

Hawes Lane Surgery

Quality Report

Hawes Lane
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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?

Inadequate



Are services effective?

Good



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 previously inspected Hawes Lane Surgery on 19 March 2015; this inspection was carried out under the previous provider's registration. As a result of the inspection visit, the practice was rated as requires improvement overall with a requires improvement rating for providing safe and well-led services; this was because we identified some areas where the provider must make improvements and some areas where the provider should make improvements. The practice was rated good for providing effective, caring and responsive services.

We carried out an announced inspection at Hawes Lane Surgery on 5 September 2017. This inspection was conducted as a comprehensive inspection, under the new provider's registration.

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

- Staff we spoke with during our inspection spoke positively about working at the practice. Most of the comments provided by patients during our inspection were positive, indicating that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected.
- Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. However during our inspection we found that the practice's system for recording significant events needed improvement.
- We found that in some areas clinical expertise and oversight was not always in place in order to operate well governed, safe systems and processes.
- We saw that when alerts were received and disseminated, they were recorded on the system to monitor actions taken. However during our inspection we found that the practice was not signed up to

Summary of findings

receive all national safety alerts and as a result, the practice was unable to demonstrate that they had taken necessary action in response to specific safety alerts.

- During our inspection we found that the practice did not have adequate patient specific directions (PSDs) in place to support health care assistant's role when administering specific vaccinations, such as flu vaccines. PSDs are written instructions by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- Although prescription stationery was securely stored we found that the practice did not operate a system to monitor and track prescription stationery. In addition, we found that the practices system for managing uncollected prescriptions was not always effective.
- We observed the premises to be visibly clean and tidy.
- The results from the most recently published national GP patient survey highlighted that some responses were below local and national averages in relation to access. Although we found that the practice had made some changes to improve access, at the point of our inspection the practice were yet to be able to demonstrate sustained improvement and improved satisfaction in this area.

We saw an area of outstanding practice during our inspection:

- Winter bags had been set up during the winter months in 2016, to support their vulnerable patients; including vulnerable older patients and patients who were living in isolation. This idea was initiated in practice and the team put support bags together to give to vulnerable patients in the practice and during home visits. Each bag contained a hot water bottle, a blanket, a pair of gloves, a pair of socks, a hat, a torch and a thermos mug to help patients through the winter months. Approximately 35 bags were handed out to help patients, although outcomes were not recorded in the practice, staff expressed that patients responded very positively to this piece of work and that the practice was going to repeat the winter bag initiative this year.

However, there were areas of practice where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvement are:

- Continue to explore ways to improve satisfaction rates with regards to access.

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?

- Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. However during our inspection we found that the practices system for recording significant events needed improvement.
- Staff we spoke with assured us that learning from significant events was shared during practice meetings, however records to support that learning was shared was limited and lacking in information.
- We saw that when alerts were received and disseminated, they were recorded on the system to monitor actions taken. However during our inspection we found that the practice was not signed up to receive all national safety alerts and therefore the practice was not able to demonstrate that they had taken necessary action in response to specific safety alerts.
- We observed the premises to be visibly clean and tidy. The practice nurse was the infection control lead and the practice manager was the deputy lead for infection control.
- Although prescription stationery was securely stored we found that the practice did not operate a system to monitor and track prescription stationery. In addition, we found that the practices system for managing uncollected prescriptions was not always effective; we found two uncollected prescriptions dating back to May and July 2017 on the day of our inspection.
- During our inspection we found that the practice did not have adequate patient specific directions (PSDs) in place to support health care assistant's role when administering specific vaccinations, such as flu vaccines. PSDs are written instructions by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

Inadequate



Are services effective?

- Multi-disciplinary team (MDT) meetings and palliative care meetings took place on a regular basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings.
- We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews.

Good



Summary of findings

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. Data on how the practice was currently driving demonstrated that the practice was meeting QOF targets in most areas at the time of our inspection.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. The practice also reviewed their patient's attendances at the local Accident and Emergency department.
- During our inspection we saw examples of audits which were used to drive improvements in patient care and to improve systems and processes in the practice.
- The practice actively referred and encouraged patients to attend their health promotion clinics; this included a successful smoking cessation clinic which took place twice a week at the practice with a stop smoking advisor. A health trainer worked closely with the practice to offer health promotion and weight management clinics twice a week.

Are services caring?

- We saw that staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- 2% of the practices list were carers. The practice offered health reviews and flu vaccinations for anyone who was a carer. The practice displayed a range of supportive information for carers and there was information in place for carers to take away, we saw that carers were signposted to other services such as the Route to Wellbeing. We also saw that the Route to Wellbeing service was actively used for patients who would benefit from accessing the service.
- Results from the practices in-house survey highlighted that patients responded positively with regards to questions about care and the results from the most recent national GP patient survey were comparable with CCG and national averages.
- Most of the comments provided by patients during our inspection were positive, indicating that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected.
- The practice held a coffee morning each Thursday for patients who wished to attend as a befriending and social support service.

Good



Summary of findings

Are services responsive to people's needs?

- The practice offered a range of clinics including chronic disease clinics, post-natal clinics and child immunisations, as well as counselling services, health screening and phlebotomy for blood tests which were available twice a week
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online. The practice also offered extended appointments for patients with three or more medical problems.
- There were facilities in place for people with disabilities and for people with mobility difficulties. There were translation services available and we saw that there was a hearing loop in place during our inspection.
- The results from the most recently published national GP patient survey highlighted that some responses were below local and national averages in relation to access. Although we found that the practice had made some changes to improve access, at the point of our inspection the practice were yet to be able to demonstrate sustained improvement and improved satisfaction in this area.
- Phlebotomy was offered at the practice every weekday between 8:30am and 11:30am for blood tests carried out by the health care assistant.

Requires improvement



Are services well-led?

- We found that in some areas clinical oversight was not always in place in order to operate well governed, safe systems and processes. This was reflected across systems for managing national safety alerts, systems for monitoring prescription stationery and for managing uncollected prescriptions.
- We found that the minutes of the practice meetings were limited in terms of information recorded. Furthermore, we found that shared learning information was limited when we looked at significant event records and there was no record of shared learning in relation to complaints.
- Staff we spoke with during our inspection spoke positively about working at the practice. Staff said they were confident in raising concerns and suggesting improvements openly within the team. We found that the practices phlebotomy clinic was implemented as a result of a suggestion made by the practices healthcare assistant.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well led services; this affects all six population groups.

- The practice offered home visits and urgent appointments for those with enhanced needs.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.
- The practice offered Saturday walk in clinics for flu vaccinations for patients aged 65 and over, during the month of October.
- Patients had access to appropriate health assessments and checks. The practice offered annual reviews to patients aged 65 and over.
- The practice offered personalised care plans for patients over the age of 75. These patients had a named GP and a care co-ordinator in place at the practice. The practice also sent birthday cards to patients aged 75 and over.

Requires improvement



People with long term conditions

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well led services; this affects all six population groups.

- We saw evidence that multidisciplinary team meetings took place on a regular basis and that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- The practice operated a joint diabetic specialist clinic (DICE) every eight weeks with a hospital diabetic specialist nurse and with the practice nurse for their diabetic patients with complex needs.
- QOF performance for overall diabetes related indicators for 2015/16 was 97% compared to the CCG average of 87% and the national average of 89%. Unverified data provided by the practice on the day of our inspection highlighted that 76% of patients with diabetes had their cholesterol measured within the preceding 12 months; the QOF target for this area was 75%.

Requires improvement



Summary of findings

- In addition, 96% of the practices patients with diabetes had received a flu vaccination; the QOF target for this area was 95%.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were at high risk of admission to hospital had personalised care plans in place.
- The practice offered Saturday walk in clinics for flu vaccinations for at risk groups, during the month of October.
- The practice carried out a drive to improve smoking cessation and focussed on their patients with a long term condition. This resulted in successful quit smoking rates at the practice, increased appointment availability, a reduction in unplanned admissions and also a reduction in home visit requests. The practice manager attended local practices to share the positive results following the practices smoking cessation drive. As a result, clinics were set up in 65 practices across the locality.

Families, children and young people

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well led services; this affects all six population groups.

- The practice operated an effective system for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified. The practice regularly engaged with the health visitor.
- There were baby changing facilities at the practice. Baby clinics were held at the practice every Tuesday and child immunisation clinics ran from 2pm until 4pm on these days. An antenatal clinic also took place on a Wednesday between 1:20pm and 3:30pm; this clinic was run by the community midwife.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions.
- Unverified data provided by the practice on the day of our inspection indicated that the practice's cervical screening uptake was at 74% and no patients had been exception reported. Staff also advised that the practice was working through a call and recall system to provide screening to those that needed it.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well led services; this affects all six population groups.

- Appointments could be booked over the telephone, face to face and online.
- The practice was offering a new seven day opening service; this was being offered in conjunction with five other general practices within the locality. Extended hours were also offered at the practice on Tuesday evenings until 9pm.
- Patients who may be in need of extra support were identified and supported by the practice. This included patients requiring advice on their diet, smoking and alcohol cessation. The practice also offered extended appointments for patients with three or more medical problems.
- Patients had access to appropriate health assessments and checks, including health checks for new patients and NHS health checks for people aged 40–74.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well led services; this affects all six population groups.

- There were facilities in place for people with a disability and for people with mobility difficulties. There were hearing loop and translation services available.
- The practice offered annual reviews and flu vaccinations for vulnerable patients including carers and patients with a learning disability. Vulnerable patients were regularly reviewed and discussed as part of the Multi-disciplinary team (MDT) meetings to support the needs of patients and their families.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. The practice also operated a priority telephone line for their vulnerable patients and patients receiving palliative care.
- During the winter months in 2016 the practice set up winter bags to support their vulnerable patients, this included vulnerable older patients and patients who were living in isolation. Approximately 35 bags were handed out to help

Requires improvement



Summary of findings

patients, although outcomes were not recorded in the practice, staff expressed that patients responded very positively to this piece of work and that the practice was going to repeat the winter bag initiative this year.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well led services; this affects all six population groups.

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia. Patients with complex needs and patients experiencing poor mental health were regularly discussed during MDT meetings.
- Performance for overall mental health related indicators for 2015/16 was 86% compared to the CCG average of 91% and the national average of 93%. Unverified data provided by the practice during our inspection showed that the practice was meeting QOF targets for specific areas of mental health care.
- Performance for dementia related indicators for 2015/16 was 100%. Unverified data viewed on the day of our inspection demonstrated that 74% of patients on the practices dementia register had their care plans reviewed in the preceding 12 months; the QOF target for this area was 70%. No patients had been exception reported at the time of our inspection.
- We saw that the Route to Wellbeing service was actively used for patients who would benefit from accessing the service. The service was used to offer a variety of support to patients including befriending support, counselling, guidance and advice.

Requires improvement



Summary of findings

What people who use the service say

The practice received 106 responses from the national GP patient survey published in July 2017, 301 surveys were sent out; this was a response rate of 35%. The results highlighted that the practice's responses were below local and national averages across areas of the survey. For example:

- 50% found it easy to get through to this surgery by phone compared to the CCG average of 60% and national average of 71%.
- 61% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and national average of 84%.
- 65% described the overall experience of the practice as good compared to the CCG average of 77% and national average of 85%.

- 44% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 65% and national average of 76%.

We spoke with two patients as part of our inspection and we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 completed CQC comment cards, most of the comment cards were positive about the care provided at the practice and some cards highlighted difficulties making an appointment over the telephone. Feedback from patients we spoke with was also positive with regards to the care and treatment provided by the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Action the service **SHOULD** take to improve

- Continue to explore ways to improve satisfaction rates with regards to access.

Outstanding practice

We saw an area of outstanding practice during our inspection:

- Winter bags had been set up during the winter months in 2016, to support their vulnerable patients; including vulnerable older patients and patients who were living in isolation. This idea was initiated in practice and the team put support bags together to give to vulnerable patients in the practice and during home visits. Each

bag contained a hot water bottle, a blanket, a pair of gloves, a pair of socks, a hat, a torch and a thermos mug to help patients through the winter months. Approximately 35 bags were handed out to help patients, although outcomes were not recorded in the practice, staff expressed that patients responded very positively to this piece of work and that the practice was going to repeat the winter bag initiative this year.

Hawes Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Hawes Lane Surgery

Hawes Lane Surgery is a long established practice located in the Rowley Regis area of the West Midlands. There are approximately 4,020 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The GP team consists of three long term-sessional locum GPs; two are male GPs and one is a female GP. The locum GPs had worked at the practice for a number of years, with one GP joining the team as a locum in 2010. The clinical team also includes a practice nurse and a health care assistant. The practice manager and two long term-sessional locum GPs form the general day to day management team at the practice. The practice manager is a registered provider at the practice and is responsible for the overall leadership at the practice. The practice manager is also supported by an assistant practice manager and a team of eight staff who cover reception, secretarial and administration roles.

The practice was open for appointments between 8am and 6:30pm during weekdays, with extended hours on Tuesday evenings until 9pm. At the time of our inspection the practice was in the early stages of providing a new seven day opening service which was being offered in conjunction with five other general practices within the locality. This allowed patients to access appointments across a mixture of the five practices on weekday evenings and on Saturday mornings and Sunday mornings until midday. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period..

Why we carried out this inspection

We carried out an announced comprehensive inspection at Hawes Lane Surgery under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, on 5 September 2017. 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 provider under the Health and Social Care Act 2008 and associated regulations.

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?

Detailed findings

- Is it well-led?

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

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

The inspection team:

- Reviewed information available to us from other organisations such as NHS England

- Reviewed information from CQC intelligent monitoring systems
- Carried out an announced inspection on 5 September 2017
- Spoke with staff and patients
- Reviewed patient survey information
- Reviewed some patient records
- Reviewed the practices policies and procedures

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. 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

Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. During our inspection we found that sometimes incidents were recorded on the practices incident reporting software other times they were recorded on the practices incident reporting form instead. Although overall, incidents were formally recorded; the evidence viewed during our inspection did not demonstrate an effective system for monitoring trends and themes arising from incidents.

During our most recent inspection we saw a summary of 10 significant events that had occurred since April 2016. We looked at records of three significant events on the day of our inspection.

The practices summary of significant events highlighted that learning was discussed with staff during practice meetings, but when we looked at minutes of practice meetings there was no details of shared learning following significant events. Staff we spoke with during our inspection however confirmed that learning was shared during practice meetings.

The provider had some systems in place to support 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. Staff advised that when things went wrong with care and treatment patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

- Safety and medicines alerts were disseminated by practice manager. We saw that when alerts were received and disseminated, they were recorded on the system to monitor actions taken. However during our inspection we found that the practice was not signed up to receive all national safety alerts and therefore the practice was not able to demonstrate that they had taken necessary action in response to specific safety alerts.
- For instance, an alert from the Medicines and Healthcare products Regulatory Agency (MHRA) highlighted a risk to healthcare professionals where patients had been prescribed two specific medicines to treat conditions such as heart failure and high blood pressure. The alert indicated that where patients were prescribed such medicines, regular blood monitoring should take place; with any adverse reactions being reported to the MHRA. During our inspection there was no evidence to demonstrate that the practice had received the alert and there was no evidence of actions taken; the practice were unable to demonstrate if they had checked for any registered patients that were taking these medicines, if they had taken any specific action where needed in relation to the alert and if they ensured blood monitoring was taking place where required.
- To gain assurance that no patients were at risk we asked the practice to conduct a search on their patient record system during our inspection. The search highlighted 13 patients who had been prescribed the medicines specific to the MHRA alert, four of these patients were on combined medicines and therefore required specific blood monitoring as specified in the MHRA alert. Although we gained assurance that the patient's bloods were within the normal range as a result of the search conducted on the day of our inspection, we found that the monitoring to this point had not been in line with advice given in the alert.
- We looked at five staff files during our inspection, files showed that appropriate recruitment checks had been undertaken prior to employment such as proof of identity, qualifications and registration with the appropriate professional body.
- Notices were displayed to advise patients that a chaperone service was available if required. The practice nurse and the healthcare assistant would usually act as chaperones; we saw that they had received appropriate training. We saw that DBS checks were in place for all members of staff including those who chaperoned. 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.
- We saw that the practices safeguarding policies outlined who to contact for further guidance if staff had concerns

Are services safe?

about a patient's welfare. The practice nurse was named as the lead members of staff for safeguarding; they had received the appropriate level of safeguarding training relevant to their lead role. They attended regular safeguarding meetings and the practice provided reports where necessary for other agencies. Staff we spoke with demonstrated that they understood their responsibilities and had received the appropriate level of safeguarding training relevant to their role.

- The practice nurse was the infection control lead and the practice manager was the deputy lead for infection control. We observed the premises to be visibly clean and tidy and we saw that cleaning specifications were in place and records were kept to support that medical equipment was frequently cleaned. Staff had access to personal protective equipment including disposable gloves, aprons and coverings.
- Staff had received infection control training and the training was also incorporated in to the induction programme for new staff members. There was an infection prevention control protocol in place and we saw records of completed infection control audits. During our inspection there was no evidence of records of immunisation status for staff, for immunisations typically administered to people working in general practice. However, this information was provided shortly after our inspection took place.
- There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of an incident. The vaccination fridges were secure, vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance. We saw calibration records to ensure that clinical equipment was checked and working.
- There was an effective system in place for the prescribing and monitoring of high risk medicines. We saw that patients prescribed high risk medicines were regularly monitored and reviewed.
- Although prescription stationery was securely stored we found that the practice did not operate a system to monitor and track prescription stationery. In addition, although staff advised that they checked through the practices uncollected prescriptions every month, on the day of our inspection we identified some uncollected

prescriptions that dated back to May and July 2017. When we looked in to this further there was no evidence to demonstrate if patients had received these medicines or if the practice had attempted to follow up with the patients to check if they still needed them.

- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- The health care assistant was also trained to administer vaccines such as flu vaccinations. During our inspection we found that the practice did not have adequate patient specific directions (PSDs) in place to support health care assistant's role when administering specific vaccinations, such as flu vaccines. PSDs are written instructions by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. Although the practice had written instructions signed by a prescriber, these were specific to different clinics and were not specific to patients to demonstrate that the prescriber had assessed the patient on an individual basis.

Monitoring risks to patients

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for different staffing groups to ensure that enough staff were on duty.
- There was a health and safety policy in place and the practice had a range of formal risk assessments in place to demonstrate how they managed and monitored risk associated with the overall health and safety of the premises.
- We saw records of fire risk assessments and records to show that regular fire alarm tests and fire drills took place. There were also named fire marshalls in place to support with fire drills where needed. We noted that staff with lead responsibilities had received appropriate training.

Are services safe?

- We saw records of formal risk assessments associated with infection control across the practice, including the control of substances hazardous to health and for the risk of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Arrangements to deal with emergencies and major incidents

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice kept emergency medicines, a defibrillator and oxygen with adult and children's masks. We saw records to support that these were regularly checked to ensure they were fit for use.
- There was a business continuity plan in place for major incidents such as power failures, building damage and IT incidents. The plan included emergency contact numbers for staff and most staff were aware of how to access the plan.
- Records showed that all staff had received training in basic life support. There was also a first aid kit and an accident book in place.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was some evidence in place to support that the practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards. However, gaps in the practices system for managing safety alerts highlighted that sometimes the practice had not followed guidelines for safe medicines, monitoring and prescribing; such as guidelines from the Medicines and Healthcare products Regulatory Agency (MHRA).

We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews. The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patient's attendances at the local Accident and Emergency departments and followed up where necessary.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (for 2015/16) were 98% of the total number of points available, compared to the CCG and national average of 95%. The practice followed an exception reporting policy for QOF and had exception report 7% of their patients. 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.

- QOF performance for overall diabetes related indicators for 2015/16 was 97% compared to the CCG average of 87% and the national average of 89%. Unverified data provided by the practice on the day of our inspection highlighted that the practice was meeting some QOF targets for diabetes care. For instance 76% of patients with diabetes had their cholesterol measured within the

preceding 12 months; the QOF target for this area was 75%. In addition, 96% of the practices patients with diabetes had received a flu vaccination; the QOF target for this area was 95%.

- The percentage of patients with hypertension having regular blood pressure tests for 2015/16 was 100%, with an exception rate of 1%. Unverified data provided by the practice during our inspection demonstrated that 81% of patients with hypertension had received blood pressure tests; the QOF target for this area was 80%. Data indicated that the practice had exception reported 2% of these patients at the time of our inspection.
- Performance for overall mental health related indicators for 2015/16 was 86% compared to the CCG average of 91% and the national average of 93%. Unverified data provided by the practice during our inspection showed that the practice was meeting QOF targets for specific areas of mental health care. For example, 93% of the practices patients experiencing poor mental health had received a blood pressure check within the preceding 12 months; the QOF target for this area was 90%.
- Performance for dementia related indicators for 2015/16 was 100%. Specifically 80% of the practices patients with dementia had their care plans reviewed in a face-to-face review in the preceding 12 months, 13% of these patients had been exception reported. Unverified data viewed on the day of our inspection demonstrated that 74% of patients on the practices dementia register had their care plans reviewed in the preceding 12 months; the QOF target for this area was 70%. No patients had been exception reported at the time of our inspection.

We saw examples of audits which were used to drive improvements in patient care and to improve systems and processes in the practice. For instance, we saw records of a completed audit which focussed on the prescribing of specific medicated plasters. A small number of patients had been prescribed the specific plasters and as an action point these patients were called in to the practice so that alternative treatment could be prescribed in line with local prescribing guidelines. There was also a repeated audit in place which focussed on monitoring of blood glucose levels in patients with diabetes. This audit demonstrated improvement in blood monitoring and management for diabetic patients.

Are services effective?

(for example, treatment is effective)

Effective staffing

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety, infection control and confidentiality. Induction programmes were tailored to reflect each role. In addition to in-house training staff made use of e-learning training modules.
- The practice had a locum pack for locum clinicians to use when working at the practice. Clinicians were up to date with their yearly continuing professional development and revalidation requirements. Staff received annual appraisals were supported to attend training courses.
- We saw that the nurse and the health care assistant attended study days for updates on immunisations and that the nurse also attended training updates on specific areas such as cervical screening. The practice nurse and the healthcare assistant received regular clinical supervision from the two long term-sessional locum GPs.
- The practice nurse and healthcare assistant engaged with local nurses during education events and nurse conferences. In addition, the practice manager regularly engaged with local practices and other practice managers as chair of the practice manager forums for the clinical commissioning group (CCG).

Coordinating patient care and information sharing

Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team (MDT) meetings and palliative care meetings took place on a monthly basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment, for example:

- The practice had 11 patients on their palliative care register. The data provided by the practice highlighted that 90% of these patients had received an annual

review and further reviews were planned. We saw that the practice palliative care was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

- The practice had a register of 89 patients from vulnerable groups, this included patients with a drug or alcohol dependency. The data provided by the practice highlighted that 90% of these patients had received an annual review and further reviews were planned. These patients were discussed as part of the MDT meetings to support the needs of patients and their families.

Consent to care and treatment

We saw evidence to demonstrate that staff had received training in the Mental Capacity Act 2005 and staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance. Patients' consent to care and treatment was sought in line with legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered annual reviews and flu vaccinations for various population groups including patients with a long term condition, carers and patients aged 65 and over. In addition, the practice offered personalised care plans for patients over the age of 75. These patients had a named GP and a care co-ordinator in place at the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Patients who may be in need of extra support were identified and supported by the practice. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services effective?

(for example, treatment is effective)

The practice operated an effective call and recall system for various patient groups, this included appropriate systems for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified. 2015/16 Immunisation rates for five year olds ranged from 71% to 97%, compared to the local averages which ranged from 85% to 94% and national averaged ranging from 87% to 93%.

Unverified data provided by the practice on the day of our inspection indicated that the practice's cervical screening uptake was at 74% and no patients had been exception reported. Staff also advised that the practice was working through a call and recall system to provide screening to those that needed it. The practice operated a system for ensuring that test results had been received for every cervical screening sample sent by the practice. The practice offered reminders for patients who did not attend for their cervical screening test. The practice's breast cancer screening rates for 2015/16 were at 76% compared to the CCG average of 66% and national average of 72%. Unverified data provided by the practice on the day of our inspection indicated that the practice's current breast screening rate was at 68%. Bowel cancer screening rates for 2015/16 were at 53% compared to the CCG average of 45% and national average of 57%.

The practice had recognised that many of their patients who were smokers also had a long term health condition; furthermore this cohort of patients was recognised by the practice as having some of the highest attendance rates at

A&E. To improve this, the practice carried out a drive to improve smoking cessation. During our inspection we saw records of a published report from September 2016 which demonstrated how this work led to increased appointment availability and a reduction in hospital admissions.

- The report outlined that at the start of the process almost one quarter of the practices registered patients were smokers. In response to this, a weekly clinic with a stop smoking advisor was utilised at the practice and as uptake grew, the practice then increased the clinic to twice a week due to successful promotion and uptake.
- An audit was conducted after six months to assess the viability of the smoking cessation clinics. The audit highlighted that the number of patients who smoked had decreased by 27%. Furthermore, the number of appointments taken up by smokers had reduced by 65% and approximately 20 more appointments were made available each week by improving smoking quit rates.
- In addition there was a reduction in the number of unplanned hospital admissions by smokers, with admissions reducing by 34% in a six month period. The audit also identified a reduction in home visits, with the number of home visits reducing by half per week, as well as reduced prescribing costs.
- The practice manager attended local practices to share the positive results following the practice's smoking cessation drive. As a result, clinics were set up in 65 practices across the locality.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with two patients as part of our inspection. Patient comments were positive, indicating that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected. We received 24 completed CQC comment cards during our inspection. Comment cards were positive about the care and treatment provided at the practice; many comments described staff as friendly, caring and helpful.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- A private area was offered to patients who wanted to discuss sensitive issues or appeared distressed.
- We saw that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

The practice carried out in-house patient surveys; we saw results of an in-house survey which was completed by 55 patients between December 2016 and March 2017. Results contained positive satisfaction rates with regards to care provided by the practice team, for example:

- All survey respondents felt that reception staff were friendly and that they were greeted in a friendly manner at the practice.
- Most patients noted that the GP was caring and compassionate, with 2% that disagreed.
- Responses highlighted that patients were satisfied with the advice and treatment provided by the GP.
- Respondents highlighted that they had enough time with the GP.
- Respondents indicated that patients were confident in the care they had received.

The practice produced an action plan in response to the in-house survey results that reflected the period from December 2016 to March 2017. We saw that actions to improve appointment access were listed, further services such as phlebotomy were introduced and actions to appropriately signpost vulnerable patients to services such as Route 2 Wellbeing were reiterated.

The practice received mixed responses to questions about care on the recent national GP patient survey which was published in July 2017, for example:

- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 82% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 79% said the GP gave them enough time compared to the CCG average of 81% and national average of 86%.
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 86%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- In other areas however the practice received positive satisfaction results on the survey. For example, 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 60% and national averages of 71%.

Care planning and involvement in decisions about care and treatment

Results from the practices in-house survey highlighted that patients responded positively with regards to questions about care planning. These results reflected 55 completed questionnaires' between December 2016 and March 2017:

- All respondents felt involved in making decision about their care and treatment.
- Respondents highlighted that the GP made them feel at ease and gave them time to explain the reasons for their visit to the practice.

Are services caring?

The results from the most recent national GP patient survey were comparable with CCG and national averages, in response to questions about care planning and being involved in decision making, for example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.

Patient and carer support to cope emotionally with care and treatment

During the winter months in 2016 the practice set up winter bags to support their vulnerable patients, this included vulnerable older patients and patients who were living in isolation. Staff explained that the idea was initiated in practice and the team put support bags together to give to vulnerable patients in the practice and during home visits. Each bag contained a hot water bottle, a blanket, a pair of gloves, a pair of socks, a hat, a torch and a thermos mug to help patients through the winter months. Approximately 35 bags were handed out to help patients, although outcomes were not recorded in the practice, staff expressed that patients responded very positively to this piece of work and that the practice was going to repeat the winter bag initiative this year.

The practice held a coffee morning each Thursday for patients who wished to attend as a befriending and social support service. The practice also sent birthday cards to patients aged 75 and over.

There were 76 patients on the practices carers register; this was 2% of the practices overall list. The practice offered health reviews and flu vaccinations for anyone who was a carer. The practice displayed a range of supportive information for carers and there was information in place for carers to take away, we saw that carers were signposted to other services such as the Route to Wellbeing.

We also saw that the Route to Wellbeing service was actively used for patients who would benefit from accessing the service. The service was used to offer a variety of support to patients including befriending support, counselling, guidance and advice.

Staff told us that if families had suffered bereavement, the GP contacted them and the practice also sent sympathy cards to families. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff highlighted that some refurbishments had taken place at the practice such as replacement flooring and lighting, baby changing facilities had also been installed. There were facilities in place for people with disabilities and for people with mobility difficulties. There were translation services available and we saw that there was a hearing loop in place during our inspection.

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online. The practice also utilised text messaging appointment reminders to remind patients of their appointments.
- At the time of our inspection the practice was in the early stages of providing a new seven day opening service which was being offered in conjunction with five other general practices within the locality. This allowed patients to access appointments across a mixture of the five practices on weekday evenings and on Saturday mornings and Sunday mornings until midday. Extended hours were also offered at the practice on Tuesday evenings until 9pm.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. The practice also offered extended appointments for patients with three or more medical problems.
- Urgent access appointments were available for children and those with serious medical conditions. The practice also operated a priority telephone line for their vulnerable patients and patients receiving palliative care.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to patients at home, such as elderly patients and housebound patients who could not attend the surgery.
- Baby clinics were held at the practice every Tuesday and child immunisation clinics ran from 2pm until 4pm on these days. We saw evidence to demonstrate that the practice worked closely alongside health visitors and

ensured that where required, children and families received additional support. An antenatal clinic also took place on a Wednesday between 1:20pm and 3:30pm; this clinic was run by the community midwife.

- The practice actively referred and encouraged patients to attend their health promotion clinics; this included a successful smoking cessation clinic which took place twice a week at the practice with a stop smoking advisor. A health trainer worked closely with the practice to offer health promotion and weight management clinics twice a week.
- The practice offered Saturday walk in clinics for flu vaccinations for at risk groups and for patients aged 65 and over, during the month of October.
- The practice operated a joint diabetic specialist clinic (DICE) every eight weeks with a hospital diabetic specialist nurse and with the practice nurse for their diabetic patients with complex needs.
- Phlebotomy was offered at the practice every weekday between 8:30am and 11:30am for blood tests carried out by the health care assistant.

Access to the service

The practice was open for appointments between 8am and 6:30pm during weekdays, with extended hours on Tuesday evenings until 9pm. Pre-bookable appointments could be booked up to four weeks in advance.

The patients we spoke with as part of our inspection gave positive feedback with regards to the service provided. Comment cards were positive with regards to the practice team and the care patients received however some cards noted that at times patients found it hard to make an appointment. In addition, some comments highlighted that some patients would like to have more GPs at the practice.

- The results from the most recently published national GP patient survey highlighted that some responses were below local and national averages in relation to access. For example, 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- Results from the national GP patient survey indicated that 50% found it easy to get through to this surgery by phone compared to the CCG average of 60% and

Are services responsive to people's needs?

(for example, to feedback?)

national average of 71%. Furthermore, 38% patients described their experience of making an appointment as good compared to the CCG average of 63% and national average of 73%.

The practice also carried out in-house patient surveys; we saw results of an in-house survey which was completed by 55 patients between December 2016 and March 2017. Results highlighted that 44% of the responses either disagreed or strongly disagreed that it was easy to make an appointment to see a GP at the practice.

To improve satisfaction in relation to access, the practice changed the ratio of same day and pre-bookable appointments and increased capacity by adding a lunchtime clinic, as well as Saturday clinics. The Saturday clinics had recently stopped but were being replaced by the practice's seven day opening service. To improve satisfaction in relation to opening hours the practice was in the early stages of providing a new seven day opening service. This was being offered in conjunction with five other general practices within the locality to enable patients to access appointments across a mixture of the five practices on weekday evenings and on weekend mornings.

In addition, staff explained that the practice had ordered telephony software to record calls and to monitor call demand. Discussions with the practice manager highlighted that the practice was going to use this as a learning tool, such as to improve communication skills where required. In addition there were plans to monitor call trends once the software was installed so that the practice could ensure calls were adequately managed during busy periods.

Although we found that the practice had made some changes to improve access, at the point of our inspection the practice were yet to be able to demonstrate sustained improvement and improved satisfaction in this area.

- Results from the national GP patient survey highlighted that appointments generally ran to time. For example, 68% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 54% and national average of 64%. In addition, 54% of patients felt they did not normally have

to wait too long to be seen compared with the CCG average of 46% and national average of 58%. This reflected comments provided from patients during our inspection also.

- During our inspection the practice provided there August 2017 results of the NHS Family and Friends Test where 70% of the respondents highlighted that they would recommend the service to a friend or a family member.

We viewed an action plan provided by the practice shortly after the inspection. The action plan provided further assurance outlining some of the actions the practice had taken during July and August in order to improve access. Actions included providing five additional sessions for more appointment availability, monitoring appointment demand three times a day to effectively manage appointments and improving access for vulnerable groups by implementing dedicated lines and same day access. In addition, the action plan highlighted that the practice was offering an average of 502 appointments per week, which was above their expected ratio of 444 appointments; this was increased based on patient feedback received in the practice.

Listening and learning from concerns and complaints

- There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Patients were informed that the practice had a complaints policy which was in line with NHS requirements. The practice leaflet also guided patients to contact the practice manager to discuss complaints.
- We saw a summary of six complaints which were received since May 2016; complaints were been investigated and responded to in a timely manner. We also found that complaints had been satisfactorily handled and responses demonstrated openness and transparency.
- Although the practice had received six complaints between May 2016 and August 2017, the practice could not provide evidence to demonstrate how learning was shared in relation to complaints and complaint themes. Amongst the minutes of practice and clinical meetings

Are services responsive to people's needs?

(for example, to feedback?)

that we looked at, there was no record of complaints discussed or shared learning in relation to complaints; we looked at minutes of these meetings which took place between January and August 2017.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a set of 21 aims and objectives and also a documented mission statement, which we saw was displayed through the practice. The practice's aims and objectives were to ensure patients received high quality, safe and effective services and to continually monitor and improve their healthcare service.

Staff spoke positively about working at the practice and staff demonstrated a commitment to the practice and to providing a high quality service to patients. During our inspection the practice manager shared some of the future plans for the practice; this included an ongoing plan to recruit salaried GPs.

The practice manager was also in the process of purchasing the practice premises, explaining that they had made some improvements to the premises in stages and that further changes were planned as part of a premises action plan. The practice had joined a federation with five other practices in the area; these practices were also able to offer a seven day access service for patient appointments during evenings and weekends.

Governance arrangements

Staff had defined roles and there were lead roles across a number of areas such as safeguarding, infection control and fire safety. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.

Policies and documented protocols were available in hard and electronic formats. We saw that risk was formally assessed across areas such as health, safety and infection control. The practice engaged with the local Clinical Commissioning Groups (CCG) had signed up to the CCGs Primary Care Commissioning Framework (PCCF) for 2017/18. This involved working towards a range of standards with an overarching aim to ensure patients receive high quality care and sustainable services. However, in other areas governance arrangements were not always effective and overall we found that systems were disjointed with a lack of clinical oversight at the practice.

The practice held a range of regular meetings including practice meetings, clinical meetings and multidisciplinary meetings. Minutes of meetings were kept and we saw that

topics such as significant events, training and infection control were discussed during these meetings. However we found that the minutes of the practice meetings were limited in terms of information recorded. For instance there were no records of who attended the practice meetings and although learning from areas such as significant events was shared in the practice, shared learning was not detailed in the practice meeting minutes. Furthermore, we found that shared learning information was limited when we looked at significant event records.

Leadership, openness and transparency

The practice manager and two long term locum-sessional GPs form the general day to day management team at the practice. The practice manager was the registered provider at the practice was responsible for the overall leadership at the practice. As the registered provider, we found that the practice manager was committed to the practice however there was a lack of clinical leadership at the practice and this posed the risk of clinical issues being missed. This was evident in some areas observed during our inspection, for instance we found that in some areas clinical expertise and oversight was not always in place in order to operate safe systems and processes. Shortly after our inspection took place, the provider outlined that clinical leadership is provided by the long term-sessional locum GP and jointly shared and monitored by the practice manager and the whole of the clinical team.

Staff we spoke with commented that all staff, including the practice manager and the GPs were supportive and approachable. Staff described a culture of openness and honesty at the practice; they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly within the team.

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

Although the practice had an active PPG, we were unable to speak with PPG members during our inspection process. We saw minutes of PPG meetings as part of our inspection, minutes demonstrated that the PPG met frequently and that they were involved in discussions about the practice including future plans such as the practice's seven day opening service.

Conversations with staff indicated that the practice encouraged staff to provide suggestions and share ideas

Are services well-led?

Requires improvement 

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

during informal catch ups and formal practice meetings. We found that the practices phlebotomy clinic was implemented as a result of a suggestion made by the practices healthcare assistant. The practice also encouraged patient feedback during general visits to the practice, feedback could also be provided through the NHS Family and Friends survey, through practice surveys and via the practices suggestions box.

Continuous improvement

The practice manager had started to explore funding options to offer a social prescribing service to patients. Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. The practice manager explained that they had utilised a social prescribing service in the past and that this worked well as it helped to support patients based on their individual needs, including community care and improvements to their quality of life and overall wellbeing.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to manage and mitigate risks to the health and safety of patients who use services. We saw that when alerts were received and disseminated, they were recorded on the system to monitor actions taken. However during our inspection we found that the practice was not signed up to receive all national safety alerts and as a result, the practice was unable to demonstrate that they had taken necessary action in response to specific safety alerts.</p> <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance</p> <p>There was evidence of poor governance found during our inspection. In particular:</p>

Requirement notices

We found that the practices system for recording significant events and incidents was disjointed in areas. Records lacked information to support that learning was shared from significant events, incidents and complaints.

Although prescription stationery was securely stored we found that the practice did not operate a system to monitor and track prescription stationary. In addition, we found that the practices system for managing uncollected prescriptions was not always effective.

Overall we found that systems were disjointed with a lack of clinical oversight at the practice.

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