Abbey Road Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbey Road Surgery on 29 July 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, effective, responsive and well led services. It also required improvement for providing services for older people, people with long-term conditions, people whose circumstances make them vulnerable, families, children and young people, working people and those who have recently retired and people experiencing poor mental health. It was good for providing a caring service.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.
- Data showed patient outcomes were below average for the local area.
- We saw staff were respectful and friendly when communicating with patients.
- Urgent appointments were usually available on the day they were requested. However, patients said that they sometimes had to wait a long time to get through to the practice by telephone.
- The practice was developing a patient participation group (PPG) to gather feedback from patients to help improve services.
- Adequate recruitment procedures including completing the required background checks on staff were lacking.
- Staff did not always receive the appropriate supervision, appraisal and essential training to complete their roles effectively.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff. This

Summary of findings

includes making sure all nursing staff have a criminal records check through the Disclosure and Barring Service (DBS). Where non-clinical staff perform chaperone duties, the practice must risk assess whether a DBS check is required.

- Complete the actions identified in the infection control audit and review systems in particular relating to hand washing and the use of disposable towels. Carry out a risk assessment for the management, testing and investigation of legionella and implement any recommended checks to the water system. Use the correct disposal bins for sharps used for the administration of cytotoxic medications.
- Have essential equipment such as oxygen available for use in an emergency.
- Develop a system for the management of high risk medications that includes regular review and monitoring of the patient.
- Continue to review the telephone and appointments system in response to patients' concerns about access to the practice.

In addition the provider should:

- Follow the protocol for reporting, recording and monitoring significant events, incidents and accidents so learning is identified and shared with practice staff.
- Ensure a system is in place for all staff to remain up to date with essential training such as safeguarding vulnerable adults, fire safety and equality and diversity.
- Ensure that all nursing staff employed are supported by receiving appropriate supervision and appraisal and complete the training relevant to their roles.
- Consider including the nursing staff in the clinical meetings to discuss any clinical matters, updates or concerns.
- Follow the correct process for the storage of liquid nitrogen.
- Keep the original logs of room and fridge temperature checks for audit purposes.
- Make use of care plans to take into consideration patients' wishes for those with long term conditions or complex needs.
- Review quality data periodically to ensure monitoring of care and outcomes for patients.
- Keep a copy of the business continuity plan off site so this can be accessed in the event of an emergency for appropriate actions to take place.
- Ensure policies and procedures in place are relevant to the practice and all staff have an awareness of them to support their roles.
- Follow the practice complaints procedures to ensure all complaints are investigated and responded to in an appropriate and timely manner.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe, for example, inadequate pre-employment checks for staff, areas identified in infection control audits not acted on and dealing with emergencies. Essential equipment such as oxygen was not available to use in the event of an emergency.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were below average for both the local clinical commissioning group area and nationally. Although measures had been put in place to make improvements there had been no review of these to assess their effectiveness. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Care plans were not being used to plan and document care in accordance with patients' wishes. The nursing team had not received an induction programme or competency checks of their skills. Multidisciplinary working was taking place but was generally informal and record keeping was limited.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice comparably with others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. There was clear information for patients in the waiting area regarding health information and support groups. There was also a carers' noticeboard providing information on support available. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Summary of findings

Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had plans to start a patient participation group (PPG). Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice had made some changes to its telephone system to improve access although feedback from patients indicated that this was still a problem. The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand but some of the information was limited and out of date. Some of the complaints reviewed had not been properly handled or investigated in line with the complaints policy.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. There was a documented leadership structure and most staff felt supported by management but at times they did not feel valued by all the GP partners. The practice had a number of policies and procedures to govern activity, but they were not embedded in the practice. Staff did not know which policies and procedures were there to support them and some of the policies contained information that was not relevant to the practice. The practice sought feedback from patients. They did not have an active patient participation group (PPG) but plans were in place to create one. Performance management was not carried out in accordance with the practice's own policy, there was a lack of support for staff and no action plans in place to manage poor performance. The nursing staff were not involved in clinical meetings.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safety, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients over 75 years had access to a named GP. Longer appointments and home visits were available for older people when needed. The practice visited a local care home weekly in addition to home visits as required. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example the practice was similar to the national average for patients receiving appropriate treatment for a particular cardiac condition but below the national average for those with a blood pressure reading under a certain level.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Longer appointments and home visits were available when needed and the practice worked with the home first team to provide care for patients with complex needs in their own home. Care plans were not used for these patients. All these patients had a structured annual review to check that their health and medication needs were being met.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Telephone consultations were available for those who could not attend the practice and there were online services such as appointment booking and repeat prescription requests. There were no early or extended opening hours for working people. NHS Health Checks were available.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safety, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It did not however carry out advance care planning for these patients.

Summary of findings

What people who use the service say

We asked patients to complete CQC comment cards to tell us what they thought about the practice. We only received one completed card and this was positive about the service experienced.

We also spoke with five patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Data from the National Patient Survey 2014 was reviewed and showed the practice was rated less favourably than others as 65% of patients rated the practice as good or very good compared to the CCG average of 82% and the national average of 85%. However we found that the practice scored comparably with others both locally and nationally for patient satisfaction on consultations with doctors and nurses.

Areas for improvement

Action the service MUST take to improve
Action the provider MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff. This includes making sure all nursing staff have a criminal records check through the Disclosure and Barring Service (DBS). Where non-clinical staff perform chaperone duties, the practice must risk assess whether a DBS check is required.
- Complete the actions identified in the infection control audit and review systems in particular relating to hand washing and the use of disposable towels. Carry out a risk assessment for the management, testing and investigation of legionella and implement any recommended checks to the water system. Use the correct disposal bins for sharps used for the administration of cytotoxic medications.
- Have essential equipment such as oxygen available for use in an emergency.
- Develop a system for the management of high risk medications that includes regular review and monitoring of the patient.
- Continue to review the telephone and appointments system in response to patients' concerns about access to the practice.

Action the service SHOULD take to improve

- Follow the protocol for reporting, recording and monitoring significant events, incidents and accidents so learning is identified and shared with practice staff.
- Ensure a system is in place for all staff to remain up to date with essential training such as safeguarding vulnerable adults, fire safety and equality and diversity.
- Ensure that all nursing staff employed are supported by receiving appropriate supervision and appraisal and complete the training relevant to their roles.
- Consider including the nursing staff in the clinical meetings to discuss any clinical matters, updates or concerns.
- Follow the correct process for the storage of liquid nitrogen.
- Keep the original logs of room and fridge temperature checks for audit purposes.
- Make use of care plans to take into consideration patients' wishes for those with long term conditions or complex needs.
- Review quality data periodically to ensure monitoring of care and outcomes for patients.
- Keep a copy of the business continuity plan off site so this can be accessed in the event of an emergency for appropriate actions to take place.
- Ensure policies and procedures in place are relevant to the practice and all staff have an awareness of them to support their roles.
- Follow the practice complaints procedures to ensure all complaints are investigated and responded to in an appropriate and timely manner.

Abbey Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP, practice manager and a nurse practitioner all acting as specialist advisors.

Background to Abbey Road Surgery

Abbey Road Surgery provides a range of primary medical services to the residents of Waltham Cross, Hertfordshire.

The practice population is of mixed ethnic background and national data indicates that the area is one of moderate deprivation. The practice has approximately 8600 patients and provides services under a primary medical services contract (PMS). PMS agreements are locally agreed contracts between NHS England and a GP practice.

There are four GP partners who run the practice, three male and one female. The nursing team consists of one nurse practitioner and one practice nurse. There are a number of reception and administration staff led by a practice manager.

The practice is open between 8.30am and 6.30pm with appointments available from 9am to 12pm and 3pm to 6pm.

When the practice is closed, out-of- hours services are provided by Herts Urgent Care and can be accessed via NHS 111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

- 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 inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 29 July 2015. During our inspection we spoke with a range of staff including GPs, nursing staff, the practice manager, reception and administration staff. We spoke with patients who used the service and we observed how people were dealt with by staff during their visit to the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice had a significant event protocol to follow when significant events and incidents had been identified. The protocol contained forms to complete but not all staff were aware of this and the practice was unable to provide evidence of completed forms. We saw from minutes of the clinical team meetings that once identified, significant events were discussed and actions agreed. The practice had an accident book to document any incidents that occurred within the practice, but we noted that only one incident had been logged for the past two years. Staff we spoke with informed us that they would inform the practice manager if they needed to raise a concern or report an incident.

Learning and improvement from safety incidents

Whilst there was a protocol to follow for reporting, recording and monitoring significant events, incidents and accidents this had not been adopted by the practice and was not in use. They showed us a log that contained a summary of five significant events that had occurred from April 2014 to March 2015 but there were no accompanying records to show how the events had been investigated. It contained some learning points and we were informed these were shared with staff as required via email. Significant events were discussed in the weekly clinical meetings, attended by the GPs and the practice manager, as they occurred. The practice informed us that they carried out an annual review of significant events, however, they had not done this for the year April 2014 to March 2015.

National patient safety alerts were disseminated by the practice manager to practice staff via email. Staff were aware of this process and informed us they received alerts relevant to their role.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding children with the exception of a member of the nursing team who had been employed by the practice for one year. None of the staff had received training on safeguarding vulnerable adults. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. However, the member of the nursing team who had not received training was unable to identify any examples. They also did not know how to access the contact details of the relevant agencies they may need to share information with although they did know who the practice lead for safeguarding was and said they would discuss any concerns with them.

The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. The practice informed us that meetings were held with members of the multidisciplinary team including community nurses and health visitors to discuss children on the child protection register but they did not keep any minutes of these meetings to confirm this. We looked at the electronic record of one patient and noted that actions had been documented there.

There was a chaperone policy, which was visible in the consulting rooms. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All nursing staff acted as a chaperone but had not received training in this role. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had undertaken training and understood some of their responsibilities when acting as chaperones, but they did not describe correctly their role such as staying for the whole examination and standing in the correct place to see what the doctor was doing. None of the staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. 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 had not completed a risk assessment to consider whether a DBS check was required for these staff members.

Medicines management

Requires improvement

Are services safe?

We checked medicines stored in the treatment rooms and medicine refrigerators and found most were stored securely and were only accessible to authorised staff. We noted that liquid nitrogen that was used for minor surgery such as the removal of moles and skin lesions was not stored correctly as it was left unlocked on the work surface in the treatment room. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. The records of the temperature checks were kept for a month then the information was transferred to a spreadsheet. The original document was then shredded. Original documents should be kept for one year so if there were any problems identified with the vaccines the practice could provide evidence that they had been stored correctly. The nurse described the action they took when the fridge temperature recorded below the recommended level. They had followed the correct process.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were all disposed of in line with waste regulations. The practice did not have the correct disposal bins for sharps used for the administration of cytotoxic medications. These should be disposed of in a purple topped bin to identify that incineration at a higher temperature is required.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The GPs informed us that they met annually with the clinical commissioning group (CCG) prescribing team. They informed us that prescribing data was reviewed. For example, patterns of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice.

There was no system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. These drugs were being issued to patients on repeat prescription without the necessary monitoring of the patients' blood test results for its continuous use.

The practice monitored the prescribing of controlled drugs, medicines that require extra checks and special storage arrangements because of their potential for misuse, in the same way all prescribing was reviewed. This was at the annual meeting with the CCG prescribing lead. They did not carry out regular audits of the prescribing of controlled drugs. However, a recent audit of the prescribing of a particular controlled drug had been completed following a concern raised by a member of the CCG prescribing team that a patient was incorrectly using the medication. The audit found that the practice was prescribing the medication correctly and the patients were obtaining their prescriptions at the correct intervals.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that were signed and up to date. The practice employed a locum nurse to administer vaccinations as the practice nurse had only recently completed appropriate training to do this. The practice had recruited a nurse practitioner who had commenced employment two weeks prior to the inspection. They were qualified as an independent prescriber.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. We observed dirty marks on the walls, however, the flooring, surfaces and couches were all visibly clean. The practice did not have any cleaning schedules in place and no cleaning records were kept that demonstrated adequate levels of cleanliness were maintained. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control although some of them did mention the markings on the walls and said they needed redecorating.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use

and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The practice had identified one of the GPs as a lead for infection control. Staff informed us that they had infection control training specific to their role. A member of the nursing staff showed us infection control audits that they had carried out each month for the past four months. There was no name or signature on the documentation to say who had completed the audit. There were the same areas identified in each of the audits that required attention, for example the floors were not in a good state of repair. The audits did not contain any actions identified to minimize the risk of infection and there were no action plans in place to remedy the areas identified as a risk. We looked at the minutes of the practice meetings and noted that the infection control audits had not been discussed or acted on.

We found there were no notices about hand hygiene techniques displayed in staff and patient toilets. There were no hand towel dispensers in any of the treatment rooms. Paper 'kitchen roll' had been provided for drying hands and was not in a wall mounted dispenser but left on the work surfaces which had the potential for these to be contaminated. This was the same for the staff and patient toilets where the paper roll was left on a shelf. There was an air hand dryer in two of the patient toilets. Liquid soap and hand gel were available in treatment rooms.

The practice did not have a policy and had not completed a risk assessment for the management, testing and investigation of legionella, a bacterium which can contaminate water systems in buildings. They were not carrying out regular checks to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they usually had equipment to enable them to carry out diagnostic examinations, assessments and treatments. On the day of the inspection the practice informed us that the electrocardiogram (ECG) machine and the spirometer had been taken away for calibration by an external company the previous week. They had not been supplied with replacements whilst this equipment was off the premises. They informed us that if a patient required an ECG they would be referred to the local hospital. All equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was April 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at five staff files and found that they did not all contain evidence that appropriate recruitment checks had been undertaken prior to employment. For example, a member of nursing staff recruited one year ago, or the reception staff performing chaperone duties had not had appropriate checks through the Disclosure and Barring Service (DBS). The nurse practitioner who had recently commenced employment had a certificate to show the check had been made by a previous employer. None of the files contained evidence of reference checks except for the nurse practitioner where we saw that one reference had been obtained. Some of the files did not contain proof of identification.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of the administrative staff to cover each other's annual leave. Locum nurses were used regularly to cover gaps in the nurses' rota.

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing and equipment. The practice did not have a health and safety policy. Health and safety information was displayed for staff to see but there was no identified health and safety representative.

Identified risks were monitored individually such as a maintenance log and fire assessment log. Each risk was

assessed and mitigating actions recorded to reduce and manage the risk. The practice manager told us that any risks identified would be shared at the practice meeting where necessary.

Arrangements to deal with emergencies and major incidents

Records showed that all staff had received training in basic life support. The practice did not keep emergency equipment such as an automated external defibrillator (used in cardiac emergencies) on the premises. They informed us that they would provide basic life support and dial 999 and call an ambulance if a patient collapsed. They also did not have access to oxygen.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, details of a heating company to contact if the heating system failed. The plan was last reviewed in 2014. The document stated that a copy of the plan would be kept off the premises by the practice manager and one of the GP partners for easy access in the event of an electrical or computer failure. However, we found that the plan was only stored on the practice computer system.

The practice had carried out a fire risk assessment in 2014 that included actions required to maintain fire safety. Records showed that staff had not had any fire training but they practised regular fire drills.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was accessible in all the clinical and consulting rooms. The practice manager received the NICE guidance and disseminated it to the clinical staff. The GPs informed us that guidelines were discussed at clinical meetings.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required.

The GPs told us they lead in specialist clinical areas such as diabetes and gynaecology. The practice had recently recruited a nurse practitioner to support the work of the GPs and treat minor injuries and illnesses. There was also a practice nurse who carried out nursing duties and health checks. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

The practice did not use computerised tools to identify patients who were at high risk of admission to hospital. A monthly meeting was held with the multi-disciplinary team and the Home First team to discuss patients with long-term conditions. Home first is an NHS service that supports older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care. No care plans were used but, discussions and actions were added to patients' notes by free text. We saw that after patients were discharged from hospital they were followed up as required to ensure that all their needs continued to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The practice showed us four clinical audits that had been undertaken in the last two years. Two of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. An example was the audit of the diagnosis of patients with high blood pressure and the use of home blood pressure monitoring equipment. The audit resulted in staff training and the purchase of additional equipment. A second audit showed that more patients were being offered the use of home blood pressure monitoring in line with NICE guidance.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. For example, we saw an audit regarding the prescribing of a medication to treat high cholesterol. Following the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice to ensure it aligned with national guidelines.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. We found that the practice was performing

significantly lower than expected when compared to practices both locally and nationally in several areas. It achieved 64% of the total QOF target in 2014, which was well below the national average of 94%. Specific examples to demonstrate this included:

- Performance for diabetes related indicators was worse than the national average. Only 56% of patients with

Requires improvement

Are services effective?

(for example, treatment is effective)

diabetes had received a foot examination in the last year compared to 88% nationally and 71% of patients with diabetes had received a flu vaccination compared to 93% nationally.

- Performance for mental health related and hypertension QOF indicators was worse than the national average. For example, the percentage of patients with a mental health diagnosis who had an agreed care plan was only 16% compared to 86% nationally.

The practice was aware of all the areas where performance was not in line with national or CCG figures. They were making use of alerts on the computer system to ensure appropriate checks were carried out when patients attended the practice. They had also recruited additional nursing staff to support the management of patients with long term conditions. However, they informed us that a review of this year's QOF data had not been undertaken to date so they were not sure if improvements were being made.

The practice's prescribing rates were similar to national figures. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. They also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The practice did not follow recommended guidance for the repeat prescribing of high risk medications such as warfarin and methotrexate. We found these medications were issued on repeat prescription without the necessary checks to ensure the safety of its continued use. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines.

The practice used computer alerts to recognise patients in need of palliative care. They informed us that the care and support needs of these patients were discussed at monthly meetings with the multi-disciplinary team.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending some essential courses such as annual basic life support but they had not received equality and diversity, safeguarding vulnerable adult and fire training. We noted a good skill mix among the doctors with one having an additional diploma in obstetrics and gynaecology and two an interest in diabetes. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

All staff with exception of one of the nurses had had an annual appraisal that identified learning needs from which action plans were documented. Our interviews with the reception and administration staff confirmed that the practice provided a number of online training courses and time was allocated for them to complete these.

The nursing team were expected to perform defined duties. The newly recruited nurse practitioner informed us that they had received training in previous employment to carry out these roles but there was no evidence within the practice of this and no record that this had been checked prior to employment. The practice nurse had been in employment for one year but had not received training to carry out all duties. Locum nurses were employed to carry out roles that the practice nurse had not been trained to do, for example in the administration of vaccinations and immunisations. The practice nurse had recently undertaken the training and was going to start administrating vaccines and immunisations.

We were informed that a member of staff's poor performance was being managed. When we reviewed the staff member's file we did not see evidence of support measures being implemented to allow the staff member to improve their performance. There was no documentation of meetings that had been held to discuss performance or any action plans in place to make improvements.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the NHS 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from

Requires improvement

Are services effective?

(for example, treatment is effective)

these communications. Out-of hours reports, NHS 111 reports and pathology results were all seen and acted on by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and acted on, on the day of receipt and all within five days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up.

Emergency hospital admission rates for the practice were the same as the national average. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice held multidisciplinary team meetings monthly to discuss patients with complex needs. For example, those with multiple long term conditions, those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, palliative care nurses and members of the home first team. Decisions about care were documented in a shared care record. The practice did not use care plans for patients with complex needs.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

The practice had signed up to the electronic Summary Care Record; this provides faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it. The practice had a consent policy to guide staff when gaining consent. The policy also highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

The practice did not make use of care plans for patients with long term conditions. Care plans support patients with, for example, learning disabilities or dementia to make their own decisions. They can also be useful to document the patient's preferences for treatment and decisions.

All the GPs we spoke with demonstrated a clear understanding of the Gillick competency test. These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions.

There was a practice policy for documenting consent for specific interventions. For example, for all minor procedures, a consent form was completed and kept in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure.

Health promotion and prevention

All new patients registering with the practice were asked to complete a questionnaire to help identify any health issues. Anything identified for example, long term conditions were highlighted to the GP and a note made on the patient's record. All health concerns were followed up in a timely way. Patients identified as smokers were referred to an external provider who visited the practice once a week to give smoking cessation advice.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. The practice used a system of telephone calls, text messages and letters to invite patients for a health check.

The practice had ways of identifying patients who needed additional support, and it was pro-active in offering

Requires improvement

Are services effective?

(for example, treatment is effective)

additional help. For example, one of the GPs was identifying children with obesity and referring them to a local service to help them and their parents with weight control.

The practice's performance for the cervical screening programme was 80%, which in line with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

Last year's performance was below average for flu vaccinations. For example, flu vaccination rates for the over 65s were 66% compared to the national average of 73%, and at risk groups 38% compared to the national average of 52%.

The practice was the same as the national average for child immunisation rates as vaccinations given to under twos ranged from 94% to 97% and five year olds from 91% to 97%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey 2014 and a survey the practice completed regarding telephone access and the appointment system in 2014.

Patients gave mixed feedback in the above surveys. For example, 65% of patients rated the practice as good or very good compared to the CCG average of 82% and the national average of 85%. However, the practice was broadly in line with others both locally and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 90% said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%.
- 85% said the nurse gave them enough time compared to the CCG average of 92% and national average of 91%.
- 94% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%

We asked patients to complete CQC comment cards to tell us what they thought about the practice. We only received one completed card and this was positive about the service experienced. We also spoke with five patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation/treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The reception desk and was shielded by glass partitions which helped keep patient information private. There was also an electronic check in facility in different languages so patients could bypass the reception desk. Additionally, 83% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed a mixed response to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 78% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patients with children said the children were involved in the consultation and treated in an age appropriate way.

Good

Are services caring?

Staff told us that a telephone translation service was available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients rated the practice below the CCG and national average for emotional support provided. For example:

- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.

The patients we spoke with on the day of our inspection informed us that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The information was well organised with different noticeboards for different age ranges, for example there was one for children which included information on childhood illnesses and immunisations; a separate one for teenagers with information regarding sexual health and contraception and one for older people. The practice's computer system alerted GPs if a patient was also a carer. There was also a carers' noticeboard in the waiting room with information of the various avenues of support available to them.

Staff told us that if families had suffered a bereavement, their usual GP contacted them and if appropriate the practice sent a bereavement card. They said an alert was placed on the system for bereaved families so they were treated sensitively on their next visit.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. One of the GPs and the practice manager attended monthly meetings held by the CCG.

The practice did not have a patient participation group (PPG). A PPG is a group of patients registered with a practice who work with them to improve services and the quality of care. The practice manager told us that plans were in place for one to start. There had been little response from the patients to join the group, currently only two patients had agreed. One of the GP partners, the practice manager and a member of the administration team were also going to attend. The first meeting was planned for August 2015.

Tackling inequity and promoting equality

The practice had recognised some of the needs of different groups in the planning of its services. Longer appointment times were available on request for example for patients with learning disabilities and those with poor mental health. The majority of the practice population were English speaking patients but access to telephone translation services were available if they were needed.

The practice had not provided equality and diversity training for any of the staff members but during the inspection we did see the reception staff speaking with patients in a polite and professional manner.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as the consulting and treatment rooms were all on the ground floor. There was a wide door and a ramp at the entrance to the building and the waiting area, corridors and internal doors were all wide enough with plenty space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence. There were access enabled toilets and baby changing facilities.

Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and they would register them as a temporary patient. There was a system for flagging vulnerability in individual patient records.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

Access to the service

The surgery was open from 8.30am to 6.30pm Monday to Friday. Appointments were available from 9am to 12pm and 3pm to 6pm on these days. The practice did not offer any extended hours opening in the evenings, early mornings or weekends.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available on request for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP. Home visits were made to a local care home on a specific day each week, by a named GP and to those patients who needed one. Prior to the inspection we spoke with the care home and they confirmed that a GP visited each week the practice responded well to additional home visit requests.

The patient survey information we reviewed showed patients did not respond well to questions about access to appointments and generally rated the practice poor in these areas. For example:

- 62% were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 76%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 55% described their experience of making an appointment as good compared to the CCG average of 66% and national average of 74%.
- 41% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.
- 53% said they could get through easily to the surgery by phone compared to the CCG average of 64% and national average of 74%.

Patients we spoke with confirmed the above information stating it took time to get through to the surgery by phone especially in the morning. On the day of the inspection we witnessed patients queuing outside the practice to book an appointment and they informed us this was a usual occurrence due to the difficulty of getting through on the phone. Two of the patients we spoke with also confirmed that they sometimes wait more than 15 minutes after their appointment times.

Patients did confirm that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking four weeks in advance.

We reviewed comments that had been left on the NHS Choices website regarding the practice and again there was a common theme of dissatisfaction. Seven out of the eight comments left in 2014 and 2015 were negative about the appointment system and gaining access on the telephone. Two of the patients stated that they had to queue at the practice when it opened to make an appointment or wait some time to get through on the telephone.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. One of the GP partners was identified as the responsible person for responding to complaints of a clinical nature.

We saw that information was available to help patients understand the complaints system in a patient leaflet and on the practice website. The information on the website was limited and advised patients that in addition to contacting the practice they could contact the complaints department at the primary care trust (PCT). There were no contact numbers available and this information was out of date as the PCT was no longer in existence and had been replaced by the clinical commissioning group (CCG).

We saw that ten complaints received from April 2014 to July 2015 had been documented on a complaints log. We also looked at documentation relating to three other complaints that hadn't been included on the log. We found some of them had been handled satisfactorily with clear responses provided to the complainant. There were some complaints about a particular GP that could have been handled in a more appropriate way as the GP in question had responded directly to the complainants. Subsequent communication received from the complainants showed this had caused some additional concerns. Some of the complaints had not been responded to within the recommended time frames and without any communication to the patients to explain the reason for the delay.

The practice reviewed complaints annually to detect themes or trends. We observed from the complaint log that the appointment system and telephone access were a common theme of complaints. It was documented that the practice was reviewing the telephone system and would be discussing its requirements with the telephone system provider. In response to a patient survey regarding the telephone system in 2014 the practice introduced a queuing system rather than a ring tone when patients telephoned the practice. They also increased the amount of telephone lines available from six to eight.

None of the comments that had been left on the NHS Choices website had received a response from the practice despite there being a process for them to do so. There was no evidence from the practice meeting minutes that these had been looked at or discussed so lessons had not been learnt from these.

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 informed us of their plans to expand and extend their premises over the next few years to provide additional treatment rooms and a pharmacy to accommodate the growing patient population.

There were no documented values displayed in the practice, on the website or in the patient information leaflet although staff informed us they aimed to provide a caring good quality service. The practice statement of purpose only stated they aimed to provide GP services for patients under the primary medical services (PMS) contract

Governance arrangements

The practice had policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at a number of these policies and procedures and found that not all of them contained relevant information pertaining to the practice. For example, some of them contained details of another practice. All the policies and procedures we looked at had been reviewed in September 2014.

There was a leadership structure within the practice with named members of staff in lead roles for example in infection control, safeguarding and complaints management. We spoke with members of staff and they were all clear about their own roles and responsibilities. The staff informed us they felt supported but not always valued by all of the GP partners. Some of the staff raised concerns about the attitude of one particular GP. They informed us they would go to the practice manager with any concerns. They were not all aware of a whistleblowing policy but this was found in the staff handbook.

The practice manager took a leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing below the national standards.

The practice carried out clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, medication prescribing was reviewed in response to national and local guidelines. Evidence from other data sources, including incidents and complaints was used to identify areas where improvements could be made.

The practice had carried out some risk assessments where risks had been identified and action plans had been produced and implemented, for example a fire risk assessment. There were other areas that had not been risk assessed in relation to the management of the building and the environment for example there had been no Legionella risk assessment. Infection control audits had been completed but there were no action plans in place to correct the identified areas of concern.

The practice manager was responsible for the human resources policies and procedures but they were not clear on which policies and procedures were available to support them. We were informed that a member of staff's performance was being managed but the practice manager was unable to locate the disciplinary procedure. We found this in the staff handbook. When we reviewed the staff member's file it was not clear that the processes specified in the disciplinary procedure had been followed or support measures implemented to allow the staff member to improve their performance.

We reviewed a number of policies, for example disciplinary procedures, induction policy, and management of sickness which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

Leadership, openness and transparency

The partners were visible in the practice and staff told us that most of them were approachable and took the time to listen to all members of staff.

The practice held weekly clinical meetings that were attended by the GP partners and the practice manager. Although they were called clinical meetings, matters relating to the management of the practice were also

Are services well-led?

Requires improvement

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

discussed. There were no clinical meetings that the nursing staff attended to discuss any clinical matters, updates or concerns. One of the GPs was responsible for supervising the nursing staff.

The reception and administration staff had not had regular team meetings, however, they had one recently and the minutes stated that they would occur monthly in the future. The staff informed us that they felt confident to raise any issues they had at team meetings.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through the surveys and complaints received. The practice had plans in place to implement a patient participation group (PPG) with the first meeting arranged for August 2015. A survey of patients had been completed in 2014 regarding the telephone system and access to appointments. The results showed that the patients preferred a queuing system rather than a ring tone when calling the practice. The practice had consulted with the telephone provider and introduced this. They also increased the amount of telephone lines available from six to eight.

The practice had also gathered feedback from staff through staff appraisals and discussions. They had recently commenced staff meetings for reception and administration staff with a view to these occurring once a month. Staff told us they would give feedback and discuss any concerns or issues with colleagues and the practice manager.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring, although induction and training for the nursing staff was lacking. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice provided training.

The practice discussed significant events as they occurred at the weekly clinical meetings and maintained a log of all events. There had been no formal review of these in the past year to identify themes and trends.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The provider did not operate effective recruitment procedures. This was because required information in respect of each person employed was not available and up-to-date and Disclosure and Barring checks (DBS) had not been made on all nursing staff and those non-clinical staff carrying out chaperone duties. ensuring all the required information in respect of each person employed was available and up-to-date. This was in breach of Regulation 19 (2) (a) and 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not protected people against the risk of infection because actions identified in infection control audits had not been acted on. Some systems in particular in relation to hand hygiene were lacking. The practice had not completed a risk assessment for the management, testing and investigation of legionella. The practice did not use the correct disposal bins for sharps used for the administration of cytotoxic medications. This was in breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not protected people against the risk of unsafe treatment as they did not have access to essential emergency equipment such as oxygen. This was in breach of Regulation 12 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not protected people against the risk of unsafe treatment as they did not have a system for the management of high risk medications that included regular review and monitoring of the patient This was in breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** We found that the registered person had not responded to patient feedback and survey results to improve access to the service.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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.