Care Quality Commission

Long Melford Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Long Melford Surgery on 9 January 2017. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting, recording and learning from significant events. However, there was scope to ensure that all dispensing errors were investigated as significant events to minimise the chance of a similar error occurring again.
- Health and safety risks to patients were assessed and managed. However, not all nursing staff had a Disclosure and Barring Service check.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment, although e-learning deemed mandatory by the practice had not been completed by the majority of staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Fortnightly multi disciplinary team meetings took place to discuss, review and plan ongoing care and support for older patients, including those who were vulnerable.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice was well equipped to treat patients and meet their needs.

Summary of findings

- The practice ran weekly searches for prescriptions which were past their review date and gave these to the GPs to review so they could be proactive in resolving any issues that could arise.
- All the staff we spoke with felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- Regular governance meetings were held, although some policies were overdue for review and audits to provide assurance that patients were safe were not proactively undertaken.

The areas where the provider must make improvements are:

- Review the arrangements for the cleaning of body fluids by ensuring they meet the requirements as detailed in the Health and Social care Act (2008) Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
- Ensure that all nursing staff have a current Disclosure and Barring Service check.
- Ensure there is an effective governance process in place to assure the practice that risks to patients and staff are identified, acted upon, monitored and reviewed. This includes auditing minor surgery outcomes, complications and infection rates.

The areas where the provider should make improvement are:

- The practice should be able to provide evidence of actions taken in response to relevant alerts and updates issued from the Medicines and Healthcare products Agency (MHRA) and through the Central Alerting System (CAS).
- Ensure that all dispensing errors identified are discussed within the practice and that all dispensary standard operating procedures (SOPs) are clear, detailed and reviewed and that staff sign up to, and date when they have read each SOP.
- Ensure that staff complete e-learning and training deemed mandatory by the practice and that this is recorded effectively.
- Ensure there are regular documented cleaning audits.
- Continue to prioritise the identification of patients who are carers.
- Ensure that policies and procedures are regularly reviewed, ratified and that all staff are aware of how to access them if needed.
- Ensure that information on The Mental Capacity Act (2005) is available to staff.
- Ensure that guidance is available for non-clinical staff when managing requests for home visits.

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?

Requires improvement 

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

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. However, we noted one dispensing error which should have been reported as a significant event.
- When things went wrong patients received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not have a systematic process in place to ensure Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were responded to appropriately, although this was in place in the dispensary.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The hepatitis B status of non clinical staff was not known and as non-clinical staff were responsible for cleaning spilt body fluids, this constituted a potential risk to both staff and patients.
- Health and safety risks to patients were assessed and managed. The practice were in the process of obtaining a Disclosure and Barring Service check for all staff, however at the time of the inspection, these had not been received for all nursing staff.

Are services effective?

Good 

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for most clinical areas were comparable to or above the Clinical Commissioning Group (CCG) and England averages.
- Fortnightly multi disciplinary team meetings took place to discuss, review and plan ongoing care and support for older patients, including those who were vulnerable.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, e-learning training deemed mandatory by the practice had not been completed by the majority of staff.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with and above other practices both locally and nationally for all aspects of care.
- Patients said they were treated with compassion, dignity and respect, were listened to and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 105 patients as carers (1% of the practice list). The practice were aware of the low numbers of carers and were working to increase the identification of carers. Suffolk Family Carers were available at the branch practice on a monthly basis in order to support carers. Information was available in the waiting room for support groups and organisations aimed to help and advise carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The majority of patients we received comments cards from said they found it easy to make an appointment with a GP and this was supported by the data from the national GP patient survey. Two of the five patients we spoke with shared this view. Urgent appointments were available the same day and there was a process in place to ensure patients who needed to see a GP urgently were contacted.
- The practice was well equipped to treat patients and meet their needs.

Summary of findings

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

Are services well-led?

Requires improvement

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, however one of these had not been formally approved and some were out of date for review.
- The overarching governance framework was not effective. The practice held regular governance meetings, however processes were not established to improve quality and identify risk. Risk assessments for staff without Disclosure and Barring Service (DBS) checks had been undertaken, but not all nursing staff had received a DBS check.
- The provider was aware of and complied with the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on.
- There was a focus on improvement and the practice had recently been accredited as a NHS research practice.

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

Requires improvement 

The practice is rated as requires improvement for the care of older people. This is because the practice is rated as 'requires improvement' for safety and leadership. These ratings apply to patients within this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Clinical staff provided home visits to patients who lived in nursing and residential homes and were registered at the practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including dementia and heart failure were comparable to the CCG and national averages.
- Fortnightly multi disciplinary team meetings took place to discuss, review and plan ongoing care and support for older patients, including those who were vulnerable.

People with long term conditions

Requires improvement 

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the practice is rated as 'requires improvement' for safety and leadership. These ratings apply to patients within this population group.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 100%, which was above the CCG average of 96% and national average of 90%. Exception reporting for diabetes related indicators was 14% which was slightly above the local average of 12% and the national average of 11% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Summary of findings

- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Patients with multiple long term conditions were reviewed in one appointment where possible to reduce the number of appointments they needed to attend.
- The nursing team held clinics to review patients with diabetes. These clinics were also attended by West Suffolk Hospital Diabetes Specialist Nurses, to provide intervention for those patients whose needs were more complex.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. This is because the practice is rated as 'requires improvement' for safety and leadership. These ratings apply to patients within this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children with a new safeguarding plan in place and children on the looked after children's register. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 79%, which was above the CCG average of 76% and the England average of 74%. The exception rate was 2%, which was lower than the CCG average of 5% and the national average of 7%.
- The practice offered a range of contraception services and chlamydia screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day telephone and face to face appointments were available for children.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement 

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the practice is rated as 'requires improvement' for safety and leadership. These ratings apply to patients within 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, flexible and offered continuity of care.
- Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday).
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the practice is rated as 'requires improvement' for safety and leadership. These ratings apply to patients within this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had 21 patients on the learning disabilities register. 17 of these patients have had a health review in the previous year. Four patients had declined a review. The practice informed the learning disability specialist nurse when a patient declined a review, who then contacted the patient by telephone.
- The practice supported patients who were not able to read or write to complete necessary forms, for example when they registered at the practice.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the practice is rated as 'requires improvement' for safety and leadership. These ratings apply to patients within this population group.

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 79% and national average of 78%.
- Current data provided by the practice showed that 91% of patients experiencing poor mental health had a comprehensive care plan. This was a significant improvement from their 2015 – 2016 data which was 33%, which was below the CCG average of 74% and the national average of 77%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A practitioner from the improving access to psychological therapy service was available weekly at the practice. The practice had a mental health link worker who was available to patients every week. They also attended monthly clinical meetings and significant event meetings as appropriate.
- The health care assistant undertook falls assessments and memory assessments for patients who may be experiencing early signs of dementia. These were also undertaken in the patients home.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with or above the local and national averages. 218 survey forms were distributed and 123 were returned. This represented a 56% response rate.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 87% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the 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 21 comment cards which all included positive feedback about the practice. Many patients commented positively on the helpfulness and professionalism of all the staff. Two patients reported some difficulty with getting an appointment and one person commented that the reception area and waiting room could be noisy as they were open plan.

We spoke with a representative from three nursing and residential homes where residents were registered at the practice. Positive feedback included the friendly approach when GPs visited residents at the home, liaising with family members and other professionals.

We spoke with five patients during the inspection. All five patients said staff were friendly and helpful. Four patients said they were treated with privacy and dignity, were involved in their care and would recommend the practice. Two patients said they were not always able to get an appointment easily.

Areas for improvement

Action the service MUST take to improve

- Review the arrangements for the cleaning of body fluids by ensuring they meet the requirements as detailed in the Health and Social care Act (2008) Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
- Ensure that all nursing staff have a current Disclosure and Barring Service check.
- Ensure there is an effective governance process in place to assure the practice that risks to patients and staff are identified, acted upon, monitored and reviewed. This includes auditing minor surgery outcomes, complications and infection rates.

Action the service SHOULD take to improve

- The practice should be able to provide evidence of actions taken in response to relevant alerts and updates issued from the Medicines and Healthcare products Agency (MHRA) and through the Central Alerting System (CAS).
- Ensure that all dispensing errors identified are discussed within the practice and that all dispensary standard operating procedures (SOPs) are clear, detailed and reviewed and that staff sign up to, and date when they have read each SOP.
- Ensure that staff complete e-learning and training deemed mandatory by the practice and that this is recorded effectively.
- Ensure there are regular documented cleaning audits.
- Continue to prioritise the identification of patients who are carers.

Summary of findings

- Ensure that policies and procedures are regularly reviewed, ratified and that all staff are aware of how to access them if needed.
- Ensure that information on The Mental Capacity Act (2005) is available to staff.
- Ensure that guidance is available for non-clinical staff when managing requests for home visits.

Care Quality Commission

Long Melford Surgery

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 adviser, a practice manager specialist adviser and two CQC inspectors.

Background to Long Melford Surgery

The practice area covers the village of Long Melford and extends into the outlying villages. The practice offers health care services to around 9550 patients, from two modern purpose built premises at Long Melford and a branch surgery in Lavenham. There is a dispensary at the Long Melford practice.

The practice holds a Personal Medical Service (PMS) contract, a locally agreed contract with NHS England. In addition, the practice also offers a range of enhanced services commissioned by their local Clinical Commissioning Group (CCG).

The practice has four male and three female GP partners and two female salaried GPs. The practice is a training practice and has two GP registrars (a GP registrar or GP is a qualified doctor who is training to become a GP). The practice is also involved in teaching medical students, but they do not have any placed at the practice currently. The nursing team includes one nurse manager, three practice nurses and one healthcare assistant. There is a team of receptionists and administration staff. The practice manager is support by a practice manager assistant. The dispensary is led by a dispensary manager with three dispensers, one apprentice and one delivery driver.

Long Melford Surgery is open from 8am to 6.30pm on Monday to Friday, with appointments available from 8.30am to 11am and from 3pm to 5.30pm. Lavenham surgery is open Monday to Friday from 8am to 1pm and from 2pm to 6.30pm, with appointments available from 8.30am to 11am and 3pm to 5.30pm. Extended hours appointments are available at Long Melford from 6.30pm to 7pm on Mondays and from 7am to 8am on Fridays. Patients are able to book evening and weekend appointments with a GP through Suffolk GP+. During out-of-hours GP services are provided by Care UK via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients between the ages of 0 to 44 for females (0 to 54 for males) compared with the England average. It has a larger number of patients over these ages compared to the England average. Income deprivation affecting children is 13%, which is the same as the CCG average and lower than the national average of 20%. Income deprivation affecting older people is 11%, which is lower than the CCG average of 12% and national average of 16%. The practice has the same percentage of patients who are unemployed (3%) compared to the CCG average, which is less than the national average of 5%. Male and female life expectancy at the practice is 81 years for males and 86 years for females. This is slightly above the CCG expectancy which is 81 years and 84 years and the England expectancy which is 79 years and 83 years respectively.

The CQC registration of the partnership members was not up to date, as two partners had joined the practice. The practice were in the process of ensuring that the relevant statutory notifications and applications were submitted.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 January 2017. During our visit we:

- Spoke with a range of staff, including GPs, nursing staff, dispensary staff, administration and reception staff. We spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 21 comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with a representative from three nursing and residential homes where residents were registered at the practice.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was 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).
- In the dispensary, near miss dispensing errors were logged and reviewed with the practice manager and GPs if they were significant. However, we noted one dispensing error which had not been raised as a significant event to help make sure appropriate actions were taken to minimise the chance of a similar error occurring again.
- The practice took necessary action immediately following a significant event. These were then discussed at the business or clinical meeting, depending on the nature of the event. Any actions and learning was also shared with the practice team at the monthly departmental team meetings. We saw minutes of meetings to confirm this and saw evidence that lessons were shared and action was taken to improve safety in the practice.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, detailed information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice held quarterly significant event meetings to discuss actions and learning outcomes and identify any trends.

We reviewed the process for responding to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. There was no systematic process in place for the logging and sharing of MHRA alerts or subsequent completion and review of searches to ensure the changes were effected. However, in the dispensary, systems were in place to deal with any medicines alerts or recalls, and records were kept of any actions taken.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, however some areas required improvement:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and safeguarding information was available to staff on the computer and laminated information was also available in each room. Some non-clinical staff were not aware of how to access the policies on the computer. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held monthly clinical meetings when children with a new safeguarding plan in place and children on the looked after children's register were reviewed. When the medical records of newly registered patients were summarised by the practice, any possible safeguarding concerns were highlighted for review by a GP. Staff demonstrated they understood their responsibilities, however not all non-clinical staff had undertaken training on safeguarding children and vulnerable adults. GPs told us they were trained to the appropriate level to manage child protection or child safeguarding (level three). The nursing staff were trained to level two. We were told that certificates were kept on the computer and when we viewed these we found that not all the certificates were dated. Information on safeguarding was available for patients in the waiting room.
- Notices in the clinical, consultation and waiting rooms advised patients that chaperones were available if required. Clinical staff acted as chaperones and were trained for the role. However not all clinical staff had received a Disclosure and Barring Service (DBS) check, although there was a risk assessment in place for them to undertake their role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The carpet in the waiting area was

Requires improvement

Are services safe?

extensively water damaged due to a recent burst pipe. The practice manager advised that a suitable contractor had been identified and a date had been agreed for repairing the pipe and recarpeting the waiting room the chairs in the waiting room were also going to be replaced at this time. Cleaning of the practice was undertaken by an external cleaning company. Effective cleaning schedules were in place which detailed cleaning to be undertaken and the frequency for all areas of the practice. When cleaning had been undertaken this was recorded, but there were no documented audits of the cleaning. We saw that any shortfalls in the cleaning were reported to the cleaning company and effected. We saw evidence of staff cleaning checks by those staff employed by the practice.

- The practice nurse was the infection control clinical lead. They liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and the lead implemented new guidance within the practice. Staff had not all completed infection control e-learning, training deemed mandatory by the practice, however some staff had attended an infection control study day and the lead for infection control shared their learning with the staff team as appropriate. The practice had undertaken an 'Annual Healthcare Associated Infection Reduction Plan' in May 2016. We noted that some actions had been completed, for example, new body fluid spillage kits had been introduced to the practice. However scheduled reviews to update on the progress of the actions identified had not been documented. The practice had undertaken a number of audits on the sharps bins and we saw improvements had been made, for example in relation to recording assembly dates and appropriate labelling. A handwashing audit had also been completed. There were hand washing signs next to all sinks and alcohol hand gel was available for use. The practice used disposable curtains which were changed every six months. The practice had guidance in place for cleaning up body fluids. Body fluid spillage kits were available in the practice. However, non-clinical staff were expected to undertake this and the practice had no record of the hepatitis B immunity for non-clinical staff. Records were kept of the hepatitis B immunity status of clinical staff. There was a sharps' injury policy and procedure available. Clinical waste was stored and disposed of in line with guidance.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensing staff were appropriately qualified, received regular training and had their competency annually reviewed. The practice had standard operating procedures (SOPs) (these are written instructions about how to safely dispense medicines) for the production of prescriptions and dispensing of medicines, however, some had not recently been reviewed.
- Patients could order their repeat prescriptions online, in person, by fax, post or by email. Patients who were housebound were provided with a medication delivery service. Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients. The practice involved patients in regular reviews of their medicines and dispensary staff undertook medicine use reviews with patients. The practice ran weekly searches for prescriptions which were past their review date and gave these to the GPs to review so they could be proactive in resolving any issues that could arise. A community pharmacist visited the practice every week to support with the review of patients prescribed a number of medicines. The practice had oversight for the management of high risk medicines such as lithium, warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. This ensured these medicines were dispensed only following appropriate monitoring tests. We looked at two high risk medicines and found that patients were monitored and blood results checked prior to issuing repeat prescriptions.
- A bar code scanner was in use to check the dispensing process however dispensary staff described a process for ensuring second checks by another staff member or doctor when dispensing certain medicines for example controlled drugs. The dispensary staff were able to offer weekly blister packs for patients who needed this type of support to take their medicines and we saw that the process for packing and checking these was robust. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible. The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them

Requires improvement

Are services safe?

safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. The CD register was in depth and included for example details of batch numbers of medicines. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

- Records showed room temperatures and medicine refrigerator temperature checks were carried out which ensured medicines and vaccines requiring refrigeration were stored at appropriate temperatures. Staff were aware of the procedure to follow in the event of a refrigerator failure. Processes were in place to check that medicines stored within the dispensary area and emergency medicines were within their expiry date and suitable for use. Dispensary staff kept a record of medicines in GP bags and when they were due to expire. They replaced these when necessary. The practice sent an updated SOP following the inspection which detailed that GP bags would be checked monthly. We checked one GP bag and found that all medicines were within their expiry date. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. The practice had an in depth process and clear audit trail for recording the serial numbers of blank prescription forms and which clinician had used them.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. Since 2014 the practice obtained Disclosure and Barring Service (DBS) checks for all newly appointed staff. Risk assessments had been undertaken for staff who did not have a current DBS check which included nursing staff and the delivery driver. The practice had decided to undertake DBS checks for all staff and were in the process of completing this. We saw evidence that DBS checks had been completed for five of the six staff whose files we reviewed. However, not all nursing staff and the delivery driver had received a DBS check.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice completed a fire risk assessment, dated September 2016. Regular checks of the fire alarms and fire extinguishers were completed and fire drills were held. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, health and safety and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an emergency button on the computer system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and we saw certificates to confirm this.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator, oxygen and masks available on the premises. A first aid kit and accident book were also available.
- 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 and copies were kept off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Each GP had a turn and reviewed any change in NICE guidance and presented it to the team. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had recently reviewed the NICE guidance for people with multiple morbidities, published in September 2016 and had combined appointments for patients with multiple morbidities. There was no monitoring to ensure that these guidelines were followed through, once initial changes were effected.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice scored 96% of the total number of points available. This was 2% below the CCG average and 1% above the national average. The overall exception reporting rate was 10% which was comparable to the CCG and national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators in 2015/2016 was 100% this was 4% above the CCG average and 10% above the national average. The prevalence of diabetes was 7% which was comparable to the CCG and national average. The exception reporting rate was 14%, which was above the CCG (12%) and national (11%) exception reporting rates.
- Performance for hypertension related indicators was 100% which was comparable to the CCG average and national average. The prevalence of hypertension in the patient population was 20%, which is higher than the CCG average of 15% and the national average of 14%. The exception reporting rate was 2%, which was lower than the CCG and national rates of 4%.
- Performance for mental health related indicators was 75%. This was 18% below the CCG and national average. The prevalence of mental health was 1% and was comparable to the CGC and national average. The exception reporting rate was 10% which was lower than the CCG average of 12% and national average of 11%. The most recent data from the practice showed that performance for mental health indicators had significantly improved, for example 91% of patients experiencing poor mental health had a comprehensive care plan.
- Performance for dementia related indicators was 100% which was 1% above the CCG average and 3% above the national average. The prevalence of dementia was 1% which was comparable to the CCG and national average.The exception reporting rate was 13% which was lower than the CCG and national average of 8%.

There was evidence of quality improvement including clinical audit.The practice had completed a number of clinical audits. We reviewed two of these.

- Both of the clinical audits we reviewed were completed audits where the improvements made were implemented and monitored. One of these related to advice for patients taking warfarin who were then prescribed antibiotics to have a specific blood test after three days. This occurred for 52% of patients in the first audit and for 73% of patients in the repeated audit. The second audit related to the implementation of NICE guidance for patients with Type 1 diabetes being prescribed a statin. Although there was no increase in the prescribing of a statin in the second audit cycle, the same patients had been fully informed of the risks and benefits and the results reflected the patients' preference.

Four of the GPs at the practice undertook minor surgery, however, there was no documented audit process in place to record pathology results and actions, or complication and infection rates. We checked that patients who had had histology sent in the previous two months and found that they had all been actioned.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff including GP locums. This covered such topics as health and safety, safeguarding, infection control, fire safety, and confidentiality. The induction included the values, aims and objectives of the practice.
- E-learning training deemed mandatory by the practice was available and included for example, moving and handling, safeguarding, infection control and fire safety awareness. However the majority of staff had not completed this. Information on these areas was shared at staff meeting by the leads in those areas. The practice were aware of the need to ensure staff completed the e-learning.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical meetings. We spoke with one nurse who undertook cervical screening. They advised us that they audited their own performance in order to ensure their technique was appropriate.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We reviewed six staff files and saw that appraisals and a personal development plan were in place for staff as appropriate. A probationary review had been undertaken for a new member of staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Fortnightly multi disciplinary meetings took place to discuss, review and plan ongoing care and support for older patients, including those who were vulnerable. These were attended by a Consultant Geriatrician, Community Matron, Social Worker, Physiotherapist, GP and healthcare assistant. Patients with palliative care needs were reviewed at monthly multidisciplinary meetings. The practice also held monthly meetings where children with safeguarding needs were discussed and reviewed. The mental health link worker also attended multidisciplinary meetings as required.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The practice had a consent protocol, however there was limited information in this regarding The Mental Capacity Act. The practice were in the process of arranging training for clinical staff in this area. Staff we spoke with in care homes confirmed that the GPs involved family appropriately in care decisions. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. Patients were able to self refer to the Suffolk Wellbeing service and information was available on how they could do this. The health care assistant undertook falls assessments and memory assessments for patients who may be experiencing early signs of dementia.

The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 79%, which was above the

Good

Are services effective?

(for example, treatment is effective)

CCG average of 76% and national average of 74%. The exception rate was 2% which is lower than the CCG average of 5% and the national average of 7%. The practice demonstrated how they encouraged uptake of the screening programme. The practice sent reminders letters for patients who did not attend for their cervical screening test and discussed this with patients when they attended the practice for another need. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients aged 60-69 screened for bowel cancer in the last 30 months was 65% with a CCG average of 62% and an England average of 58%. Females aged 50-70 screened for breast cancer in the last 36 months was 80% with a CCG average of 78% and an England average of 72%.

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 73% to 99%. This was comparable to the CCG range of 67% to 96% and national range of 73% to 95%. Immunisation rates for the vaccinations given to five year olds ranged from 65% to 95% which was comparable to the CCG range of 71% to 96% and national range of 83% to 95%. Missed appointments were followed up by a phone call to encourage rebooking.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74, both of which were undertaken by a health care assistant. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception was in the waiting area and conversations at the reception desk had the potential to be overheard. However, during the inspection we did not overhear any confidential or sensitive information being shared at reception. Notices were on display asking patients to respect confidentiality, although there were no notices advising patients that they could ask to speak in a more private area of the practice.
- The majority of patients told us they were very satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed the practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CGG) average 91% and national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients and their representatives 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 national GP patient survey showed results were in line with and above the local and national averages for how patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

The practice provided facilities to help patients to 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. Patients with translation needs were identified on the practice computer system so their needs could be planned for.
- A chaperone service was offered to patients and clearly advertised on the practice's website, in the waiting area and in the clinical and consultation rooms.

Good

Are services caring?

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. The practice had recognised that the number of patients who were registered as carers was low, particularly in relation to the practice demographic. They had identified 105 patients as carers (1% of the practice list). Suffolk Family Carers held a monthly surgery to support carers. There was a notice board in the waiting room which provided advice, information and support to a range of carers and included young carers.

Staff told us that if families had suffered bereavement, their usual GP contacted the family or carers to offer their condolences and to see if any further support was needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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 offered extended hours appointments on Mondays between 6.30pm and 7pm and on Fridays between 7am to 8am for those patients who could not attend during normal opening hours. Telephone appointments were available for patients if required.
- The practice had 21 patients on the learning disabilities register. 17 patients had received a care review in the previous year. The practice contacted the learning disability nurse for patients who declined to attend. The practice offered longer appointments for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities which included parking, a hearing loop and translation services available.
- A phlebotomist (someone trained to take blood from patients) visited the practice weekly to take blood from patients who were unable to get to the local hospitals to reduce the need for patients to travel.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever Vaccination Centre.

Access to the service

The practice was open from 8am to 6.30pm on Monday to Friday, with appointments available from 8.30am to 11am and from 3pm to 5.30pm. Lavenham surgery was open Monday to Friday from 8am to 1pm and from 2pm to 6.30pm, with appointments available from 8.30am to 11am and 3pm to 5.30pm. Extended hours appointments were available at Long Melford from 6.30pm to 7pm on Mondays and from 7am to 8am on Fridays. Patients were able to book evening and weekend appointments with a GP through Suffolk GP+. Telephone appointments were also available.

Appointments could be booked in person, by telephone or online. Pre-bookable appointments could be booked up to four weeks in advance with a nurse and three weeks with a GP. Urgent appointments were available for people that needed them, by telephone consultation or an appointment with the nurse practitioner. The practice offered online prescription ordering and access to the patient's own medical record.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with or higher when compared to local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

We received 21 comments cards and feedback on two of these related to difficulty in getting an appointment. We spoke with five patients during our inspection, two of whom said they could get an appointment easily. The practice assured us that all patients who say they have an urgent need to see a GP were assessed and given an appointment the same day if clinically necessary.

The practice had a system in place to assess whether a home visit was clinically necessary. However the process to assess the urgency of the need for medical attention was not always undertaken by a clinician and there was no written guidance in place for non-clinical staff to follow.

Listening and learning from concerns and complaints

The practice had an effective 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. We noted the complaints policy had not been updated since 2013, however the patient information leaflet for comments, compliments and complaints had been updated in September 2016. There was a designated person responsible who handled all complaints in the practice. Information was available to help patients understand the complaints system on the practice's website, in the waiting room and in the practices 'comments, compliments and complaints leaflet' which was available on the reception desk.

The practice had recorded 9 complaints, both written and verbal since March 2016. These were logged onto a

Good

Are services responsive to people's needs?

(for example, to feedback?)

spreadsheet, with learning identified. We looked at documentation relating to two complaints received in 2016 and found that they had been investigated and responded to in a timely and empathetic manner. Complaints were discussed at the monthly business meetings and at other practice meetings depending on the issues raised in the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear aim 'To improve the health, well-being and lives of those we care for'. The vision for the practice was 'To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations'. This was displayed on the practice website and in the waiting areas. Staff we spoke with knew and understood the vision and demonstrated these values during the inspection.

The practice had a strategy plan for 2016. The practice had identified potential and actual changes to practice, and made in depth consideration to how they would be managed. For example, the practice had recently appointed two new GP partners in response to the identified need for succession planning of retiring partners. We saw the action plan from the GPs away day in 2016, which had been reviewed in September 2016 and December 2016. Actions had been identified and updated, with a number of actions being completed. The GPs were planning an away day for 2017.

Governance arrangements

The practice did not have an effective overarching governance framework.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Practice specific policies were written and implemented, although not all staff were able to easily locate these on the computer. The process for the review and ratification of policies needed to be strengthened. For example, the safeguarding children policy did not have an approval date. The complaints procedure was last reviewed March 2013, although the patient information leaflet for complaints had been updated in September 2016. Some of the dispensary SOPs had not been reviewed annually and staff had not signed up to and dated when they had been read.
- Clinical audits were used to monitor quality and to make improvements. However internal audits for example for minor surgery outcomes, including results, actions, complication and infection rates and for ensuring NICE guidance and MHRA alerts were implemented in the practice, were not proactively undertaken to provide assurance.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions need to be strengthened. For example, scheduled reviews of the 'Annual Healthcare Associated Infection Reduction Plan' to update on the progress of the actions identified had not been documented. The status of completion or progress of staff elearning training deemed mandatory by the practice was not known. The training certificates for safeguarding training were not all dated or named. The practice had undertaken Disclosure and Barring Service (DBS) risk assessments for nursing staff in 2015. They were in the process of obtaining DBS checks for all staff, however not all nursing staff had received a DBS check.

On the day of inspection the partners and management staff in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management staff were approachable, supportive 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). The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

The practice encouraged and valued feedback from patients, the public and staff. They had tried to establish an effective Patient Participation Group, having advertised in a newsletter and on the practice website, but had found it difficult to recruit patients to the group. The practice had conducted a patient survey of the dispensary, which was reported on in December 2016. This showed high levels of patient satisfaction with the dispensing service and actions

Are services well-led?

Requires improvement

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

were taken with respect to feedback received. For example written information advising patients why verbal requests were not suitable for requesting repeat prescriptions. We saw positive examples of feedback being acted upon, for example with lengthening the time that the automatic doors stayed open to ensure patients with mobility needs were able to access the practice easily. The practice engaged with the Friends and Family Test. The most recent data which was published in September 2016, showed that from 16 responses, 56% of patients would recommend the practice.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. There was a 'shout out' positive feedback board which was introduced following staff feedback. Staff were able to complement or thank each other publicly and positive feedback from patients was also displayed there. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

Continuous improvement

There was a focus on improvement within the practice. The practice team were keen to improve outcomes for patients in the area. The practice had recently been accredited to take part in NHS supported research studies and they also trained doctors who were learning to become GPs.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment** The hepatitis B status of non clinical staff was not known and as non-clinical staff were responsible for cleaning spilt body fluids, this constituted a potential risk to both staff and patients.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014 Good governance** Ensure there is an effective governance process in place to assure the practice that risks to patients and staff are identified, acted upon, monitored and reviewed. This includes all nursing staff and the delivery driver having a Disclosure and Barring Service check, auditing minor surgery results and actions, and complications and infection rates.