who was responsible for their care and treatment.
- Home visits were carried out for patients who were unable to attend the surgery for appointments.
- The practice proactively contacted all patients to invite them for annual flu vaccines and health checks.
- Vulnerable elderly patients and those who were at risk of unplanned hospital admissions were identified and had care plans in place to help support them to remain at home.
- Patients who were carers were identified and provided with information about the benefits and support available to them.
- The premises were accessible and adapted to support patients with mobility issues including those who used wheelchairs. The practice had a hearing loop system and toilet facilities for the disabled.

Requires improvement



People with long term conditions

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as requires improvement for safe, effective, responsive and well led domains. It was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including people with long term conditions. However there were areas of good practice:

- The practice proactively invited patients with one or more long term condition to attend health reviews.
- Data from 2014/15 showed that the practice performance for monitoring and treating patients with conditions such as heart disease and diabetes was the same as or better than other GP practices both locally and nationally.
- The practice employed a diabetes specialist nurse who provided monthly diabetic clinics.

Requires improvement



Summary of findings

- Some patients who were prescribed medicines on a long term basis did not always have the appropriate blood tests and medicine reviews.
- Clinical audits were not routinely carried out to help review and improve outcomes for patients with one or more long term condition.

Families, children and young people

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as requires improvement for safe, effective, responsive and well led domains. It was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including for families, children and young people. However there were areas of good practice:

- The practice offered same day appointments for children.
- Appointments were available outside of school hours.
- The practice was not monitoring the fridge temperatures correctly for the vaccines stored.
- Post-natal and baby checks were available to monitor the development of babies and the health of new mothers.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Some staff had not received safeguarding training for children.
- Data from 2014/15 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.
- Information and a range of sexual health and family planning clinics were available.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as requires improvement for safe, effective, responsive and well led domains. It was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including for working-age people (including those recently retired and students). However there were areas of good practice:

Requires improvement



Summary of findings

- Same day and pre-booked (up to four weeks in advance) appointments and telephone consultations available each day.
- The practice did not offer extended opening such as early morning or late evening appointments. In some cases patients could be seen at Queensway Surgery. However this was not actively encouraged or widely advertised.
- Data from the most recent GP survey showed that the practice performed the same as or better than other GP practices both locally and nationally for patient satisfaction about access to the service. This included opening times and access to appointment.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as requires improvement for safe, effective, responsive and well led domains. It was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including for people whose circumstances make them vulnerable. However there were areas of good practice:

- The practice had a dedicated safeguarding lead and procedures for staff to follow to help protect vulnerable patients against the risk of abuse. Not all staff had undertaken safeguarding training for vulnerable adults.
- The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability.
- Patients with complex medical need and those who were vulnerable had a care plan in place.
- The practice proactively promoted annual health checks for patients with learning disabilities.
- Home visits and telephone consultations were available for patients who were unable to visit the practice.
- Information was made available to patients and carers to help them understand and access the range of benefits and support services that were available to them.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as requires improvement for safe, effective, responsive and well led

Requires improvement



Summary of findings

domains. It was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including for people experiencing poor mental health (including people with dementia). However there were areas of good practice:

- The practice reviewed and monitored patients with dementia and carried out face-to-face reviews.
- Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs, which included an assessment of alcohol consumption.
- Where appropriate patients with mental health conditions had a care plan in place which had been agreed with them.
- Patients on antipsychotic and antidepressant medicines had regular medicines reviews and blood tests to ensure that their medicine dosage was effective and safe.
- Longer appointments and home visits were provided as required.
- Information was available about the range of local support and advice services available to patients and where appropriate their carers.
- Patients were referred to specialist mental health services as required.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 generated 107 responses from 286 surveys sent out which represented 37% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 94% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 88% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG and a national average of 85%.
- 92% said the last appointment they got was convenient. This was the same as the national average and compared with a CCG average of 90%.
- 79% described their experience of making an appointment as good compared with a CCG average of 70% and the national average of 73%.

- 89% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 83% felt they did not normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.
- 65% of patients would recommend the practice to someone new compared with a CCG average of 72% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards. We also spoke with three patients on the day of the inspection. Patients commented positively about the practice and said that:

- Staff were caring, professional and helpful
- They could usually get an appointment that suited them and that they could get same day appointments for urgent issues
- GPs and the nurse took time to listen to patients and to explain their treatments.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that risks to patients and staff are assessed and managed. This relates to assessing the need for a fire alarm system, assessing risks in relation to legionella and ensuring that medicines which require refrigeration are stored at the appropriate temperatures.
- Ensure that patients receive regular reviews of their medicines, including those that are high risk.
- Ensure that staff receive training in to meet the needs of patients and to keep them safe. This includes training in safeguarding vulnerable adults and children, chaperone training, fire safety and infection control training.

- Ensure that the quality of the services provided is monitored through clinical and other reviews and audits.

Action the service **SHOULD** take to improve

- Review the arrangements for recording how significant events are investigated and how learning arising from these is used to make improvements and minimise recurrence.
- Review the arrangements for the storage of emergency medicines and equipment to facilitate ease of access in the event of a medical emergency.
- Review staff records so that they include evidence that staff have been vaccinated / have immunity against Hepatitis B.

Summary of findings

- Update information that is provided to patients so that it information about the practice complaints procedure and arrangements for accessing services when the practice is shut.
- Review the practice policies and procedures so that they are practice bespoke and relevant to the day to day management of the practice.
- Consider the implementation of a patient's participation group.

Family Health Care

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 GP specialist advisor.

Background to Family Health Care

Family Healthcare is located in a modified residential dwelling in Leigh on Sea on Sea, Essex; the practice provides services for 1800 patients.

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

The practice population is similar to the national average for younger people and children under four years and slightly higher for older people aged over 65 years. The practice patient list is lower than the national average for long standing health conditions. Life expectancy for men and women is higher the national average.

Economic deprivation levels affecting children, older people are lower than the practice average across England. The practice population is slightly lower than the national average of working aged people in employment or full time education and higher for working age people that are unemployed.

The practice provides the following directed enhanced services:

- Childhood immunisations and vaccinations.
- Dementia screening.
- Flu vaccinations.

The practice is part of Queensway Surgery (a larger GP practice located in Southend on Sea. Family HealthCare is managed by the same GP partners but has a separate NHS GP contract and population group) and managed by three GP partners who hold financial and managerial responsibility. One of the GP partners is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run

One of the GP partners and two salaried GPs work at the practice. In total two female GPs and one male GP work at the practice. The practice also employs one practice nurse and a diabetic nurse. In addition the practice employs a team of receptionists and administrative staff. The GPs, practice manager and some reception staff work part time at the practice and at Queensway Surgery.

The practice is open from 8am to 1pm and 2pm to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. The practice closes at 1pm on Wednesdays. The practice is closed between 1pm and 2pm daily.

Appointments are available from 9am to 12pm and 2pm to 5.30pm. The practice does not provide extended hours such as early morning or late evening appointments.

Detailed findings

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 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 Family Health Care 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.

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 5 May 2016. During our visit we spoke with a range of staff including the GPs, the practice manager and reception / administrative staff. We also spoke with three patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed 39 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.

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place for reporting and investigating significant events, such as clinical errors or misdiagnosis. We looked at the records in respect of the eight reported significant events within the previous 12 months. Significant events were discussed during clinical meetings. We reviewed the minutes from these meetings and the reporting documents. We found that there was no clear description of the safety event, what went wrong or what learning could be shared with staff to help minimise recurrences.

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 medicines 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. All safety related alerts and information was kept and accessible to relevant staff to refer to and use as needed.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe. However improvements were needed in some areas. We found:

- Arrangements were in place to safeguard children from abuse. There were appropriate policies and procedures to assist staff to recognise and report concerns. These policies referred to the local safeguarding teams and included relevant contact details.
- GPs and nurses had undertaken level 3 training in safeguarding children. Staff who we spoke with were able to demonstrate that they understood and adhered to the practice policies. One of the GP partners was the safeguarding lead.
- The practice had procedures in place for providing chaperones during examinations and a notice was displayed in the waiting area to advise patients that chaperones were available, if required Disclosure and Barring Services (DBS) check. These
- Staff had access to policies and procedures in place to protect patients and staff against the risk of infection. The practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. These procedures covered cleaning and hand washing, handling and storing specimen samples, dealing with biological substances and disposing of waste matter.
- We observed the premises to be visibly clean, tidy and uncluttered. The practice employed a cleaner each day and there were cleaning schedules in place and infection control audits had been carried out. The most recent audit which had been carried out in April 2016 identified some areas for improvement including the provision of staff training. The action plan following this audit indicated that this training would be completed by September 2016.
- Staff had access to personal protective equipment such as gloves and aprons. Records showed that some but not all clinical staff had 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.
- Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use and minimise the risk of misuse. All of medicines we saw were within their expiry date.
- There were protocols in place for handling and storing medicines such as vaccines which required cold storage, however these had not been followed consistently. We found that the fridge temperatures were recorded on a daily basis. However these records showed little variance in the recorded maximum, minimum and actual temperature of the fridge and some staff who made these daily checks were unsure that they were doing so properly. We observed that when the fridge was left opened for some time that the temperature displayed did not change as would be expected. The practice therefore could not demonstrate that these medicines were stored within the manufacturers recommended temperatures.
- The practice had a policy for employing clinical and non-clinical staff. We reviewed 10 staff files including those for the most recently employed staff. We found

Are services safe?

that the recruitment procedures had been followed consistently. Checks including proof of identification, qualifications, employment references and Barring Service (DBS) checks had been carried out for all staff.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patients and staff safety. These included a health and safety policy and risk assessments, which were reviewed regularly. All staff were provided with a health and safety handbook, which summarised the practice policies and procedures.
- There were assessments in place in respect of the risks the control of substances hazardous to health (COSHH) such as cleaning materials. The practice had not undertaken a legionella risk assessment.
- There was a fire safety policy and procedure and training risk assessment had been carried out. The practice did not have a fire alarm system and there was no risk assessment in place to determine if an alarm system was required. Staff told us that they relied on smoke detectors.
- Checks were carried out to ensure that fire safety extinguishers and the smoke detectors were working. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas. Regular fire evacuation drills were carried out.
- Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. All electrical equipment was checked to ensure that it was safe to use.

- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs and 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 clear procedures in place for dealing with medical emergencies. Records showed that all relevant staff received annual basic life support training. The practice had oxygen and an automated external defibrillator (AED) for use in medical emergencies. However one of the two GPs who we spoke with were unable to tell us where some of this equipment was located. We found that the emergency medicines and equipment were stored in the nurse's room and the oxygen was located in the nurse's room rather than together for ease of access in the event of an emergency.

The practice had a range of medicines for use in the event of a medical emergency. These included medicines to treat anaphylaxis, exacerbation of asthma and cardiac arrest.

The practice had a detailed business continuity plan in place for major incidents which could affect the day to day running of the practice. This was service specific and included the details of the arrangements in place for example if staff could not access the premises or the day to day running of the practice was disrupted due power or other systems failures. The plan was accessible to staff, regularly reviewed and revised where required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice GPs kept up to date with, referred to, and used relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. These were used routinely in the assessment and treatment of patients to ensure that treatment was delivered to meet individual's needs.

GP partners who we spoke with told us that they held regular clinical sessions to discuss and review assessments, treatments and clinical decision making. GPs attended regular peer support and training sessions as part of the local CCG 'Time to Learn' programme.

GPs acted as clinical leads in areas including the management of long term conditions such as diabetes and respiratory disease.

The practice employed a diabetic nurse for the management of patients with diabetes and clinics were held on a monthly basis.

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 the same as the national average at 78% and higher than the local CCG average of 72%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 84% compared to the local average of 75% and the national average of 78%

- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 88% compared with the local average of 76% the national average of 81%
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 100% compared to the national average of 88% and the local average of 83%.

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.

However the exception reporting for diabetes related clinical outcomes were significantly higher than the local and national exceptions. For example 19% of patients who required a foot examination were exempted from the total compared to 10% locally and 12% nationally. We also found that 13% of patients who required a blood cholesterol level of 5mmol/l or less were exempted. This was higher than the local and national average of exception reporting, which were 7%.

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 set by QOF.

We discussed this with one of the GP partners and they told us that they followed the correct procedure for exception reporting and that all relevant patients were invited repeatedly for the appropriate checks before they were exempted from reporting. They told us that they were reviewing how these checks were carried out to help improve the practice performance. Unverified data from 2015/16 showed that there had been significant improvements in this area and that there had been no exception reporting in respect of patients with diabetes.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was the same as the national average of 83% and compared to the local average of 81%.

Are services effective?

(for example, treatment is effective)

- 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 local and national average of 98%.
- The percentage of patients with asthma who had a review within the previous 12 months was 83% compared to the local and 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 95% compared with the national average of 90% and the local average of 88%.

The exception reporting for these conditions was lower than other GP practices both locally and nationally.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition was similar to GP practices nationally. For example:

- 90% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had an agreed care plan in place compared to the local and national average of 88%.
- 100% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had a record of their alcohol consumption compared to the local and national average of 89%.
- 80% of patients who had been diagnosed with dementia had a face to face review within the previous 12 months. This compared with the national average of 84% and the local average of 82%.

The exception reporting for these conditions was the same as or lower than other GP practices both locally and nationally.

The practice did not carry out clinical audits as a means of monitoring and improving outcomes for patients. We were provided with two clinical audits. However both of these related to Queensway Surgery and were not reflective of Family Health Care.

A second audit had been carried out to review clinical workload. This was carried out to review one GPs average workload over a four week period to help identify and reduce fatigue. However there was no comparison made between other GPs working at the practice and no second

audit cycle was carried out to determine if any improvements were required. The audit did not indicate any impact on the delivery of patient care or identify any areas for improvement.

The GP partner told us that GPs within the practice regularly discussed and reviewed clinical cases as part of the practice systems for monitoring and improving outcomes for patients.

The practice performance for prescribing medicines such as front line antibiotics, non-steroidal anti-inflammatory medicines was in line with other GP practices. Prescribing practices for some hypnotics (anti-depressant type medicines) was better than some GP practices both locally and nationally. GPs who we spoke with were aware of the local shared care arrangements for monitoring patients who were prescribed high risk medicines.

We reviewed the records for a number of patients and found:

- All of the patients who were prescribed Lithium had appropriate blood tests carried out at regular intervals in line with current guidelines.
- Eight patents that were prescribed Thyroxine had not had a record of a blood test within the previous 18 months.
- The majority of patients who were prescribed high risk medicines such as Methotrexate and anti-coagulants had a record of appropriate blood tests. However we found that five patients who were prescribed Warfarin within the previous three months did not have a record of their blood results. Two patients who were prescribed Methotrexate did not have a record of a blood test since 2015.

Effective staffing

Staff received training and support that reflected their roles and responsibilities. We found:

- The practice had an induction programme for newly appointed members of staff to help them become familiar with the practice policies and procedures. Staff had access to a handbook which summarised the practice policies and procedures.
- Staff we spoke with told us that they felt supported. Relevant information was shared with staff through meetings.

Are services effective?

(for example, treatment is effective)

- Some staff did not have up to date training in areas including safeguarding children and adults ,chaperone duties, fire safety and infection control.
- All staff received an annual appraisal of their performance from which further training and development needs were identified and planned for.
- The practice nurse and the diabetic nurse had undertaken training in line with their roles and responsibilities to carry out assessments and deliver patient screening and treatment programmes. These included training in relation to childhood immunisations, vaccinations, smoking cessation, health checks and cervical screening.
- The practices nurse and GP staff had ongoing clinical support and supervision
- The nurses working at the practice were currently registered with the Nursing and Midwifery Council (NMC) and they were preparing for their revalidation
- 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)

Coordinating patient care and information sharing

Regular clinical meetings were held between the GPs and nurse to discuss and coordinate patients care and treatment.

Information was received, reviewed and shared within the practice team and with other healthcare providers. This included when patients were referred to secondary and specialist services and when patients were admitted to or discharged from hospital.

Bi-monthly multi-disciplinary team meetings took place to discuss, review and plan the care and treatment for patients including those who were nearing the end of their lives, patients receiving palliative care and those who were at risk of unplanned hospital admissions. These meetings took place at Queensway Surgery and it was not possible to determine from the records which patients from Family Health Care were discussed. The records did not clearly identify who had attended the meetings or details of any changes to patients care plans. The practice manager and GP partner told us that records from future meetings would

reflect which patients from Family Health Care were discussed, which staff from the practice attended and details of any actions and changes arising from these meetings.

Consent to care and treatment

The practice had policies and procedures around obtaining patients consent to treatment. Where written consent was obtained copies were scanned and saved within the patient record. A clinical code was used within patients' records to show that verbal consent had been obtained.

Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and nurses we spoke with understood current guidelines in respect of obtaining consent in the care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear. Staff had an awareness of the provisions of the Mental Capacity Act 2005, Gillick competence and Fraser guidelines.

Patients who we spoke with during the inspection said that their care and treatment was explained to them in a way that they could understand and that their consent to treatment had been sought.

Health promotion and prevention.

The practice promoted and encouraged patients to access the current NHS and Public Health England national screening programmes. 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. The results for 2014/15 were:

- The practice's uptake for the cervical screening programme was 88%, compared to the local average of 80% and the national average of 82%.
- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer within the previous 3 years was the same as the local CCG average of 66% compared the national average of 72%.
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer within the previous 3 years was 60% compared with the local CCG average of 53% and the national average at 59%.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations included:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 100% compared to the CCG percentage at 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 100% compared to the CCG percentage of 93%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 100% compared to the CCG percentage at 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 to 74 years. We saw that of 100 newly registered patients within the previous 12 months all have been invited for a health check and 39 had been carried out.

Smoking cessation sessions were available and patients were provided with information relating to healthy lifestyle choices.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff had access to policies and procedures in relation to treating patients with dignity and respect. These included how patients were treated at reception, during and after consultations. We observed throughout the inspection that reception staff were polite and helpful to patients. Patients we spoke with told us that reception staff were friendly, helpful and respectful.

Reception staff were mindful when speaking on the telephone not to repeat any personal information. Staff we spoke with told us that patients would be offered a room to speak confidentially if they wished to do so.

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 to help ensure that conversations taking place in these rooms could not be overheard.

Patients who completed CQC comment cards and those patients we spoke with during the inspection told us that they were happy with the level of care and support that they received from GPs, nurses and reception staff. A number of patients commented on the helpful attitude of the receptionists.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 92% said the GPs were good at listening to them compared to the CCG average of 85% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 95% said they had confidence and trust in the last GP. This was the same as the national average and compared to the CCG of 93%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and compared to the national average of 91%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Each of the three patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. They told us that they never felt hurried or rushed and that their treatments were explained to them in a way that they could understand.

Results from the national GP patient survey, which was published on 7 January 2016, showed that:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Staff told us that that access to translation services was available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for identifying and supporting patients who were carers. There was a practice register of all patients who were carers and at the time of our inspection these accounted for 1.7% of the practice population. This information was used on the practice's computer system to alert GPs when the patient attended appointments.

There were notices displayed in the waiting area, which advised carers of the benefits they could access such as social care assessments. There was also information available to signpost patients and carers to the various local support agencies and organisations including counselling services, advice on domestic and elder abuse and cancer support services.

Are services caring?

Staff told us the practice had a protocol for supporting families who had suffered bereavement. GPs told us that they following bereavement, families contacted where this was appropriate and an appointment or other support was provided needed.

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. For example; the practice was taking part in a local initiative which was looking at the delivery of primary GP services to patients who lived in care homes to help improve these services and to help reduce unplanned hospital admissions.

We found that;

- Appointments could be booked in person, by telephone or online via the practice website.
- There were longer appointments available for patients including those with dementia or 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 each day for children and those with serious medical conditions.
- Telephone consultations and emergency appointments were available each day
- The practice reviewed comments, complaints and the results from patient surveys and adapted the appointments system to take these into account.
- Smoking cessation advice and treatment was available in individual appointments.
- The practice provided step free / ramp access and all of the consultation and treatment rooms were located on the ground floor.
- Toilets for the disabled and a hearing loop were available.
- Translation services were available as required.

Access to the service

The practice was open from 8am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. The practice closed at 1pm on Wednesdays. Appointments were available from 9am to 12pm and 2pm to 5.30pm. The practice did not provide extended hours such as early morning or late evening appointments.

Approximately 56% of the practice patient population was of working age (between 17 and 65 years). The GP partner told us that patients could if needed, be seen at

Queensway Surgery if they required an appointment outside of the times that Family Health Care was open. However this was not actively encouraged or advertised within the practice patient information leaflet.

The practice was closed and receptionists were not available to answer telephone calls between 1pm and 2pm each day. We were told that when the practice was closed (during normal hours) that patients could access GPs at Queensway Surgery and that they would be advised to do so via recorded telephone message. However we found that the arrangements for accessing services were unclear in the patient information leaflet and that this did not include the contact telephone number for Queensway Surgery.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 78% described their experience of making an appointment as good compared with a CCG average of 70% and the national average of 73%.
- 67% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG of 74% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and the national average of 73%.

Three of the 39 patients who completed comment cards told us that it could sometimes be difficult to get an appointment that suited them. Two patients said that they found it difficult as there could not access appointments outside of normal working hours. The majority of patients said that they found it easy to get routine appointments quickly.

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. There was a designated responsible person who handled all complaints in the practice.

Written information was not readily available to help patients to understand the complaints procedure. The

Are services responsive to people's needs?

(for example, to feedback?)

practice information leaflet advised patients that they should refer any complaints to the practice manager who would acknowledge and respond to their concerns. However this did not include information about the time frame for the practice to acknowledge, investigate and respond to complaints or how patients could escalate their complaints should they remain dissatisfied with the outcome or how their complaint was handled. Patients we spoke with were unaware of the process to follow if they wished to make a complaint. However they did tell us that they felt confident that their concerns would be taken seriously, investigated and resolved.

We looked at the three complaints received within the previous twelve months. Records showed that complaints had been acknowledged, investigated and responded to within the complaints procedure timeline. Each element of

patients concerns or complaint had been fully investigated and responded to in an open and transparent manner and a suitable apology was given to patients when things went wrong or where the patients experience fell short of what they expected. Learning from complaints was discussed and shared with staff at practice meetings to improve patient's experiences.

The practice manager, GPs and reception staff told us that they received few complaints and this was also supported by the positive responses from the National GP Patient Survey and the NHS Friends and Family Test results, which indicated higher levels of patient satisfaction than the local and national averages in areas including access to appointments, helpfulness of reception staff and treatment by GPs and nurses.

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

GPs and other staff who we spoke with were enthusiastic and demonstrated that they had a desire to improve the quality of treatment for patients and to offer a flexible service that met patient's needs. However many of the policies, procedures in place, which underpinned how the practice was managed related to the larger GP practice at Queensway Surgery.

The patient population and demographics differed markedly at both sites which meant that some of the ways of working at Family Health Care did not reflect the specific needs of its patient population.

Governance arrangements

The practice had some governance arrangements to support the delivery of good quality care. However a number of these were not practice specific to meet the needs for the day to day management of the practice and did not adequately identify the risks to patients and staff:

- There was a staffing structure and accountability. However this was not clear and staff we spoke with referred to management as it related to Queensway Surgery.
- The GPs we spoke with demonstrated that they were eager to improve services and that they engaged regularly with their peers to do this.
- Practice policies and procedures were available to all staff. However these policies were not practice specific and many related to the management of Queensway Surgery.
- Some audits were carried out to monitor and improve the quality of services provide to patients and to provide safe and effective care and treatment. However some of these were not practice specific such as clinical audits.
- There were a number of risks to patients that had not been identified or acted on. These included monitoring patients prescribed high-risk medicines, staff training, cascading the learning from significant events, the monitoring of fridge temperatures for the storage of vaccines and monitoring and assessing the services provided to identify where they might improve.

Leadership, openness and transparency

GPs and staff we spoke with demonstrated 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 scheduled and opportunistic clinical and non-clinical practice meetings and informal discussions were held during which staff could raise issues and discuss ways in which the service could be improved. However some records in respect of these meetings were not clear as in who was responsible for implementing actions arising from these meetings. 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 valued feedback from patients and the practice manager responded to all comments made on the NHS Choices website and offered patients the opportunity to meet any discuss any issues or concerns.

The practice encouraged patients to participate in the NHS Friends and Family Test and monitored the results to help identify areas for improvement. We saw that the results for 2015/16 were shared with staff on a regular basis. The results were mostly positive with over 90% of patients indicating that they would be extremely likely or likely to recommend the practice to friend and family.

The practice did not have a Patient Participation Group (PPG). The practice manager told us that patients had not expressed any interest in joining a group, in part because the meetings were held at Queensway Surgery in Southend on Sea.

The practice had also gathered feedback from staff through staff meetings 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.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Risks to the health, safety and welfare of patients and staff were not consistently assessed, monitored and managed.</p> <p>The practice did not have in place a legionella risk assessment. Some patients who were prescribed medicines, including high risk medicines were not reviewed appropriately and the required medicines reviews were not carried out.</p> <p>Risks associated with medicines were not assessed and managed. The systems for storing medicines which require refrigeration were not robust as staff were not recording fridge temperatures properly or checking that the fridge was working properly.</p> <p>The practice did not have a fire alarm system and no assessment had been carried out to determine if this was required.</p> <p>Regulation 12 (1) (2) (a) (b) (d) (g)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were limited systems in place for monitoring and improving the quality of service provided:</p> <p>No clinical audits carried out to monitor and improve where required clinical outcomes for patients.</p>

This section is primarily information for the provider

Requirement notices

A number of policies and procedures were not practice specific so that they did not underpin the management of the practice.

Regulation 17 (2) (a)

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not undertaken training to perform their roles and duties. This included training in safeguarding vulnerable adults and children, chaperone training, fire safety and infection control training.

Regulation 18 (2) (a)