

Dr M L Swami & Partners

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Dr M L Swami & Partners on 15 January 2015. We have rated the overall practice as inadequate.

Specifically, we found the practice inadequate for providing safe services and being well led. It was also inadequate for providing services for all the six population groups. Improvements were also required for providing effective services. It was good for providing caring and responsive services.

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

Patients were at risk of harm because systems and processes were not in place and implemented in a way to keep them safe. We found concerns in recruitment, infection control, staffing, medicine management, anticipating events, quality and monitoring systems and dealing with emergencies.

We found patient needs were not always assessed in line with professional guidelines. The practice did not have system in place to carry out completed (a minimum of two cycles) clinical audits. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent

We found the practice had not taken all measures to identify, assess and manage risk. The practice did not have a documented business or strategic plan in place.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand.

The areas of practice where the provider must make improvements are:

Action the provider MUST take to improve:

- Ensure all recruitment and employment information required by the regulations are documented in all staff members' personnel files.

Summary of findings

- Ensure all staff identified as requiring a DBS check have one undertaken as soon as possible. Undertake a risk assessment to determine which members of staff require a Disclosure Barring Service (DBS) check and which members do not.
- Ensure there are systems in place to regularly assess and monitor the quality of the services provided. And to identify, assess and manage risks relating to health, welfare and safety of patients.
- Ensure appropriate clinical staffing levels are in place.
- Ensure arrangements are in place to deal with emergencies and major incidents.
- Ensure systems are in place to monitor fridge temperatures. To ensure systems are in place for all medicines to be stored safely and securely.
- Ensure systems are in place to safeguard patients against the risk of abuse.
- Ensure staff receive regular appropriate training, specific to their role. This includes, training in, safeguarding, infection control and chaperoning.

- Ensure appropriate infection control systems are in place, in line with national guidelines.

Action the provider SHOULD take to improve:

- Implement recording systems, to document clinical and multidisciplinary meetings that take place.
- Ensure systems are in place to undertake completed clinical audits regularly
- Ensure systems are place to ensure lessons are learnt from complaints and significant events.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made. Patients were at risk of harm because systems and processes were not in place and implemented in a way to keep them safe. Medicines management did not reflect national guidelines. Recruitment and employment information required by the regulations was not documented in all staff members' personnel files. The practice was not routinely managing safety and risk consistently overtime and therefore was unable to demonstrate a safe track record. There was no system in place to disseminate significant events and complaint outcomes. The practice did not have appropriate infection control systems in place, in line with national guidelines. Staff had not received appropriate training specific to their roles. The practice did not have robust systems for checking fridge temperatures. The practice did not have sufficient regular clinical staff on duty to support the needs of the patient population. The practice did not have adequate arrangements in place to manage emergencies. The practice had a system in place for reporting and recording significant events. Medicine management policies were in place. We checked the medicines held at the practice and these were within their expiry date.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. We found patient needs were not always assessed in line with professional guidelines. The practice did not have system in place to carry out completed (a minimum of two cycles) clinical audits. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent. 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. All staff undertook annual appraisals which identified learning needs. The practice worked with other service providers to meet patient's needs. The practice used several electronic systems to communicate with other providers.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and

Good



Summary of findings

they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Patients we spoke with said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.

Good



Are services well-led?

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. The senior management had not discussed with staff the plans for the next five years and how the practice would meet patient demand. We found the practice had not taken all measures to identify, assess and manage risk. The practice did not have a documented business or strategic plan in place. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. Clinical staff told us QOF data was regularly reviewed and discussed in team meetings. The practice had a number of policies and procedures in place to govern activity and these were available to staff on the practice computer system. The practice sought feedback from patients and had an active patient participation group (PPG).

Inadequate



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 the care of older people. The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. All patients who were 75 years of age and over had a named GP. Home visits were arranged for frail and elderly patients. Two per cent of this patient population group had their care plans discussed and agreed with. The practice worked well with external professionals in delivering care to older patients, including end of life care. The practice worked closely with the district nurses and matrons and regularly discussed and reviewed complex patient needs. The practice had access to community geriatricians, and referrals were made for advice, domiciliary visits and admissions. The practice offered personalised care to meet the needs of the older patients in its population. This included supporting patients in a local care home.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safety and for well-led and requires improvement for effective. 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. One of the senior GP partner held specialist expertise in neurology. This benefitted patients, as the GP was able to provide early diagnosis of strokes and of transient ischemic attack (TIA) and supported patients by referring to appropriate secondary care providers. The practice ran various clinics to support this patient group, including diabetes, asthmas and coronary heart disease clinics. The practice also ran a virtual diabetic clinic, which was led by a diabetic consultant to provide advice and support to patients with diabetes. The practice carried out regular health checks, for its Asian population to ensure to identify any risks. For example, patients with impaired fasting glycaemia are identified through these checks and followed up appropriately.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the

Inadequate



Summary of findings

practice, including this population group. The practice ran various weekly clinics to support this patient group, which included maternity services, contraceptive services, and child health surveillance clinics. We saw Chlamydia kits and information leaflets were available at the practice. Access to these kits gave patients easier access to a test for sexually transmitted infections. Same day appointments were made available to all young babies and children. This was supported by two patients we spoke with on the day of our visit. Information relevant to young patients was displayed and health checks were provided in line with national guidance.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice provided a range of appointments between 8:00am to 6.30pm. Early morning and later evening appointments were available. The practice also held a weekly Saturday surgery. The practice supported patients who were not able to attend due to work commitments, by offering telephone advice. Patients were able to make same day urgent appointments and routine appointments with any GP within 24 hours. The practice had recently introduced an online appointment booking system, which allowed patients to easily view, book and cancel appointments via the internet. In addition, telephone appointments were offered for advice on medicines, prescription and test results.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of patients whose circumstances may make them vulnerable. The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. People wishing to register at the practice were always accepted. All staff had received safeguarding training. The practice offered all patients with a learning disability to have an annual health check-up. All end of life care patients had a named GP and were flagged on the system to ensure staff were aware of these patients. The practice worked closely with the local Multi-Agency Safeguarding Hub (MASH) and provided regular reports via a secure electronic system and reported any children's safeguarding concerns immediately.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients with needs related to substance misuse attended the practice and were referred to external organisations for further support. The practice had good working relationships with the local Community Mental Health Team (CMHT). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice offered patients experiencing poor mental health advice on how to access various support groups and voluntary organisations. Leaflets about local support groups were available and referrals to the memory clinic for patients with dementia were made.

Inadequate



Summary of findings

What people who use the service say

We spoke with nine patients on the day of the inspection and received feedback from 34 patients through comment cards. Generally the patients we spoke with were complimentary of the service they received from the practice. Feedback about the GPs, practice nurse, administration and reception staff was positive. Patients described staff as courteous, helpful, caring, and accommodating. Patients we spoke with were generally satisfied with the appointment system and told us they were seen on the same day if an emergency appointment was required. One patient who had been with the practice for a long time, told us the GPs went out of their way to see them when required. Patients said the practice

was clean, hygienic and safe. Patients told us staff treated them with respect, dignity and their privacy was preserved. Patients explained that they felt involved and GPs and nursing staff always kept them informed about their health. Some patients commented that they had not been asked for feedback about the practice.

In the 2014 GP patient survey, 67% of patients rated their overall experience of this practice as good. Fifty two per cent of patients said they would recommend this practice to someone new to the area. These results were below national average.

Areas for improvement

Action the service MUST take to improve

- Ensure all recruitment and employment information required by the regulations are documented in all staff members' personnel files.
- Ensure all staff identified as requiring a DBS check have one undertaken as soon as possible. Undertake a risk assessment to determine which members of staff require a Disclosure Barring Service (DBS) check and which members do not.
- Ensure there are systems in place to regularly assess and monitor the quality of the services provided. And to identify, assess and manage risks relating to health, welfare and safety of patients.
- Ensure appropriate clinical staffing levels are in place.
- Ensure arrangements are in place to deal with emergencies and major incidents.

- Ensure systems are in place to monitor fridge temperatures. To ensure systems are in place for all medicines to be stored safely and securely.
- Ensure systems are in place to safeguard patients against the risk of abuse.
- Ensure staff receive regular appropriate training, specific to their role. This includes, training in, safeguarding, infection control and chaperoning.
- Ensure appropriate infection control systems are in place, in line with national guidelines.

Action the service SHOULD take to improve

- Implement recording systems, to document clinical and multidisciplinary meetings that take place.
- Ensure systems are in place to undertake completed clinical audits regularly
- Ensure systems are place to ensure lessons are learnt from complaints and significant events.

Dr M L Swami & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, and a GP specialist advisor. The team also included a practice manager specialist advisor.

Background to Dr M L Swami & Partners

Dr M L Swami & Partners provide primary medical services to 6500 registered patients, over three sites. The practice is split at three sites, Russell Street Surgery, Colely Park and Burghfield Health Centre. Russell Street Surgery is the main site, which is located in the busy town centre in Reading Berkshire, with approximately 3300 registered patients at the surgery. This inspection was only carried out at the Russell Street Surgery; the other two locations were not inspected.

Dr M L Swami & Partners was established over 80 years ago and the two partners have been practising since 1983 and 1981 respectively. Dr M L Swami & Partners has a high number of patients registered who are under 18 years of age and have a low proportion of over 65 year old registered with them.

All consulting and treatment rooms are located on the ground floor. Care and treatment is delivered by a number of GPs and practice nurses. In addition, the practice is supported by midwives who held clinics on the premises. The practice also works closely with district nurses and health visitors. The practice has a Primary Medical Services (PMS) contract. PMS contracts are negotiated locally with the local office of NHS England.

The practice provides services from the following three sites:

Russell Street Surgery

79 Russell Street

Reading

RG1 7XG

Coley Park Surgery

Wensley Road

Coley Park

Reading

RG1 6DN

Burghfield Health Centre

Reading Road

Burghfield Common

Reading

RG7 3YJ

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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

Prior to the inspection, we reviewed wide range of intelligence we hold about the practice. Organisations such as local Healthwatch, NHS England and the clinical commissioning group (CCG) provided us with any information they had. We carried out an announced visit on 15 January 2015. During our visit we spoke with practice staff team, which included GPs, practice nurse and the reception and administration team. We spoke with nine patients including the Patient Participation Group (PPG) members who used the service and reviewed 34 completed patient comment cards. We observed interactions between patients and staff in the waiting and reception area and in the office where staff received incoming calls. We reviewed policies and procedures the practice had in place. We looked at the outcomes from investigations into significant events and audits to determine how the practice

monitored and improved its performance. We checked to see if complaints were acted on and responded to. We looked at the premises to check the practice was a safe and accessible environment.

To get to the heart of patients experiences of care, we always ask the following five questions of every service and provider:

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Are services safe?

Our findings

Safe track record

The practice had not raised any safeguarding alerts within the last year. The practice had some systems in place to identify risks and improve quality in relation to patient safety. For example, staff told us all national safety alerts came to one of the GP partners and the practice manager, who then forwarded these to the team to be actioned. However, there was no evidence to show this pathway formally occurred, nor any proof that alerts had been read or actioned.

We found the practice did not have systems in place to save and disseminate Medicines and Health Regulatory Agency (MHRA) alerts when received. We were unable to review all safety records, incident reports and minutes of meetings in the previous six months as these had not been held or recorded. This showed the practice was not routinely managing safety and risk consistently overtime and therefore were unable to demonstrate a safe track record.

Learning and improvement from safety incidents

The practice had a system in place for reporting and recording significant events. We saw records of significant events that had occurred during 2013/14. We were shown a significant event audit/analysis document, which was dated from January to December 2014. This showed a number of significant events that had been discussed and analysed and learning shared with staff.

However, we found appropriate action and learning had not always been implemented. For example, a significant event dated January 2014 showed a patient with an allergy was prescribed an inappropriate medicine. This was raised as a significant event and shared with all GPs. The outcome was to code any patients with a nut allergy on patient records. However, the GP partner was unable to show us how they would code this on the computer system.

In another example, we saw a significant event was raised in February 2014, because the locum GP did not have access to a locum pack for local policies. The locum pack we were shown on the day of our visit was dated July 2012. The practice could not demonstrate that the contents of the pack reflected current arrangements. Patients were at risk of locum GPs not following current procedures and policies.

There was no documented evidence of dissemination of the significant events and complaint outcomes. This was because the practice did not formally record discussions of significant events and complaints that took place during clinical staff meetings. There was no formal method of collecting feedback from staff with regards to concerns. A GP partner told us they did give verbal feedback to staff but acknowledged this was not documented.

The practice recorded all incidents and accidents in a log. We reviewed this log and noted the last entry was made in 2012. There was no evidence of any learning from these incidents to avoid reoccurrence.

Reliable safety systems and processes including safeguarding

The practice had safeguarding children and adult policies and procedures in place to protect vulnerable patients. The practice was unable to evidence any recent referrals that had been sent to the local safeguarding services. Although a new electronic template was shown, no completed electronic examples were evidenced, nor were any historical paper referrals available to review.

The safeguarding lead informed us previously referrals were made verbally to Multi-agency safeguarding hub (MASH), however this practise conflicted with the policy which clearly showed proforma referral forms should be used when making referrals. The safeguarding lead told us they had not been attending the local safeguarding meetings.

The safeguarding lead told us they had received an appropriate level of safeguarding training; however there was no certificate filed to support this, although there was evidence the lead had completed level two safeguarding training. We saw evidence the other GP partner had received level two safeguarding training, but there was no evidence to confirm level three training had also been completed. We were unable to confirm the level of safeguarding training the salaried GP had received, as the practice did not hold certificates for them.

We found not all staff had received relevant role specific training on safeguarding. For example, the practice nurse told they had received some form of safeguarding training in 2013 which they believed was valid for three years. They

Are services safe?

could not recall if this was adult or children safeguarding training or for both. Following the inspection, we were provided with evidence the practice nurse had completed level three online safeguarding training.

The practice manager had completed children safeguarding training. They had not completed any training in adult safeguarding. The administrative and reception had not received adult or child safeguarding training. The staff we spoke with were aware who the safeguarding lead was, and knew how to access the safeguarding procedures. They told us would approach the practice manager or a GP partner if they had any concerns.

The practice did not have a chaperone policy in place. The GP partner told us they did provide a chaperone service to patients and this was often taken up by patients. We found there was no visible information or leaflets in the waiting area to inform patients of this service. The practice nurse, administrative and reception staff had undertaken chaperone duties. Only the practice nurse had been chaperone trained. Some staff we spoke with did not understand their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. We found practice had not carried out criminal records checks through the Disclosure and Barring Service (DBS) for staff that carried out chaperone duties or completed a risk assessment to decide whether these staff required a DBS check.

Medicines management

We saw there were medicines management policies in place. We checked the medicines held at the practice and these were within their expiry date. All prescriptions were reviewed and signed by a GP before they were given to the patient.

The practice did not have systems for checking fridge temperatures. The practice stored travel and child vaccines and samples in three separate fridges. We found for the travel vaccine fridge, a temperature chart was in place. However, checks were not carried out daily. We noted from the period 14-31st July 2014 the temperature was recorded as 14 degrees. The action taken was not documented but the medicines were put in another fridge.

Cleanliness and infection control

During our inspection we looked at all areas of the practice, including the GP consulting rooms, nurses' treatment

rooms, patients' toilets and waiting areas. All appeared visibly clean and were uncluttered. The patients we spoke with commented that the practice was clean and appeared hygienic.

Patients and staff had access to hand sanitizers in the waiting area, toilets and in consulting rooms. We noted there were hand hygiene guidelines in photographic format in the toilet facilities for patients and staff to follow. Personal protective equipment such as gloves were available.

An infection control policy was 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. The practice did not have any supporting policies, such as Sharp injury policy and a policy on how staff should deal with spillage of body fluids. This was confirmed by the infection control lead.

There was a member of staff who was the control of infection lead. They had only recently taken on this role, and confirmed they had not received appropriate training to perform the role. The lead did not receive a handover from the previous infection control lead, and had identified the need for training and booked a course to attend in February 2015. In the interim the infection lead had been seeking advice and support from the local area team infection control lead.

We reviewed the infection control policy and the requirements of training for practice staff. The policy stated 'the practice has a policy of conducting a thorough programme of training on infection control as part of staff induction process...refresher training will be completed annually'. However, we found staff had not received infection control training specific to their role and had not received annual updates. This was supported by the staff we spoke with. The infection control lead was aware of this, and had planned to roll out training once they completed their training.

We had reviewed cleaning schedules from the period of 15 December 2014 until 12 January 2015. We saw there was a cleaning specification that set out each cleaning task required and the frequency upon which the task needed to

Are services safe?

be completed. We noted in some weeks the cleaners visited the practice twice a week, and in the other weeks only once. There was no evidence of spot checks being completed.

Cleaning materials were stored safely and were colour coded to ensure separate equipment was used in clinical and non-clinical areas. We found appropriate arrangements were in place to enable the safe removal and disposal of the different types of waste generated from the practice.

We saw evidence that audits of infection control processes and the practice environment had been undertaken in the last year. The January 2015 infection control audit, had identified all staff required appropriate training, and the infection control lead had planned training in February 2015.

The practice had completed a legionella (a germ found in the environment which can contaminate water systems in buildings) risk assessment, in July 2014. This document was made available to us. The assessment confirmed no legionella bacteria was found in samples that had been analysed.

We found not all clinical staff had evidence of their Hepatitis B status.

Equipment

All portable electrical equipment was routinely tested. A schedule of testing was in place. All equipment calibration was carried by an external organisation. There were records detailing these checks. We saw a log of calibration testing for the practice and all equipment had been tested this year.

Staffing and recruitment

The practice did not have suitable recruitment systems in place, to ensure patients were treated by suitably skilled and qualified staff. We reviewed the personnel files of three staff members who had been recruited in the last two years. These included a locum GP, practice nurse and a receptionist. We found information required by the legislation was not recorded in the individual staff files.

One of GP files we reviewed, contained evidence of an application form and any employment gaps had been explored. Evidence of qualifications was recorded in the file. However, there was no evidence of references, identity

checks and confirmation of professional registration or if they were part of the NHS England performers list. There was no evidence of criminal records check through the Disclosure and Barring Service (DBS).

We reviewed other staff files. We found there was no record of any of the information required by the regulation. For example, there was no evidence of application form or CV, no employment contract, no identity checks, references and there was no evidence of relevant qualification the member of staff held. There was no evidence of criminal records check through the Disclosure and Barring Service (DBS). We found a documented risk assessment was not in place for staff the practice had deemed did not require a DBS check.

The practice did not have sufficient regular clinical staff on duty to support the needs of the patient population. The practice provided medical services to approximately 6,500 registered patients, across the three sites. The practice manager was unable to provide a detailed rota of all the clinicians.

The GP partner told us they provided 6 clinical sessions across the three sites, 2 admin sessions and 2 CCG sessions, and they were also an NHS England appraiser. The other GP partner and salaried GP were providing eight and nine clinical sessions respectively, across the three sites. The locum GP provided two clinical sessions, but the practice could not confirm which sites they covered. The GP partner told us the locum GP was bought in as a result of access issues. This meant a total of twenty five GP sessions were being provided, across the three sites for size of this patient population list.

The practice manager told us that the access to GPs was sometimes difficult for patients, in particular at Russell Street surgery and this was supported by the reception staff we spoke with. They told us the practice was very busy and they were not enough GP appointments. The practice manager confirmed no meeting or discussions had taken place by the management team to review and respond to patient demand. The practice had not assessed and monitored the peak demand and whether they had sufficient resources to support these patients safely. This meant there was insufficient information to enable us to understand the risks the current staffing arrangements posed to patients.

Are services safe?

The GP partner told us the practice had recently been through some significant staffing changes with four key members of staff having left. A very experienced clinical staff member had retired recently and a salaried GP had left the practice in November 2014. In addition, the practice had lost an experienced lead practice nurse last year and a previous regular locum GP had left a year ago. The practice lost their experienced practice manager, six months ago. The GP partner acknowledged they required more GP clinical sessions, however they admitted they were having problems recruiting new GPs.

Monitoring safety and responding to risk

The practice did not have appropriate systems in place to manage and monitor risks to patients, staff and visitors to the practice. We found no evidence of annual and monthly checks of the building. There was no evidence of regular monitoring and review of matters such as the environment, medicines management, staffing, dealing with emergencies and equipment.

The practice had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

We found no evidence of relevant risk assessments. For example, risk assessments in fire safety, control of substances hazardous to health (COSHH) risk assessment and there was no health and safety risk assessment in place.

Arrangements to deal with emergencies and major incidents

The practice could not demonstrate that they were equipped to manage emergencies. The practice did not have access to emergency equipment such as oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). The GP partner

told us in the event of medical emergency they would call 999. The practice had not carried out a full risk assessment to establish if they were able to deal with medical emergencies without the necessary equipment onsite.

We found some emergency medicines were available. These included furosemide, adrenaline, rectal diazepam, hydrocortisone, piriton. However, the practice did not have access to emergency medicine for the treatment of chest pain, bradycardia, suspected bacterial meningitis and suspected myocardial infarction. We found no evidence of risk assessment for these medicines, and whether these were not kept because these medicines were not suitable for the practice to stock and how this was kept under review. We noted the emergency medicines were stored in a treatment room which did not lock. The cupboard the medicines were stored in was also unlockable. Medicines were not kept safely and securely.

We saw the emergency medicines were checked by the practice nurse, who kept a spreadsheet with volumes and expiry dates. We noted batch numbers were not recorded. The practice nurse carried out monthly checks. All the medicines we checked were in date and fit for use.

The practice did not have a business continuity plan in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks had not been identified and rated and mitigating actions had not been established to reduce and manage the risk. We could not evidence that the practice would be able to maintain services to patients in the event of an incident affecting the availability of the building or the services required to run the building.

Staff told us they had received regular training in basic life support. We found not all staff had received cardio pulmonary resuscitation (CPR) training and this training was in date. For example, we saw no evidence to confirm the practice manager and the locum GP had received this training.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We found GPs did not always complete thorough assessments of patients' needs in line with guidelines of National Institute for Health and Care Excellence (NICE) and from local commissioners. We were shown a patient record for a patient who had recently been diagnosed with hypertension. We found a diagnosis was made by three BP readings over a period of weeks. However, there was no evidence of the use of ambulatory or home BP measurements for diagnosis, in line with the best practice guidance. The GP partner told us the ambulatory BP machine had not been recalibrated and was not available for use. We noted a copy of the deep vein thrombosis (DVT) pathway, dated March 2010 was kept in the consultation room. We asked to see if there was a more up to date pathway from Intranet, but this was not provided. The GP partner was unable to show us how they would access the up to date guidance.

The lead GP partner told us they led in specialist clinical areas such as asthma care, management and prevention of heart disease, stroke and care of the elderly. The other GP lead on areas including family medicine, well women and children's healthcare and the salaried GP specialised in contraceptive services and fittings of IUD. The GPs were supported by the practice nurses, which allowed the clinicians to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

We saw no evidence of discrimination when making care and treatment decisions. Our discussions with GPs showed that the culture in the practice was that patients were treated and referred on need and that age, sex and race was not taken into account in this decision-making.

The senior GP partner showed us data from the local CCG of the practice's performance for antibiotic prescribing, which was comparable to similar practices

Management, monitoring and improving outcomes for people

The practice routinely collected information about patients care and outcomes. The practice used the Quality and Outcomes Framework (QOF) which is a voluntary system for the performance management and payment of GPs in the

National Health Service. This enables GP practices to monitor their performance across a range of indicators including how they manage medical conditions. The practice achieved 98% on their QOF 2014 score compared to a national average of 96%. Data from the QOF showed how the practice had performed well on areas including cervical screening and palliative care.

The practice showed us clinical audits that had been undertaken in the last two years. All of these audits had one cycle completed. These included audits for asthma, chronic obstructive pulmonary disease (COPD), depression and annual health checks for patients with a learning disability. For example, the January 2015 Asthma audit showed 79 asthma patients had been identified who required a review. All patient records were reviewed and recommendations plans were put in place. All of these were incomplete audits because a second cycle of audit had not been undertaken and reflected on. We found no evidence of a formalised or documented action plan that could be taken forward to run a second cycle. There was no evidence of an audit plan being in place.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We noted a good skill mix among the doctors. The GP had additional diplomas in family planning, diabetic care and chronic obstructive pulmonary disease (COPD). The GP partners were also forensic medical examiners to the Thames Valley Policy Authority. The practice nurse told us they were currently being trained for diabetes, insulin initiation and had received training in chaperoning patients.

All GPs were up to date with their yearly continuing professional development requirements and all either had 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 undertook annual appraisals which identified learning needs. Staff told us their learning and training needs were discussed and if they required further training or wished to go on training courses the practice would support them.

Working with colleagues and other services

Are services effective?

(for example, treatment is effective)

The practice worked with other service providers to meet patient's 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 111 service both electronically and by post. These were followed up daily by the GPs and nurses and actioned appropriately.

The practice worked closely with secondary care providers, in regards to Disease-Modifying Antirheumatic Drugs (DMARDs). DMARDs are a group of medicines that are used to ease the symptoms of rheumatoid arthritis (RA). The practice carried out the blood tests on-site and then sent them for review. The GP partner told us they worked closely with the community geriatricians, who were regularly accessed by patients for advice, domiciliary visits and admissions.

The practice held multidisciplinary team meetings on an ad hoc basis to discuss the needs of patients with complex medical needs, for example those with end of life care needs. The GP partner told us these meetings were attended by district nurses and palliative care nurses and decisions about care planning were shared and discussed. These meetings were not minuted or documented and we were unable to evidence what was discussed and if any actions plans were put in place.

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. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use.

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, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved

in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

The practice has also signed up to the electronic Summary Care Record (SCR) and planned to have this fully operational by 2015. The SCR system enabled medical data (for example, record of allergies) to be securely shared, for those patients who had consented, with other providers of health care to support delivery of emergency care. For example, when a patient attended a hospital accident and emergency department.

Information on how the Summary Care Record system worked was available on the practice website.

Consent to care and treatment

The practice had a consent policy. The GPs and nursing staff had access to guidance and information for the Mental Capacity Act (MCA) 2005. The clinical staff we spoke with understood the key parts of the legislation and described how they implemented it. Staff were able to describe the action they would take if they thought a patient did not understand any aspect of their consultation or diagnosis. This ensured patients who were either unable or found it difficult to make an informed decision about their care could be supported appropriately.

The GP partner showed us examples of when the MCA 2005 was applied and followed. For example, when recently offering flu vaccine, and where patients had declined, their decision was respected and clearly documented in the patient's medical record.

The GP partner told us they used flagging systems on patients to identify carers who cared for patients with dementia and learning disability. It was also clearly documented in these patients' medical records, if the carer was involved in decision making on behalf of the patient, giving them leaflets where applicable.

Health promotion and prevention

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register for all patients with a learning disability and these patients were offered annual health checks. The practice also kept a cancer register and monitored these patients to ensure they received regular medical reviews.

Are services effective?

(for example, treatment is effective)

The practice had detailed diabetic care plans in place. We reviewed a sample of these, and saw patients were given their own annual blood test results with reference to previous results. These patients were then invited to discuss these results with the GP.

The practice offered a health check with the practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. The GPs used their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic dementia diagnosis to patients and offering smoking cessation advice to smokers. In 2013/14 the number of patients with a smoking status recorded in their records was 91.8% which was slightly higher than the CCG and England average. Of these patients 96.1% of patients had received advice and support to stop smoking which was also higher than the national and CCG average.

A range of literature was accessible in the practice waiting room and on the practice website to support patients with

health promotion and self-care. Health promotion and prevention was promoted through consultations. GPs and nurses signposted patients experiencing poor mental health to the local Talking Therapy for further support and advice.

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

In 2014 the practice vaccinated 76.6% of patients over 65 years old with the flu vaccine. This was higher than the national average of 72.99%. For patients within the at risk groups, 71.35% of patients were vaccinated in the same period. This was significantly better than the national average of 53.22%.

The practice offered screening services for patients. Eighty six per cent of eligible women received a cervical screening test in 2014. This is significantly higher than the national average 77.08%.

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, where approximately 128 patient responses were received. Seventy per cent of patients said the GP they spoke with was good at treating them with care and concern (compared with 83% nationally) and 87% (compared with 93% nationally) of patients had confidence and trust the last GP they spoke with. One patient told us they had been very poorly and the practice had treated them with compassion and empathy during the difficult period they encountered.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 34 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Two comments were less positive but there were no common themes to these. We also spoke with nine 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. In the patient survey

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable 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 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 waiting and reception was separated by a glass partition. A system had been introduced to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Care planning and involvement in decisions about care and treatment

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. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We found the most of the practice staff were multi-lingual, and spoke in languages such as Hindi and Urdu. For example, during our inspection we observed a reception staff member communicating in Urdu with a patient who did not speak English. The GPs and nurses also had access to various internet sources to provide patients with information in different languages, if required. This included health promotion leaflets in Urdu, Arabic and Spanish.

We reviewed the 2014 national patient survey, where patients were asked questions about their involvement in planning and making decisions about their care and treatment. Sixty eight per cent of patients said the GP they saw was good at giving them enough time, compared with 88% nationally and 62% (75% nationally) of patients stated the GP they saw was good at involving them in decisions about their care. We saw 66 per cent (82% nationally) of patients said GP they saw or spoke to was good at explaining tests and treatments. These results were low compared to the national average. We found no evidence of any actions the practice had taken to address these concerns.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with on the day of our inspection told us that staff responded compassionately when they needed help and provided support when required. Some patients told us practice staff would go above and beyond what was required to make sure the care offered was appropriate. The comment cards we received were also consistent with this feedback.

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number

Are services caring?

of support groups and organisations. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

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

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.

A range of clinics and services were offered to patients, which included maternity services, cervical screening and contraceptive services. The practice ran regular nurse specialist clinics for long-term conditions. These included asthma, diabetes and coronary heart disease clinics. Longer appointments were available for patients if required, such as those with long term conditions. GPs placed all new patients who were diagnosed with a long term condition on the practice registers and organised recall programmes accordingly.

All patients suffering from Chronic Obstructive Pulmonary Disease (COPD) were provided with regularly screening, along with periodic spirometry checks. These patients were appropriately referred to pulmonary rehabilitation for further advice and support.

The practice had a recall system for cervical smear screening and had achieved their yearly targets. The local midwifery team held a clinic at the practice every week to support all pregnant women. The GPs had diverse areas of professional interest within general practice to support this patient group, which included family planning and women's health. The practice offered regular child health checks and vigorously pursued patients who do not attend these appointments.

The practice was driven to optimise the Dementia diagnosis rate to ensure patients were diagnosed early and received appropriate support and care. GPs used the General Practitioner assessment of Cognition (GPCOG) tool to assess patients opportunistically and by recall. The

GPCOG is a GP screening tool that medical professionals use to diagnose dementia. These patients were also referred to the local memory clinic for further support and advice.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example, following a suggestion from the PPG the practice had introduced weekly Saturday clinics and all patients were able to book appointments in advance for these. The PPG had also suggested the practice improved the upholstery of the chairs in the waiting area, and this feedback was acted upon.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice had a large proportion of patients of Asian descent and a number of these patients did not speak English. The practice had recognised this, and had employed GPs, Nurses and the administrative team with multi linguistic skills. The practice staff members understood the cultural and religious nuances and were able to deliver care effectively and smoothly. This was supported by our observations during the inspection and also from the patient feedback. One patient told us they valued that their GP communicated with them in their language during consultation, which meant they could get the care and support confidentially without having to bring a family member with them.

The practice had access to a telephone translation service and used this service when a patient requested an interpreter. Patients whose first language was not English could bring a relative or friend with them to their appointment to translate for them if they preferred. Staff told us written information could be made available in large print for patients with a visual impairment.

All consulting and treatment rooms were located on the ground floor. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Appointments were available from 8:00am to 6.30pm on weekdays, except Thursday where the practice closed at 2.00pm. Patients were directed to the other two sites when

Are services responsive to people's needs?

(for example, to feedback?)

they needed to be seen on a Thursday afternoon. Early morning appointments were available on two mornings each week from 7.00am. The practice did not close during lunch time and urgent treatment could be accessed during this time. The practice was also piloting Saturday morning clinics, where pre-bookable appointments could be made. This benefitted patients with work commitments.

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 their circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for people who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to a local nursing care home regularly and when required, by a named GP and to those patients who needed one.

Patients we spoke with were generally satisfied with the appointments system. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. Some patients told us it was easy to get a routine appointment, with their preferred GP. One patient said the GPs went out of their way to fit them in, by working through their lunch break. The practice had also sought advice and discussed with the PPG on how to improve services for patients. In response, the practice had employed two extra locum sessions each week.

The GP national survey 2014 showed 84% of patients were able to get an appointment to see or speak to someone the last time they tried and 71% of patients described their experience of making an appointment as good, compared

with 75% nationally. Eighty five per cent of patients said the last appointment they got was convenient and 68% of patients found it easy to get through to surgery by phone, compared with 73% nationally.

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. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system. A poster setting out how to make a complaint was displayed on a notice board. We asked some staff how they would support a patient wishing to make a complaint. They were able to tell us about the complaints procedure and how they would try to seek a prompt resolution for the patient by referring them to the practice manager. The complaints procedure was detailed on the practice website and in the patient information leaflet. None of the patients we spoke with had ever needed to make a complaint about the practice.

The complaints we reviewed had been investigated by the GP partner and responded to, where possible, to the patient's satisfaction. However, we found practice did not signpost patients to external organisations, should the patient not be satisfied with the practice response.

We found patients' comments made on the NHS Choices website were not monitored. During our inspection we spoke with the practice manager about these comments and why the practice had not responded. The practice manager told us they were not aware of this website and did not have any knowledge about these comments.

The patients we spoke with told us they would be comfortable making a complaint if required. They said they were confident a complaint would be fairly dealt with and changes to practice would be made if this was appropriate.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice did not have a clear vision and strategy. The practice did not have a documented business or strategic plan in place. The senior management had not discussed with staff the plans for the next five years and how the practice would meet patient demand.

We found the management team had not considered succession planning if one of the two GP partners was to retire, and how they would ensure continuity of service to patients. The GP partner confirmed they had not had any discussions about this and agreed such planning was needed to ensure patients are not affected long term.

Furthermore the practice was in receipt of 'Winter Pressure' money and through this funding they offered Saturday appointments. The funding was to end in March 2015. There was no evidence of discussion or a decision on whether the practice would remain open on Saturday and how this would be funded.

Governance arrangements

The practice had not taken all measures to identify, assess and manage risks. We found information required by the regulation was not recorded in the individual staff personnel file. The practice was not routinely managing safety and risk consistently overtime and therefore was unable to demonstrate a safe track record. There was no system in place to disseminate significant events and complaint outcomes. The practice did not have appropriate infection control systems in place, in line with national guidelines.

Staff had not received appropriate training specific to their roles. The practice did not have systems for checking fridge temperatures. We found medicine was not stored safely and securely. The practice did not have adequate arrangements in place to manage emergencies. Monitoring systems had not identified these issues.

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the practice computer system. These included policies in children and adult safeguarding, infection control, confidentiality, complaints and health and safety. All policies and procedures we looked at had been reviewed annually and were up to date.

We saw evidence of some clinical audits which were used to monitor quality and systems to identify where action should be taken. These included audits in asthma, COPD and health checks for patients with disability.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed they were performing in line with national standards. Clinical staff told us QOF data was regularly reviewed and discussed in team meetings.

Leadership, openness and transparency

We saw from minutes that practice meetings were held regularly, every two months. The GP partner told us clinical meetings were held weekly. They told us topics such as QOF, complaints and significant events were discussed. However, the clinical meetings were not minuted or documented. We found no evidence that showed lessons were learnt from complaints and significant events. There was no formal alternative to raise feedback.

The practice had adopted a flat hierarchal staff structure. The GP partners and salaried GP had special interests in various topics, such as asthma care, stroke and care of elderly people, family medicine and illness prevention. The practice had named staff in some lead roles, such as safeguarding and infection control. The senior GP partner told us if staff had concerns they could approach the partners or the practice manager. This was supported by the staff we spoke with.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, such as 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 whistleblowing, harassment and bullying and health and safety at work.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active patient participation group (PPG), where seven members attended. There was also a virtual PPG who contributed via email to decisions about the running of the practice. The PPG advertised information on how to join the group on the practice website, spoke to patients personally and information was displayed in waiting area.

Are services well-led?

Inadequate 

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

The PPG members told us they met every two to three months and meetings were attended by a GP and the practice manager. Members of the PPG told us they felt valued and thought their views were listened to. We were given examples of where the PPG had highlighted areas where PPG feedback was acted on and changes were made. For example, additional locum sessions were introduced to meet patient demand.

Most staff told us they felt involved in the running of the practice and were able to give their inputs informally to the practice manager.

The practice had not acted on feedback received from patients. For example, in the 2014 GP patient survey, 67% of patients rated their overall experience of this practice as

good. Fifty two per cent of patients said they would recommend this practice to someone new to the area. These results were below national average. We found the practice had not taken any action on this feedback.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

The practice did not have systems to share learning from incidents which potentially impacted on the safety and effectiveness of patient care. For example, we found no evidence of learning from complaints, audits, and significant events being disseminated to staff.

We looked at staff files and saw that all staff had received an annual appraisal in the last 12 months.

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 17 HSCA (RA) Regulations 2014 Good governance The registered person must regularly assess and monitor the quality of the services provided. And identify, assess and manage risks relating to health, welfare and safety of patients. Regulation 17(1) & (2).
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 The registered person must ensure all information specified in Schedule 3 is available in respect of staff employed for the purpose of carrying on the regulated activity. Regulation 19 (1) and (3).
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 The registered person must ensure systems are in place for proper and safe management of medicines. The registered person must assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associate. Regulation 12 (1) (2) (g) (h).
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

Systems and processes must be established and operated effectively to prevent abuse of service users. Regulation 13 (1) & (2).