

# Oakhill Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakhill Medical Practice on 2 August 2016. Overall the practice is rated as requires improvement.

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

- The practice had a vision to deliver high quality care and promote positive outcomes for patients. However, we found there were limited records to support that the practice vision and strategy was regularly reviewed.
- Formal governance meetings were not always undertaken as planned although the leadership team told us informal discussions took place regularly.
- Some risks to patients were assessed and managed but in other cases the actions needed to mitigate risk

were not effective. For example, those relating to disclosure and barring checks, patient group directions, the processing of patient information including letters and test results.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Clinical audits were carried out and used to drive improvements to patient outcomes.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to deliver effective and responsive care for patients with complex health needs and / or living in vulnerable circumstances.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Although most patients we spoke with said they found it easy to make an appointment with a GP

# Summary of findings

others told us that access to appointments could sometimes be difficult and this was reflected in the national GP patient survey results and complaints received by the practice.

- We found the practice was in liaison with the telephone system provider to secure improvements and following our inspection a new telephone system was installed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 and this included installation of a new telephone system.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and the virtual patient participation group which it acted on.

The areas where the provider must make improvements are:

Ensure effective systems are established and operate effectively in respect of:

- Maintaining up to date records relating to staff and the management of the regulated activities to ensure good governance and to protect patients against identifiable risks.
- Processing patient information (test results) timely and ensuring any identified risks are mitigated where practicable.

The areas where the provider should make improvements are:

- Ensure monitoring of prescription stationery; maintaining the serial numbers of pre-printed prescription form stock stored and prescription pads distributed within the practice.

**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 and improvements must be made.

- The system for managing patient information was not always effective. For example, we found approximately 90 records reflected on the computer system as not being reviewed, filed or actioned by the clinician assigned the task. This included abnormal test results, letters and correspondence from other services dating back to January 2016. Following our inspection, the provider submitted evidence to demonstrate our inspection findings had been addressed.
- We found the practice nurse was administering medicines to patients based on out of date patient group directions (PGD). This was addressed immediately and following our inspection we received written copies of updated PGDs and verbal assurances from the practice nurse.
- Most of the appropriate recruitment checks had been undertaken prior to employment. The practice took immediate action to ensure the appropriate criminal record check and risk assessment for clinicians had been completed following our inspection.
- There was a system in place for reporting, recording and analysing significant events. Lessons learned were shared with staff to ensure appropriate action was taken to improve safety in the practice.
- Systems were in place to safeguard children and vulnerable adults; and staff we spoke to were aware of the action to take if they suspected abuse.
- Blank prescription stationery were securely stored although systems in place to monitor their use needed to be strengthened.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed patients needs and delivered care in line with current evidence based guidance.
- The 2015/16 data showed patient outcomes were mostly in line with or above local and national averages; with the exception of

**Good**



# Summary of findings

conditions such as diabetes. The practice had achieved 91.5% of the total points available on the quality outcomes framework (QOF) compared to the local average of 98.5% and the national average of 95.3%.

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They were supported with induction, training, supervision and appraisals; and we saw evidence of agreed personal development plans.
- Multi-disciplinary took place with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients were supported to live healthier lifestyle through patient education and signposting to other services.
- However, the test results for some patients were not always processed expeditiously as we found some documentation reflected on the clinical system as not having been reviewed or acted upon by staff.

## Are services caring?

The practice is rated as good for providing caring services.

- Feedback from patients was positive about their interactions with staff. They felt well cared for, supported and listened to.
- Patients told us they were treated with compassion, dignity and respect and involved in decisions about their care and treatment. This feedback aligned with our observations on the inspection day.
- One of the GPs was able to communicate using sign language and this ensured patients from the deaf community were fully involved in decisions about their care.
- The national GP patient survey results showed patients rated the practice in line with local and national averages for several aspects of care. For example:
  - 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 85% and
  - 92% of patients said they found the receptionists at the practice helpful compared to the local average of 89% and the national average of 87%.
- The practice had identified 1.5% of the practice population as carers. Systems were in place to ensure they were signposted to relevant support groups and agencies that could meet their individual needs.

**Good**



# Summary of findings

- The emotional needs of people with dementia and those with memory problems were seen as important as their physical needs. For example, as part of the Dronefield 2gether - twiddlemitt project, patients and staff were encouraged to knit mitts with 'twiddle bits' (buttons, ribbons, beads) sewn on them. The twiddlemitts were then given to relevant people to keep their hands warm and for sensory stimulation.

## Are services responsive to people's needs?

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 (CCG) to secure improvements to services where these were identified.
- The practice hosted a variety of services for the different population groups to enable them to access services locally. These included the memory assessment service managed by hospital staff, citizens' advice bureau and a counsellor.
- Most patients said they were able to obtain an appointment when needed, however telephone access was sometimes a challenge. This was reflected in the national patient survey.
- 97% of respondents said the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.
- 66% of patients said they could get through easily to the practice by phone which was below the CCG average of 77% and national average of 73%.
- However, the practice had a plan in place to ensure improvements and following our inspection a new telephone system was installed.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff, the patient participation group and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote positive outcomes for patients. However, we found limited records to demonstrate that the practice vision and strategy was regularly reviewed.
- Formal governance meetings were not always undertaken as planned although the practice manager and GP partners' leadership told us informal discussions took place regularly.

Requires improvement



# Summary of findings

- The arrangements for clinical governance did not always operate effectively and risks were not always dealt with appropriately or in a timely way. This included use of out of date patient group directives and patient information not always being processed in a timely way.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a wide range of relevant policies and procedures to govern activity and these were regularly reviewed and updated.
- The GP partners and practice manager encouraged a culture of openness and honesty; and staff were encouraged to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The virtual patient participation group (PPG) worked closely with the practice to evaluate the service and drive improvement. However, the PPG was not actively meeting with communication mostly via email.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as inadequate for safety, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The GP partners and practice staff had a good understanding of the needs of older people and prioritised their safety. This included risk assessing their living environment during home visits to identify hazards and taking action to mitigate risks within their home. Where safeguarding concerns were identified, liaison took place with other agencies to protect the patient from any harm or abuse.
- Patients at risk of hospital admission were discussed at fortnightly multi-disciplinary meetings hosted by the practice and their care plans were updated where appropriate.
- Same day appointments or home visits were available for patients with enhanced needs.
- Routine chronic disease reviews and health monitoring was undertaken at home for housebound patients or within the practice for those who were able to attend.
- The GPs undertook a fortnightly ward round in one local care home to provide continuity of care for the residents.
- All patients aged 75 and over were allocated a named GP and vaccinations were offered in line with national guidance.
- Nationally reported data showed that outcomes for conditions commonly found in older people were above local and national averages except for osteoporosis.

Requires improvement



### People with long term conditions

The provider was rated as inadequate for safety, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nationally reported data showed patient outcomes for most long term conditions were in line with or above local and national averages.

Requires improvement





# Summary of findings

- The practice had identified diabetes monitoring as an area for improvement. Data showed performance for diabetes related indicators was 71.3% which was significantly below the CCG average of 96.1% and the national average of 89.9%.
- Clinical staff had lead roles in chronic disease management and this included clinics to monitor the health needs of patients with asthma and diabetes.
- Patients were offered a structured annual review to check their health and medicines needs were being met.
- Patients at risk of hospital admission were identified as a priority and were followed up post discharge to ensure they had appropriate care in place. 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.
- Longer appointments and home visits were available when needed.

## Families, children and young people

The provider was rated as inadequate for safety, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and those at risk of deteriorating health. This included reviewing the care needs of children and young people who were admitted to hospital or attended accident and emergency.
- The GP safeguarding lead held meetings with the health visitor to discuss safeguarding concerns and to manage any potential risks.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 74% to 100% compared to the CCG range of 73.5% to 99.4% and the national range of 81% to 95%.
- The practice provided family planning and sexual health services.

**Requires improvement**



# Summary of findings

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

The provider was rated as inadequate for safety, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were offered in addition to extended hours services on a Monday evening (6.30pm to 8pm) and Friday morning (7am to 8am).
- The practice was proactive in providing online services including appointment booking and prescription requests. Text messaging was also used to communicate information about appointments and health care.
- A full range of health promotion and screening that reflected the needs for this age group was provided. This included NHS health checks for patients aged 40 to 74 years and screening for cervical, bowel and breast cancer.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as inadequate for safety, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, carers and patients receiving end of life care.
- The practice offered longer appointments and carried out annual health checks for people with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. This included staff from a local care home providing services for people with learning disabilities.
- The practice informed vulnerable patients and carers about how to access support groups and voluntary organisations.
- 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.

Requires improvement



# Summary of findings

- Members of the practice staff had undertaken training on domestic violence awareness.

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

The provider was rated as inadequate for safety, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The 2015/16 published QOF data showed:

- 91% of patients with a mental health condition had a documented care plan in the preceding year which was marginally below the local average of 94% and above the national average of 89%. The exception reporting rate for this indicator was 8% which was below the local average of 16% and the national average of 12.7%.
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding year which was in line with the local average of 85% and national average of 84%. The exception reporting rate for this indicator was 12% which was above the local average of 6% and the national average of 7%.
- The practice hosted the memory assessment service every fortnight to promote early detection, diagnosis and treatment for people experiencing memory problems and dementia. This service was accessible to registered patients and the wider community.
- Joint working took place with the Alzheimer's disease society to support the practice team achieve dementia friendly status.
- Staff had a good understanding of how to support patients with mental health needs and dementia. They regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



# Summary of findings

## What people who use the service say

We spoke with seven patients during the inspection. Most patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Less positive comments related to poor telephone access and availability of routine appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were positive about the standard of care received. Patients described staff as caring, friendly and involving them in their care. Patients described the environment as safe, hygienic and welcoming.

We reviewed the results of the national GP patient survey which were published in July 2016. A total of 215 survey forms were distributed and 139 were returned. This represented a 65% completion rate and approximately 3% of the total patient list.

The results showed the practice was performing in line with local and national averages for most of the areas assessed; with lower satisfaction scores achieved in respect of telephone and appointment access. For example:

- 97% of respondents said the last appointment they got was convenient compared to the clinical commissioning group (CCG) average of 94% and national average of 92%.
- 96% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and national average of 86%.
- 74% of respondents with a preferred GP usually get to see or speak to that GP compared to the CCG average of 60% and national average of 59%.

The practice did not perform as well in the following areas;

- 66% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 77% and national average of 73%.
- 68% described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 76% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 84% and national average of 78%.

## Areas for improvement

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

Ensure effective systems are established and operate effectively in respect of:

- Maintaining up to date records relating to staff and the management of the regulated activities to ensure good governance and to protect patients against identifiable risks.

- Processing patient information (test results) timely and ensuring any identified risks are mitigated where practicable.

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

- Ensure monitoring of prescription stationery; maintaining the serial numbers of pre-printed prescription form stock stored and prescription pads distributed within the practice.

# Oakhill Medical Practice

## 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 and a practice manager specialist adviser.

## Background to Oakhill Medical Practice

Oakhill Medical Practice provides primary medical services to approximately 4,729 patients through a general medical services contract (GMS). The practice is located in purpose built premises in the Dronfield area. The premises were built in 2000 and include six consultation rooms and a treatment room. Patients can access the first floor consultation rooms via a lift. The practice has car parking facilities and is accessible by public transport.

The practice population is predominantly of white British background and the level of deprivation is low, ranking significantly below the national average (10th least deprived decile). The practice age profile has higher percentages of patients aged 65 years and over; and lower percentages of patients aged under 40 when compared to the national averages.

The clinical team comprises four GP partners (two male and two female), a practice nurse and a health care assistant (also referred to as a case manager). The clinical team is supported by a full-time practice manager and a team of reception and administrative staff.

The practice opens from 8am to 6.30pm Monday to Friday. Consulting times for routine appointments are generally from 8.10am to 12pm and from 3pm to 6pm; with an on call

doctor available to triage urgent requests for appointments. Extended hours are offered on a Mondays from 6.30pm to 8pm and on Fridays from 7am and 8am for routine appointments.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United and is accessed via 111.

Oakhill medical practice is registered with the Care Quality Commission (CQC) to carry out the following regulated activities: diagnostic and screening procedures; maternity and midwifery services; surgical procedures and treatment of disease, disorder or injury. We previously inspected the practice on 6 September 2013 and 22 May 2014 based on the former methodology for inspecting general practices.

## 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

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?

# Detailed findings

- 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).

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 2 August 2016. During our visit we:

- Spoke with a range of staff (GPs, the practice manager, health care assistant, reception and administration staff).
- Observed how patients were being cared for and talked with seven patients who used the service.
- Reviewed a range of records relating to the management of the service, staff and patients to corroborate our findings.
- Reviewed five comment cards where patients shared their views and experiences of the service and emails received from one member of the patient participation group.
- We also spoke with a practice nurse following our inspection.
- 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

### Safe track record and learning

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

- Staff told us they would inform the practice manager or GP of any safety incidents and a recording form would be completed.
- The practice had recorded six significant events since June 2015. An analysis of the significant events was undertaken and investigation and findings were discussed during staff meetings.
- When things went wrong with care and treatment, patients were informed of the incident and offered support and information. Apologies were provided to patients where appropriate and they were told about the actions taken to improve processes and to prevent the same thing happening again.

The practice had effective arrangements in place to monitor patient safety alerts including alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). All safety alerts were received by the practice manager and a central log was maintained. The alerts were disseminated to clinicians and stored on the practice's intranet for staff reference. Searches were undertaken on the clinical system to identify any affected patients and a review of their medicines was arranged. Records reviewed showed that alerts were discussed at staff meetings and action was taken to improve safety in the practice. A traffic light rating system (red, amber and green) was used to prioritise the alerts and track the progress made in completing the agreed action.

However, following a safety alert, the practice had not dealt with safety issues in relation to blinds and loop cords in the reception area and there was no strap fitted on the baby changing unit.

The system for managing patient information was not always effective. For example, we found approximately 90 records reflected on the computer system as not being reviewed or actioned by the clinician assigned the task. This included abnormal results, letters and correspondence from other services dating back to January 2016. We sampled four of these records and found they had not been actioned and some of the results were

assigned to GPs who were not providing care on a daily basis at the practice. We were therefore not assured that effective arrangements were in place amongst clinicians to ensure action was always taken in the most timely and effective way.

The practice manager and available GP partner told us the information had been reviewed and results were kept unfiled until the results were discussed with the patient and appropriate action had been completed. Following our inspection, the provider submitted evidence to demonstrate our inspection findings had been addressed.

### Overview of safety systems and processes

- Safeguarding arrangements were in place to protect children and vulnerable adults from abuse. The practice policies reflected local arrangements and relevant legislation and were accessible to all staff. Staff demonstrated they understood their responsibilities to safeguard patients and all had received training relevant to their role. Additional training provided included domestic violence awareness. Staff knew whom to speak to for further guidance if they had concerns about a patient's welfare. One of the GPs was the safeguarding lead and had undertaken level three training for child safeguarding. The lead GP and health visitor discussed any safeguarding concerns however formal meeting minutes were not provided when requested. We were told information discussed in these meetings or of concern were recorded in the patient's notes in line with practice policy. We saw examples to confirm this took place.
- Patients had access to a chaperone when needed. 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).
- There were systems in place to ensure appropriate standards of cleanliness and hygiene were maintained. This included use of cleaning schedules and staff being supported with relevant training and access to infection control protocols. The practice had an infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. We spoke with the health care assistant who undertook regular



## Are services safe?

infection control audits which covered hand hygiene practices, the environment and waste management. The most recent audit had been completed in April 2016. Records reviewed showed action was taken to address any identified improvements.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored although systems in place to monitor their use needed to be strengthened. Specifically, maintaining the serial numbers of pre-printed prescription form stock stored or distributed within the practice.
- Patient group directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, on the inspection day we found some of the PGDs were out of date (with expiry dates ranging between March and August 2016) and had not been signed by the authorising manager. This was brought to the attention of the practice leadership team for immediate action to be taken. Following our inspection we spoke to the practice nurse who confirmed they had reviewed and signed the up to date PGDs and the practice manager shared with us copies of the signed PGDs. The health care assistant was trained to administer vaccines against a patient specific direction.
- We reviewed two personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, employment history and registration with the appropriate professional body.

However we found: two references had not always been documented in line with the practice policy; a standard DBS check had been undertaken for a clinical member of staff instead of an enhanced disclosure level (which is the highest level required for positions that involve caring for and being in sole charge of children or vulnerable adults), and a risk assessment had not been

completed on receipt of a DBS check detailing some disclosures. The practice manager explained this had been discussed with the named staff at the point of recruitment and risk assessed as being low.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- Staff were supported with health and safety training to ensure they were aware of their responsibilities and measures to take in respect of manual handling for example. There was a health and safety policy available.
- The practice had a variety of other risk assessments in place to monitor the safety of the premises. This covered control of substances hazardous to health, clinical waste, safety of staff and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had reviewed its fire procedures in April 2016 and designated staff were appointed as fire marshals. Fire drills were undertaken at least twice yearly, the most recent one completed in July 2016. Fire alarm checks were undertaken monthly and staff had completed fire safety training.
- The practice periodically tested and maintained its equipment to ensure it was safe for use. For example, portable electrical equipment was tested at least annually and stickers were displayed indicating the last testing date. Calibration of medical equipment had been completed in April 2016. Staff we spoke to told us they had sufficient equipment to perform their role.
- The practice planned and monitored the number and skill mix of staff required to meet patients' needs. This included use of a rota system for all the different staffing groups to ensure enough staff were on duty. The practice team covered each other during periods of sickness, absences and emergencies; and this was observed on the inspection day. A regular locum GP facilitated consultations on a Tuesday or when needed which ensured continuity of care. Patient demand for appointments was also reviewed and used to inform staffing levels.



## Are services safe?

### 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 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 business continuity plan in place for major incidents such as loss of utilities and access to the building. Staff had access to a copy of the plan and key staff held a copy off site. The plan had been reviewed in June 2016 and included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff told us they used current evidence based guidance to deliver care and treatment that met patients' needs. Clinical staff also used risk stratification tools and templates within the clinical system.

- The practice manager alerted clinical staff via email when NICE guidelines were received including any updates. Staff told us these guidelines were discussed and we saw some meeting minutes to confirm this.
- We saw that a NICE folder was stored on the practice's intranet which was accessible to all clinical staff for reference.
- 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 2015/16 published results showed that the practice had achieved 91.5% of the total number of points available compared to the clinical commissioning group (CCG) average of 98.5% and the national average of 95.3%.

The practice had an overall exception reporting rate within QOF of 6.5% which was 4.7% below the CCG average and 3.3% below the 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.

- Performance for indicators related to hypertension was 100% which was above the CCG average of 99.1% and the national average of 97.3%. Approximately 81% of patients with hypertension had the last blood pressure reading measured in the preceding 12 months. The exception reporting rate for this indicator was 2% which was below the CCG average of 5% and the national average of 4%.

- Performance for mental health related indicators was 90.2% which was below the CCG average of 97.7% and national average of 92.8%. The exception reporting rate was below the local and national averages for four out of six mental health related indicators.
- Performance for dementia related indicators was 100% which above the CCG average of 99.7% and the national average of 96.6%. Approximately 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which was below the CCG average of 89% but similar to the national average of 85%. The exception reporting rate for this indicator was 12% which was above the CCG average of 6% and the national average of 5%.

Lower values for QOF were achieved for diabetes, chronic obstructive pulmonary disease (COPD) and osteoporosis. The practice were aware of this and identified them as areas of improvement. The practice staff told us of the efforts being made to educate patients about the importance of attending health reviews; as well as monitoring for their blood glucose, blood pressure and cholesterol control. For example:

- Performance for diabetes related indicators was 71.3% which was below the CCG average of 96.1% and the national average of 89.9%.
- Performance for COPD related indicators was 76.2% which was below the CCG average of 98.1% and the national average of 95.8%. 80% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was below the CCG average of 89.6% and national average of 89.2%. This was achieved without any exception reporting compared to the CCG average of 13% and national average of 9%.

Three clinical audits had been undertaken in 2015/16 and one of these was a completed audit where outcomes for patients had improved.

- The completed audit was to detect patients with atrial fibrillation (irregular heartbeat) at high risk of stroke and to ensure they were on appropriate anticoagulant medicines in line with NICE guidance. The initial audit identified a 31% take up rate of anticoagulation medicines and this improved to 87% when a re-audit was undertaken.

# Are services effective?

## (for example, treatment is effective)

- The practice worked with the CCG pharmacist to undertake prescribing audits of which were re-audited to ensure that changes to prescriptions or dosages had been implemented.
- The practice also reviewed its hospital admissions rates and accident and emergency attendances to identify preventable presentations. Patient education and / or coordinated care was then considered for these patients to minimise any further presentations.
- Bench marking data showed the practice emergency admission rates for people experiencing poor mental health, children, patients aged 65 and over were significantly below the CCG average.
- The practice undertook regular audits of non-elective hospital admissions for patients aged 80 years and over to ensure if they were appropriate or further care was needed to avoid further readmission. The most recent audit showed all of the 21 admissions were appropriate. In addition, benchmarking data showed emergency admissions for patients aged 65 and over was below the CCG average.

### Effective staffing

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

- The practice had an induction specific programme for clinical and non-clinical staff. This included the practice policies and procedures, information governance and confidentiality.
- Staff received the learning and development opportunities they needed to carry out their roles and keep their skills up to date. For example, records reviewed showed staff had completed training considered mandatory by the provider (safeguarding vulnerable adults and children, fire safety and infection control) and had protected time each month to undertake further training.
- Staff had access to e-learning training modules and in-house training. The practice manager monitored the training needs for each member of staff.
- Role-specific training and updates were facilitated for GPs and nursing staff. For example, training on specific care aspects for people with long-term conditions such as diabetes and asthma.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff stayed up to date with changes to the immunisation programmes through access to on line resources and discussion at practice nurse meetings.
- A support structure was in place for staff supervision which included one to one sessions, mentoring and team meetings. The learning needs of staff were assessed through a system of annual appraisals and we saw evidence of identified training needs and personal development plans.
- The clinicians attended educational meetings facilitated by the CCG and engaged in annual appraisal, revalidation and other educational support. Some of the GPs had additional qualifications or special interest for example dermatology and sexual health.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system. This included medical records, care plans and letters from secondary care professionals. However, the computer system reflected patient information such as test results were not always processed expeditiously. The practice told us the test results were not filed until staff had completed the actions required.

Staff worked together with other health and social care professionals to meet the needs of patients. This included patients with complex health needs, older people, people with learning disabilities and patients discharged from hospital. Fortnightly multi-disciplinary meetings took place and this was attended by practice staff including GPs, district nurses, the care coordinator, social worker and physiotherapists for example. Records reviewed showed the multidisciplinary professionals worked together to assess and plan ongoing care and treatment in most cases, though some meetings were not minuted formally. Care plans were routinely reviewed and updated for patients with complex needs.

We observed a multi-disciplinary meeting taking place on the day of our inspection. Discussions held demonstrated a strong ethos to deliver integrated and coordinated care, with the attendees having a good knowledge of the patient and family members.

# Are services effective?

(for example, treatment is effective)

## 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. Assessments of capacity to consent were undertaken when providing care and treatment for children and young people.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinician undertook an assessment of capacity and recorded the outcome.

## Supporting patients to live healthier lives

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

- Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were given advice within the practice or signposted to the relevant service. Patients could also complete an online form titled "alcohol questionnaire for adults" on the practice website and information was then used to inform an assessment of their alcohol consumption rate and for advice to be offered if necessary.
- The CCG highlighted that the practice engaged with the healthy lifestyle hubs, public health campaigns and pedometer programme.

- 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.

The practice's uptake for the cervical screening programme was 83.6% which was comparable to the CCG average of 84% and above the national average of 82%. Systems were in place to follow-up patients who did not attend for their cervical screening test and this included written / telephone reminders.

Patients were encouraged to attend national screening programmes for bowel and breast cancer screening. The practice's uptake rate for:

- Breast cancer screening was 80% which was above the CCG average of 77% and the national average of 72%.
- Bowel cancer screening was 70% which was above the CCG average of 63% and the national average of 58%.

Immunisation rates for the vaccinations given to children were mostly in line with CCG and national averages as at March 2016. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 65.5% to 97% compared to the CCG range of 72% to 99% and the national range of 73% to 95%.
- Childhood immunisation rates for the vaccinations given to five year olds ranged from 74% to 100% compared to the CCG range of 73.5% to 99.4% and the national range of 81% to 95%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We spoke with seven patients during the inspection. The majority of patients said they were extremely satisfied with the care provided by the practice and their dignity and privacy was respected.

All of the five patient Care Quality Commission comment cards we received were positive about the caring nature of staff. Patients felt the practice offered an excellent service and staff were professional, accommodating and responded compassionately when they needed help. This was aligned with the written feedback received from a patient participation group member. They stated GPs were very kind and caring, and the reception staff were always efficient and friendly.

We observed members of staff being courteous to patients and maintaining their confidentiality.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- A private room was available to patients if they wanted to discuss sensitive issues or appeared distressed.
- The reception area was sectioned off from the waiting room to maximise the confidentiality of patient information.

The July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the local and national averages for all of its satisfaction scores on consultations with GPs and interactions with receptionists. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 98% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Satisfaction scores for consultations with nurses were marginally lower than the local and national averages with an exception.

- 88% of patients said the nurse was good at listening to them compared to the CCG average of 94% and the national average of 91%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

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

Patients we spoke to felt fully involved in decision making about the care and treatment they received. All other patients 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 patients mainly responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.

## Are services caring?

- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- One of the GPs was able to communicate using sign language and this was helpful to patients who are deaf or with hearing impairments.
- Translation services were available for patients who did not have English as a first language. However, staff told us this facility was rarely used as the majority of the practice population spoke English.
- Information to help patients understand the services available was easy to understand, with alternative formats available depending on the needs of patients. The practice had taken steps to ensure compliance with the accessible information standard, which aims to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand.

### Patient and carer support to cope emotionally with care and treatment

The practice patients, staff and volunteers were actively encouraged to knit mittens using brightly coloured wool and attachments as part of “Dronfield together – twiddle mitts campaign.” A display table with information and samples was available in the waiting room for all to see. Staff told us some of the benefits of these twiddlemitts included a “calming and relaxing effect” and warmth. Joint working took place with the Alzheimer’s disease society to support the practice team achieve dementia friendly status.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers and this represented 1.5% of the practice list. Carers were offered flu vaccinations and the care coordinator supported carers by signposting them to other agencies including respite services. A carers pack was available to direct carers to the various avenues of support available to them; and information was also available on the practice website.

Information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations specific to long term conditions, mental health and community activities.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the NHS England Area Team, North Derbyshire Clinical Commissioning Group (CCG) and other practices to discuss the needs of patients and service improvements that needed to be prioritised. For example, the practice team prioritised the care of older people. This was because the number of patients aged 65 and over was above the local and national averages and had multiple health needs. Services that were tailored for this population group included:

- Hosting the memory assessment service which reduced the need for patients to travel to access these services from the local hospital. The service was accessible to registered patients and the wider community. The memory assessment service promoted early detection, diagnosis and treatment for people experiencing memory problems and dementia.
- The GPs undertook fortnightly visits at a local care home to review the care needs of the residents and attended at other times when required

The practice also engaged in collaborative working with other practices within the locality and participated in local pilot schemes to improve outcomes for patients in the area. For example, records reviewed showed the leadership attended the Dronefield and NEL5 community meetings where service provision and improvements to patient care were discussed with other practices. These meetings also served as an educational forum. The practice manager had worked with Great East Midlands Commissioning support unit to create flyers to encourage GP practices to promote online services. The practice had engaged students from a local school to design a new logo for the practice as part of a competition; and the results had been shared in the local press.

In addition:

- Practice nurses had lead roles in chronic disease management. This included facilitating a range of clinics to monitor the health needs of patients with long term conditions such as asthma and diabetes. An anticoagulation clinic and phlebotomy service was also provided for patients.
- The health care assistant (also referred to as the case manager) had designated days / times when they

undertook home visits to review care plans and carry out routine observations for example blood pressure and pulse monitoring. With the patient's consent, a risk assessment of their living environment was also undertaken to check for hazards and action was taken to mitigate risks. We saw positive examples to demonstrate how this service impacted positively on patient welfare including safeguarding them from identified abuse.

- The citizens' advice bureau offered on-site appointments for people requiring advice and support in relation to welfare benefits, employment, housing debts and money for example.
- The practice offered a GP drop in clinic on Friday afternoons for patients who may have otherwise attended accident and emergency (A&E) or have been admitted to hospital over the weekend. This also included home visit requests from care homes which increased during the winter months.
- Home visits and longer appointments were available for patients with a learning disability and for those who required them. The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.
- There were facilities for patients with a disability including a ramp and rails leading to the front door, parking for patients with a disability, accessible toilets and a lift to access consultation rooms on the first floor.
- Maternity services included ante-natal care provided by a community midwife and post-natal checks undertaken by the nurse and GP. Parents were signposted to the nearby parent and toddler groups held at the community centre.
- Child health surveillance checks were undertaken in line with national guidance.
- A range of contraceptive services and sexual health advice was offered to working age persons.
- A range of online services were available including online appointment booking and prescription ordering. Text messaging was used to issue appointment reminders and healthcare information.

# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were generally from 8.10am to 12pm every morning and 3pm to 6pm daily. Extended hours appointments were available on Mondays from 6.30pm to 8pm and on Fridays from 7am and 8am to facilitate access for working patients. In addition to pre-bookable appointments that could be booked up to 48 hours and four weeks in advance, urgent appointments were also available for children and those patients with medical problems that require same day consultation. An on-call GP triaged requests made for urgent appointments.

Feedback from patients during the inspection was largely positive about availability of appointments. Most people told us they were able to get appointments when they needed them; however several reported telephone access was a challenge. This was aligned with the national GP patient survey results which showed that patient's satisfaction with how they could access care and treatment was mixed. For example:

- 97% of respondents said the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and national average of 85%.
- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.

The practice team were very open about the challenges they had experienced with the telephone system and difficulties experienced by patients to get connected on some days. This was reflected in the verbal complaints received and lower patient survey values. For example:

- 66% of patients said they could get through easily to the practice by phone which was below the CCG average of 77% and national average of 73%.
- 68% of patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.

However, we saw evidence to support the on-going discussion that took place with the telephone system provider to secure improvements for the patients. Following our inspection a new telephone system was installed.

## 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.
- The practice manager was the designated responsible person who handled all complaints in the practice; with input from GPs if concerns related to specific clinical care.
- We saw that information was available within the practice to help patients understand the complaints system.

We tracked five complaints received in the last twelve months and found these had been handled in accordance with the practice policy and in a timely way with learning identified. Complainants were provided with explanations and apologies where appropriate. Some complaints were also investigated as significant events or referred to the medical defence union for guidance. Staff confirmed that complaints were discussed at practice meetings and they were made aware of any outcomes and action plans in place to address changes needed.

The 2015/16 complaints review highlighted 99 verbal complaints had been received and action was taken to improve the quality of care. Themes identified included concerns related to the telephone system (55), not being able to get desired appointments (37) and clinical care (2) for example. The key themes were also shared with the virtual patient participation group and feedback was invited to drive improvement. We saw evidence to support the on-going discussion that took place with the telephone system provider to secure improvements for the patients.



# 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's vision was detailed in its statement of purpose. This included:

- Carrying out a holistic assessment of patients needs by the most skilled clinician and adopting a multi-disciplinary care planning approach.
- Treating patients with respect and dignity and involving them in decisions about their care.
- Supporting staff with on-going training and development opportunities.

Staff were engaged with the practice values and committed to providing high quality patient care. However, the absence of up to date governance related records did not assure us that the strategy and supporting business plan was regularly reviewed. Records available demonstrated only periodic meetings were held between 2013 and 2015. The practice manager and some of the GPs we spoke to told us partnership meetings were ideally meant to be held every quarter but this had been “difficult to timetable”. However, GP partners told us that informal discussions took place.

### Governance arrangements

The systems in place to ensure the providers had effective oversight of: the quality of the service; risks to patients and others; and to ensure feedback could be used to drive improvements to the service needed significant strengthening to ensure overall good governance and effective outcomes.

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed.
- Some clinical and internal audit was undertaken and used to monitor quality and to make improvements.
- There was an understanding of the performance of the practice. This included clinical performance, referral rates to secondary care services and patient satisfaction with service provision.

However, there were areas where the systems in place to enable oversight of governance were not effective. Arrangements in place to identify, record and manage risks and ensure mitigating actions were implemented in a timely fashion needed to be strengthened to ensure the safety of patients. This included: ensuring PGDs were up to date and appropriately signed; assessing identifiable health and safety and security risks, and ensuring mitigating action was taken and the practice failing to follow its recruitment policy by undertaking appropriate disclosure and barring checks and taking up references. Following our inspection, we received assurances the above findings had been addressed and resolved.

### Leadership and culture

There was a clear leadership structure in place and staff felt supported by management. Partners told us they promoted a culture of openness and honesty within the practice and took the time to listen to members of staff.

- The reception staff told us the practice held regular team meetings and we saw meeting minutes to confirm this. They had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff reported the practice manager had an open door policy and effective team working took place to ensure the smooth running of the service.
- Staff also told us they enjoyed working in the practice.

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

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

The practice engaged patients and staff in the delivery of the service and valued their feedback.

- The practice gathered feedback from patients through the virtual patient participation group (PPG), practice survey and the friends and family test survey results. The practice manager coordinated communication with the PPG via email and suggestions for improvements were considered and implemented. This included

# Are services well-led?

Requires improvement 

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

choice of music playing in the waiting area and increasing the number of phone lines to improve patient access. One PPG member also attended the local network meeting.

- The 2015/16 practice patient survey showed most patients were satisfied with the care provided but not the access to appointments and telephone access. Following our inspection, the practice installed a new telephone system.

- The friends and family test results showed all respondents would recommend the service to others.
- The practice gathered feedback from staff through informal discussions, regular meetings, appraisals and return to work interviews. Staff told us they felt involved to improve how the practice was run and their opinions were invited. They also told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at the Oakhill Medical Centre were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• We found the system in place for processing test results did not always operate effectively.</li><li>• We found limited records to demonstrate that the practice vision and strategy was regularly reviewed or well developed.</li><li>• Formal governance meetings were not always undertaken as planned although the leadership told us informal discussions took place regularly.</li><li>• Appropriate criminal record checks had not been undertaken for clinical staff at an appropriate level or risk assessed where disclosures had been indicated at the time of our inspection.</li></ul> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>