

# Civic Medical Centre

## Quality Report

18 -20 Bethcar Road  
Harrow. HA1 1SE  
Tel: 02084279445  
Website: [www.civicmedicalcentre.com](http://www.civicmedicalcentre.com)

Date of inspection visit: 5 September 2017  
Date of publication: 07/12/2017

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?

Requires improvement



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Civic Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Civic Medical Centre on 19 January 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Civic Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 5 September 2017. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- The practice had addressed the matters that led to breaches in regulations at our last inspection, with the exception of addressing infection prevention and control risks.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Feedback about patient experiences, from national GP patient survey, suggested the practice performance had improved from the previous year in many areas
- Information about services and how to complain was available and easy to understand.

However, there were also areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.

# Summary of findings

- Explore ways of improving the accessibility of the practice premises

In addition the provider should:

- Ensure they complete the remedial actions identified in their most recent infection prevention and control audit
- Continue to explore ways to improve the identification of a greater proportion of patients with caring responsibilities so they can provide and signpost them to appropriate support

- Explore ways of improving access to appointments

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by the service.

**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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety, with the exception of those in respect of infection prevention and control and medicines management.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were in line with the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of supervision, appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey, which had improved from the previous year, showed patients rated the practice in line with local and national averages for several aspects of care.

Good



# Summary of findings

- Patient feedback we received indicated that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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

- The practice understood its population profile and had used this understanding to meet the needs of its population. They recognised that diabetes and hypertension were particularly prevalent among their practice population, and provided targeted support through clinical reviews and on-going monitoring of these patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Urgent appointments were available on the same day.
- Information about how to complain was available and evidence from two examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- The practice premises and facilities was not conveniently accessible to wheelchair users
- The practice was rated lower than lower than local and national averages for how conveniently patients could access care and treatments.
- Patients we spoke with said they were able to make an appointment when they needed, although a few comments cards we received provided mixed feedback which largely related to difficulty getting a convenient appointment or getting through to the practice by phone.

**Requires improvement**



## Are services well-led?

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

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

**Good**



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour, and we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for being safe and for being responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Regular medication reviews and care plans are completed for the patients belonging to this group
- The practice was responsive to the needs of older patients, and offered home visits, arranged domiciliary phlebotomy as required
- The practice nurse visited housebound patients to administer flu and pneumonia vaccinations in the winter season
- Urgent appointments were available for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice attended multi – disciplinary group meetings where care discussions are discussed.

**Requires improvement**



### People with long term conditions

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

- The practice maintained clinical registers of their patients with long term conditions including diabetes, chronic obstructive pulmonary disease (COPD), asthma, heart problems, thyroid

**Requires improvement**



# Summary of findings

disorders, hypertension, cancer, arthritis and stroke. All patients within these groups were routinely invited to the practice for appropriate consultations, including treatment by intervention or education.

- They had set up a dedicated diabetes clinic to support patients with this condition, as it had been identified as the most prevalent long term condition among patients in their practice population
- The practice performance against Quality and Outcomes framework (QOF) clinical targets was in line with national averages.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice worked with midwives and health visitors to support this population group; for example, in the provision of ante-natal, post-natal and child health surveillance clinics.

**Requires improvement**





# Summary of findings

- Immunisation rates were in line with national targets for all four standard childhood immunisations.
- Baby changing facilities were available in the practice premises
- The staff told us they could provide a room for patients needing to breastfeed in private
- All staff had received training in safeguarding children and adults from abuse, and knew how to recognise and escalate any safeguarding concerns
- Clinical staff had received awareness training in female genital mutilation (FGM), and understood how to treat and support these patients or patients at risk, and report any concerns or cases to relevant authorities
- The practice proactively sought to identify patients with caring responsibilities, and new patients were asked about this as part of their registration process. Carers were referred to local support organisations

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

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, and extended opening hours.
- 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.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for being safe and for being responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, people affected by drug / alcohol abuse, domestic violence, sexual exploitation, carers and those with a learning disability.

**Requires improvement**



# Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for being safe and for being responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The latest GP patient survey results were published in July 2017. Of the 335 survey forms distributed, 103 were returned. This represented 2.4% of the practice's patient list. The results showed the practice results were in line with or better than local and national averages. For GP and nurse consultations, waiting times and opening times, respondents rated the practice more favourably in some of these areas than the previous year.

However although improved from the previous year, the practice results were still lower than the local and national averages for questions relating to making an appointment, reception staff and overall experience. For example:

- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%. This is an improvement from the previous year's survey results, when only 60% of respondents described the overall experience of this GP practice as good.
- 53% of patients said they would recommend this GP practice to someone who has just moved to the local

area compared to the national average of 77%. This is also an improvement from the previous year's survey results, when only 47% of respondents would recommend the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 completed comment cards which were mostly positive about the standard of care received. Particular themes in the responses were that the lead GP was caring and had always provided a good standard of care, and that their overall experiences had improved in recent months, particularly the reception staff being helpful and there being reduced waiting times to be seen. A few comments cards provided mixed feedback which largely related to difficulty getting a convenient appointment or getting through to the practice by phone.

We spoke with 10 patients during the inspection. Most of them told us they were usually able to get an appointment, including urgent ones when they needed one, felt they got enough time during consultations, and felt the staff treated them with compassion and respect. These aligned with the feedback we received from the national GP patient survey and our completed CQC comments cards.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Explore ways of improving the accessibility of the practice premises

### Action the service **SHOULD** take to improve

- Ensure they complete the remedial actions identified in their most recent infection prevention and control audit

- Continue to explore ways to improve the identification of a greater proportion of patients with caring responsibilities so they can provide and signpost them to appropriate support
- Explore ways of improving access to appointments

# Civic Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team also included an expert by experience and a GP specialist adviser.

## Background to Civic Medical Centre

Civic Medical Centre is part of Harrow CCG and serves approximately 4320 patients. The practice is registered with the CQC for the following regulated activities: Diagnostic and Screening Procedures; Treatment Of Disease, Disorder or Injury; Surgical Procedures; Family Planning; and Maternity and Midwifery Services.

The working age and infant population is significantly higher than the national average and there is a comparable number of elderly patients. The practice is located in an area ranked in the mid-range on the index of multiple deprivation. The practice is ethnically diverse, with a number of patients from Somali, Gujarati, Eastern European, Afghani, Syrian, Iranian and Iraqi backgrounds.

The practice is a single handed GP practice run by a male GP. The practice is supported by three salaried GPs, two female and one male; and there are two female nurses. The practice is a teaching practice supporting 3rd and 5th year medical students. At the time of our inspection, the practice did not have any students in placement. The practice offers 13 clinical GP sessions per week. The practice had recently appointed a practice manager, due to start on 11 September 2017, but they attended the inspection to support the practice. in the interim the practice had employed a former practice manager to the

practice to work on a part time consultancy basis to support the lead GP in fulfilling the practice management responsibilities. The practice also had a team of three female reception and administrative staff.

The practice is open between 8 am and 6 pm Monday to Friday with the exception of Thursday when the surgery closes at 1.00 pm. The practice offers extended hours on between 7 am and 8 am on Tuesday and Wednesday and between 7 am and 7.45 am on Thursday. The practice's appointments are split evenly between pre bookable and emergency appointments. Appointments can be booked up to eight weeks in advance.

Civic Medical Centre operates from 18-20 Bethcar Road, Harrow, Harrow HA1 1SE which is a converted residential property owned by the lead GP. The service is partially accessible for patients with mobility difficulties and those with pushchairs.

Practice patients are directed to contact the local out of hours service when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: meningitis provision, childhood vaccination and immunisation scheme, extended hours access

facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, rotavirus and shingles immunisation and unplanned admissions.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Civic Medical Centre on 19 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued three requirement notices for breaches against regulations 12 (Safe care and treatment), 17 (Good governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this announced comprehensive inspection of Civic Medical Centre on 5 September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the local clinical commissioning group to share what they knew. We carried out an announced visit on 5 September 2017. During our visit we:

- Spoke with a range of staff (GPs, nursing and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 19 January 2017, we rated the practice as inadequate for providing safe services as they did not have suitable arrangements for responding to medical emergencies, risks were not properly managed in relation to infection prevention and control (IPC) and legionella.

The provider had made some improvements when we undertook a follow up inspection on 5 September 2017. The practice is now rated as requires improvement for providing safe services as further improvements are required in the risk management arrangements.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager and lead GP 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident raised due to their electrocardiogram (ECG) machine not working, the practice developed a protocol for referring patients who needed ECG monitoring to the hospital and this was communicated with staff and discussed at a staff meeting. The practice was also making arrangements for the machine to be repaired.

- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. However improvements are needed in relation to infection prevention and control and medicines management

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Notices in the practice's two waiting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene in most areas, and that these parts of the premises were clean and tidy.

- There were cleaning schedules and monitoring systems in place.
- The lead GP and the practice nurse were the IPC clinical leads.
- The practice had had an IPC audit completed in May 2017
- Staff had received up to date training.

However some areas, which had also been identified at our previous inspection, remained infection prevention and control concerns when we carried out the inspection:

- The seating in the waiting areas were made of permeable fabric and there were no arrangements in

## Are services safe?

place to have these professionally cleaned. Following our inspection, the provider made arrangements to have all fabric seating removed from their two waiting rooms and replaced with new vinyl chairs.

- Some areas, upstairs consulting rooms, upstairs hall way and stairs, of the practice had carpeted flooring, making them difficult to keep clean particularly from spills. The provider informed us that they had a total of six clinical rooms available for their use on the ground floor following extensions works they had completed. We saw at inspection that these new rooms had washable and wipe able floors.
- The above had been highlighted in their most recent IPC audit.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal), but some improvements were needed.

- There were processes for handling repeat prescriptions. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The system for monitoring prescriptions that had not been collected needed improvement. We found ten prescriptions issued over two months ago that had not been collected. None of these posed immediate risks, but this was not good practice. Following our inspection, the provider sent us an updated protocol for dealing with uncollected prescriptions which highlighted that these would be checked on a monthly basis.
- Blank prescription forms and pads were securely stored. However they were not logged, to ensure staff knew if any went missing. Following our inspection, the provider sent us an updated protocol for managing blank prescription forms and pads.
- We found some areas of improvement needed in the management of high risk medicines. We reviewed a sample of the patient notes of patients prescribed lithium, methotrexate, azathioprine and warfarin. We found that a few of these patients had been prescribed a high risk medicine without a recent test result being

available in their records. We reviewed the records of their six patients prescribed lithium, and found for one patient they had gaps in their documented records of their blood tests, one gap being of 8 months. We looked at the records of four of their nine patients prescribed methotrexate and found there were some gaps in the blood tests of these patients. We looked at two of the five patient records for patients prescribed azathioprine, and also found gaps in the record of one of these patients. The lead GP explained that this information was not always on the records as they had a shared care arrangement with the local hospitals for the care of these patients and some aspects of their care was monitored and recorded within the hospital records. However they maintained communication with the hospital to ensure they had all the relevant information about the care received. The lead GP told us they had audited the records after our findings and will ensure the test results information is kept up to date in future, and that our findings had also raised their awareness about the need to ensure they had seen or had confirmation of the most up to date blood test results as part of the patient treatment.

- We saw records indicating the medicines fridge temperatures was monitored and recorded, and that the temperature was maintained within a range suitable for the storage of vaccines.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.



## Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing effective services as there were gaps in staff training and the GPs had not completed appraisals at the practice.

These arrangements had improved when we undertook a follow up inspection on 5 September 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### 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 were 100% of the total number of points available. The overall exception reporting rate was 12.5% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) this compared with 8.5% in the CCG and 9.8% nationally.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Overall performance for diabetes related indicators was similar to the national average. For example the percentage of diabetic patients who had well controlled blood sugar was 83% compared with the CCG average of 79% and the national average of 78%. The exception

reporting rate was 17% compared with 9% in the CCG and 13% nationally. The percentage of patients with well controlled blood pressure was 93% which was higher than the local average of 76% and the national average of 78%. The rate of exception reporting 9% compared with 8% in the CCG and 9% nationally.

- Performance for mental health related indicators was higher than the national average. For example, the percentage of patients with serious mental health conditions who had an agreed care plan in place was 98% compared with 91% in the CCG and 89% nationally. The exception reporting rate was 4% compared with 8% in the CCG and 13% nationally. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 89% which was comparable to 87% in the CCG and 84% nationally. The rate of exception reporting was 2% compared with the CCG average of 5% and the national average of 7%.

The practice had a higher rate of exception reporting in a number of areas. For example:

- Although the practice scored higher than local and national averages for treatment of patients with atrial fibrillation (94% compared with 80% in the CCG and 87% nationally), exception reporting for this domain was significantly higher than local and national averages; 38% compared with 14% in the CCG and 10% nationally.
- The percentage of patients with chronic obstructive pulmonary disease who were assessed in accordance with QOF criteria was 95% compared with 91% in the CCG and 89% nationally. However, exception reporting for this domain was 32% compared with 8% in the CCG and 13% nationally

The practice also had higher rates of exception reporting for:

- Peripheral arterial disease which was 25% compared with 8% in the CCG and 6% nationally.
- Osteoporosis was 33% compared to 15% in the CCG and 15% nationally.
- Cardiovascular disease - primary prevention was 50% compared with 32% in the CCG and 31% nationally.

# Are services effective?

## (for example, treatment is effective)

At our last inspection, the practice told us that the exception reporting rates were higher as a result of the 100 patients that they provided care to who resided in three care homes. Since that inspection, the provider has ended their contract of providing this service, which has gone to another provider. Their contract the GP provision to the care homes ended at the end of March 2017.

At our last inspection, we reviewed 27 patient records during our inspection, a proportion of which included those patients who had been exception reported with the long term conditions above.

We found that those patients reviewed were exception reported appropriately and that the number of patients with osteoporosis was so low that those exception reported had a disproportionate impact on exception reporting figure.

The practice provided us with the summaries of three clinical audits carried out in recent years. Two were completed audits that showed improvements being made and implemented. For example they completed an audit on the use of new anticoagulants in patients over the age of 65 with atrial and paroxysmal atrial fibrillation. The initial cycle in 2016 checked that they had all been reviewed in recent months, their risk factors for other conditions assessed and whether they were receiving treatment in line with current guidance. Of the ten patients identified, five needed to be reassessed with four having their treatment regime changed to be in line with current best practice. when the audit was repeated in 2017 they found they had 16 patients that met the audit criteria and all were being appropriately treated and monitored

The practice participated in peer review at monthly locality meetings.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 and administering travel vaccinations.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice and nurse forum meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The nursing and non-clinical staff had received an appraisal within the last 12 months. At our last inspection, we found that there was no system for appraising GPs who worked at the practice. We saw evidence of GPs' participation in the revalidation programme to support their registration to practise.
- < > staff had completed basic life support training within the last 12 months. However, at our last inspection we found that a number of staff had not completed other training the provider had identified was relevant to their roles. These included safeguarding, fire safety awareness and information governance training. At this inspection, we found that the staff team, clinical and non-clinical had completed training relevant to their roles.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had a system to comprehensively record and confirm that urgent referrals had been appropriately made.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range

# Are services effective?

## (for example, treatment is effective)

and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with different health care professionals, including district nurse and the health visitor team, on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice conducted minor surgery including joint injections and minor excisions. The practice recorded consent to these procedures in the patient's notes.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available both within the practice and from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG

average of 77% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Those aged between 60 and 69, screened for bowel cancer within 6 months of invitation was 42% compared with 51% locally and 58% nationally. The practice told us that they were aware of the low figures and we saw evidence to show that this had been discussed at a practice meeting. The practice planned to undertake training which would help them improve uptake. The minutes of the meeting indicated that staff were having technical difficulties which prevented them from accessing this training.

The number of women aged between 50 and 70 who had been screened for breast cancer within 6 months of invitation was 50% compared with 72% locally and 73% nationally. The practice told us that they were not aware that they were a comparatively low performer in this area. There was evidence of quality improvement including clinical audit.

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 84% to 97% and five year olds from 90% to 97%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing caring services as the practice was rated poorly in several aspects of care in the national GP patient survey.

When we undertook a follow up inspection on 5 September 2017, we found the latest GP patient survey results indicated the practice was rated more favourably in all areas than the previous year. The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The 43 patient Care Quality Commission comment cards we received were mostly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's survey results had improved from the previous year, and in some areas were now similar to the local area and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said they had confidence and trust in the last GP they saw which was the same as the local area and national averages.
- 76% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 82% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 87% and to the national average of 91%.

However the survey results also showed patients rated the practice lower than the local area and national averages for some aspects of care:

- 74% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 68% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The scoring of reception staff was in contrast with the feedback we received from patients who completed comments cards to us, where there was a theme of patients commenting that the reception team had improved in recent months.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

## Are services caring?

decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

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

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- The NHS eReferral service was used with patients as appropriate. (This is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (0.74% of the practice list). The practice had increased the number of patients identified carers since our last inspection when 27 patients were identified), however the number identified were still lower than expected for the practice patient list and demographics. We saw that patients were asked if they had caring responsibilities as part of the registration process to join the practice. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing responsive services as the national GP patient survey scores rated the practice lower than local and national averages for access to appointments and information about how to complain was not easily available.

These arrangements had improved when we undertook a follow up inspection on 5 September 2017. The practice is still rated as requires improvement for providing responsive services because we found physical access to and within the premises needed improvement, and the practice was rated lower than local and national averages for how conveniently patients could access care and treatment.

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offers extended hours on between 7 am and 8 am on Tuesday and Wednesday and between 7 am and 7.45 am on Thursday.
- There were longer appointments available 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- There were interpretation services available.
- We found the doorbell at the entrance to the premises was located at a height that would not be accessible to someone in a wheelchair. The provider told us they found the bell to be at a reasonable height to avoid children playing with it and causing disruptions to

patients and staff during consultation hours. They told us that as the surgery door was kept open during the advertised core hours the use of the bell was not required during those times.

- We found the patient toilet facilities were not accessible to electric wheelchair users, or wheelchair users patients who needed to transfer to and from the toilet without standing up.
- There was a lip in the bottom of the entrance doorframe could make it difficult for wheelchair users to enter the premises. The provider sent us evidence that they had addressed this after our inspection, by removing the raised lip of the door frame and levelling the outside floor to the inside of surgery floor allowing smooth access for wheelchair bound patients.
- Although accessible, the corridors in the premises were narrow for wheelchair users, and the corridor linking the two main parts of the building had a steep gradient, which would take some effort to travel up in a wheelchair
- We brought these areas that needed accessibility improvements to the attention of the management team, and they informed us they would look into ways of addressing these. The provider told us they planned to move to purpose built premises in the future with other providers.

### Access to the service

The practice is open between 8 am and 6 pm Monday to Friday with the exception of Thursday when the surgery closes at 1.00 pm. The practice offers extended hours on between 7 am and 8 am on Tuesday and Wednesday and between 7 am and 7.45 am on Thursday. The practice's appointments are split evenly between pre bookable and emergency appointments. Appointments can be booked up to eight weeks in advance.

Results from the national GP patient survey showed that patients' satisfaction with how conveniently they could access care and treatment was lower than local and national averages.

- 49% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 71%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 67% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 65% of patients said their last appointment was convenient compared with the CCG average of 73% and the national average of 81%.
- 48% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 51% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 44% and the national average of 58%.

However the result indicated patients were satisfied with the practice opening hours:

- 70% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although a few comments cards we received provided mixed feedback which largely related to difficulty getting a convenient appointment or getting through to the practice by phone.

The practice had carried out an audit that showed that for their patient list size), the ratio of patients to number of clinical appointments was acceptable. In addition, the lead GP had also introduced telephone consultations. The daily telephone consultations were provided between 8am and 9 am and on average 20 calls were handled each day.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by the GP telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system 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.
- We saw that information was available to help patients understand the complaints system. There were posters displayed in the waiting areas about how to make complaints and complaints leaflets were available in English and other languages native to patients in the practice – Polish, Somali and Gujarati.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, in response to feedback about appointment availability for working people the practice introduced a system of telephone consultation where GPs would hold consultations over the telephone for the first hour of the day and an additional hour in the afternoon during periods of peak demand.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 19 January 2017, we rated the practice as inadequate for being well led because they had poor risk management arrangements and minimal quality improvement work in place, they had not taken any action in response to the poor scores in the national GP patient survey, and there was a lack of awareness in key areas including in respect of significant event management and the practice's business continuity arrangements.

These arrangements had improved when we undertook a follow up inspection on 5 September 2017. The practice is now rated as good for being well led.

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values. However this was not displayed in the waiting areas. We raised this with the provider who agreed to put this information on display.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Since the last inspection of this practice they had worked with and received support from a number of organisations and professional partners to improve their performance.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example the lead GP was safeguarding lead, and the lead GP and practice nurse were the leads for infection prevention and control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example we saw that significant events were investigated and learning from these were discussed at staff meetings
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

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

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

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

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



# Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- The practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and they were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG). The PPG met regularly and submitted proposals for

improvements to the practice management team. For example, in response to requests from patients to have better parking facilities at the practice the PPG contacted the council who have introduced parking meters to free up more space in the surrounding area.

- complaints and compliments received
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice management team supported staff development in areas relevant to their roles and the practice's work. For example a member of the reception team had been supported to attend courses for healthcare assistant training, phlebotomy and immunisations. In June 2017, the reception team had attended the CCG funded and delivered course in receptionists' development. The course covered topics including medical terminology, hospital departments and common abbreviations and acronyms.

## 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

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

##### How the regulation was not being met:

Care and treatment was not provided in a safe way for service users, as the registered provider did not assess and mitigate the risks to the health and safety of service users of receiving the care or treatment; specifically in respect of risks associated with infection control and the management of medicines.

This is in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

##### How the regulation was not being met:

The premises used by the service provider were not suitable for the purpose for which they are being used. This was because the practice premises and facilities were not conveniently accessible to wheelchair users.

This is in breach of regulation 15(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.