

Dr AK Sinha's Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr AK Sinha's Medical Practice on 3 May 2017. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and managed, with the exception of thorough recruitment checks and the processing of patient safety alerts.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect but some patients felt the GP was not always good at explaining tests and treatments or involving them in their care and decisions about their treatment.
- Information about how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients told us they found it easy to make an appointment with urgent appointments available the same day.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and adults relevant to their role. However, not all staff were aware of who the safeguarding lead was in the practice and the register held of vulnerable children required updating.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by the management team. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Implement a consistent system to log, review, discuss and act on patient safety alerts received as soon as possible after the alerts are issued to identify an affected patients .
- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

- Consider obtaining an Automated External Defibrillator (AED) in the practice as recommended in the 'Primary care – Quality Standards' published by the Resuscitation Council UK or alternatively review the current risk assessment to ensure it is comprehensive and clearly details why an AED is not required.
- Update the register of vulnerable children in conjunction with external agencies. Document at the earliest convenience if children have failed to attend hospital appointments and detail any safeguarding elements identified.

- Ensure all staff are made aware of who the safeguarding lead is within the practice and obtain evidence of safeguarding training for locum GPs.
- Strengthen the practice business continuity plan to include staff telephone numbers and arrangements in the event of unplanned absence of clinicians.
- Undertake an analysis of significant events to identify and evaluate any trends.
- Improve the system for the logging out of prescription pads to clinicians to ensure an effective audit trail is in place.
- Improve the frequency of the monitoring of prescriptions to ensure patients have collected them and any uncollected prescriptions are checked and reviewed by the GP before they are destroyed.
- Complete the outstanding action identified in the Legionella risk assessment.
- Formalise clinical supervision for the practice nurse and include the GP in the nurse appraisal.
- Advise complainants of the escalation process should they not be satisfied with the outcome of their complaint.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. A thorough analysis of the significant events had not been undertaken to identify and evaluate any trends.
- Risks to patients were assessed and managed, with the exception of thorough recruitment checks and a consistent system to log, review, discuss and act on patient safety alerts received that may affect patient safety.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and adults relevant to their role. However, not all staff were aware of who the safeguarding lead was in the practice and the register of vulnerable children required updating. T
- The practice had arrangements in place to respond to emergencies and major incidents with the exception of an Automated External Defibrillator (AED) as recommended.
- The practice did not have an effective system in place for the management of blank prescriptions issued to clinicians and uncollected prescriptions.
- Not all actions identified in the Legionella risk assessment had been completed.
- Weekly fire tests were undertaken but not recorded.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were low in some areas compared to the local and national averages; however, the practices' clinical exception rates were lower meaning more patients were included.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality as much as was possible.
- Data from the national GP patient survey showed patients rated the practice comparable with others for several aspects of care.
- Information for patients about the services was available.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect but some patients felt the GP was not always good at explaining tests and treatments or involving them in their care and decisions about their treatment.
- The practice had identified 1.5% of the practice population as carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Most patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a designated person responsible for handling complaints. Staff understood how to progress concerns and complaints from patients and learning from complaints was shared with them. Information about how to complain was available but not readily accessible. The practice responded quickly to issues raised but did not advise complainants of the escalation process should they not be satisfied with the outcome of their complaint.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by the management team. The practice had policies and procedures to govern activity.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. However, the arrangements for their clinical supervision and appraisal of the practice nurse required review.
- The provider was aware of and complied with the requirements of the duty of candour.
- The management team encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Patients aged 75 and older were offered health checks. Any concerns identified during consultations were discussed at clinical meetings, and shared with external health and social care professional agencies such as the district nursing, palliative care and social work teams.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held a register of housebound patients who were visited as and when required, but six monthly if no concerns had been raised. The practice nurse visited these patients on an annual basis to complete a full care plan in addition to providing seasonal flu vaccinations.
- The practice contacted and reviewed patients following discharge from secondary care.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- The practice held a register of patients diagnosed with long-term conditions and had a system to recall patients for an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 55%, which was lower than local Clinical Commissioning Group (CCG) and the national averages of 78%. However, clinical exception reporting was 3% compared to the local CCG average 9% and the national average of 13%.
- Clinicians had attended a specialist diabetes course to equip them in the skills and knowledge for treating patients with this medical condition. The practice nurse was also attending additional training in this area.

Summary of findings

- Patients were referred to a specialist consultant or community matron/nurse specialist if their condition identified additional support.
- The practice contacted and reviewed patients following discharge from secondary care and self-management plans were provided, discussed and reviewed.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances and those that failed to attend practice appointments.
- Same day appointments were offered to children under the age of five. Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates were above standard (9.6 out of 10) for childhood vaccinations up the age of two compared to the national average of 9.1. Standard childhood immunisation rates for children aged five were comparable to the local CCG average and the national average.
- The practice worked with a visiting midwife and health visitors to support this population group. For example, in the provision of antenatal and post-natal care.
- The practice provided a confidential sexual health service to young patients requiring contraception, pregnancy testing and chlamydia testing.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

Good



- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were provided on a Monday evening with the GP until 7.30pm and on a Friday morning with the nurse from 7.30am.
- The practice was proactive in offering online services that reflected the needs for this age group to include booking of appointments and repeat ordering of prescriptions.

Summary of findings

- Telephone consultations were available in addition to text appointment reminder facilities.
- Life style advice regarding healthy eating exercise was available and patients were signposted for smoking cessation advice if necessary.
- The practice was due to move to the electronic prescription service (EPS), which allows for prescriptions to be sent directly to pharmacies electronically providing greater convenience for working age people.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of vulnerable children and adults living in vulnerable circumstances for example, those with a learning disability who were offered an annual review of their health and wellbeing. However, the register of vulnerable children required updating.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- Staff interviewed had received safeguarding training and knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The practice held a register of patients with a mental health condition and dementia, offered annual reviews and worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Performance for mental health related indicators was comparable to the CCG and national average with exception reporting lower. For example, the percentage of patient's, with a

Summary of findings

diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had an agreed care plan documented in their records was 91% compared to a CCG average of 90% and the national average of 89%. The practice had an 8% exception-reporting rate, which was lower than the CCG average of 12% and the national average of 13%.

- A counsellor, employed by Healthy Minds, visited the practice one day a week to see patients. Patients could also self-refer to this service.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The survey invited 354 patients to submit their views on the practice and 78 surveys were returned. This represented a return rate of 22%. The results showed the practice was performing mostly in line with local and national averages.

- 83% of patients described the overall experience of this GP practice as good compared to the Clinical Commissioning Group (CCG) average of 87% and the national average of 85%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and the national average of 85%.
- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 93% of patients said they had confidence and trust in the last GP they saw or spoke with compared to the CCG and the national averages of 95%.
- 64% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG and the national averages of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 completed comment cards. Of these 35 were positive about the standard of care received. Staff were cited as 'caring', 'very good', 'efficient', 'helpful' and 'friendly.' Ten of the 45 cards contained mixed views about the service received. One person felt they were not always listened to. Another had concerns about the care members of their family had received. One person commented on the attitude of the reception staff and other comments related to appointments and the length of time spent in the waiting room.

We spoke with four patients during the inspection to include the Chairperson of the patient participation group (PPG). All but one told us they were satisfied with the care they received.

The practice took part in the NHS Friends and Families test (FFT). This is a feedback tool that provides patients the opportunity to give feedback on their experience and asks would they recommend the services they have used. The results for March 2017 were displayed in the waiting room. All of the 25 patients that had completed the test indicated they were extremely likely or likely to recommend the practice to friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Implement a consistent system to log, review, discuss and act on patient safety alerts received as soon as possible after the alerts are issued to identify an affected patients .
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service **SHOULD** take to improve

- Consider obtaining an Automated External Defibrillator (AED) in the practice as recommended in the 'Primary care – Quality Standards' published by

the Resuscitation Council UK or alternatively review the current risk assessment to ensure it is comprehensive and clearly details why an AED is not required.

- Update the register of vulnerable children in conjunction with external agencies. Document at the earliest convenience if children have failed to attend hospital appointments and detail any safeguarding elements identified.
- Ensure all staff are made aware of who the safeguarding lead is within the practice and obtain evidence of safeguarding training for locum GPs.

Summary of findings

- Strengthen the practice business continuity plan to include staff telephone numbers and arrangements in the event of unplanned absence of clinicians.
- Undertake an analysis of significant events to identify and evaluate any trends.
- Improve the system for the logging out of prescription pads to clinicians to ensure an effective audit trail is in place.
- Improve the frequency of the monitoring of prescriptions to ensure patients have collected them and any uncollected prescriptions are checked and reviewed by the GP before they are destroyed.
- Complete the outstanding action identified in the Legionella risk assessment.
- Formalise clinical supervision for the practice nurse and include the GP in the nurse appraisal.
- Advise complainants of the escalation process should they not be satisfied with the outcome of their complaint.

Dr AK Sinha's Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr AK Sinha's Medical Practice

Dr AK Sinha's Medical Practice is located in Longton, Stoke On Trent and is registered with the CQC as an individual provider. The practice holds a General Medical Services contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is a member of the NHS Stoke On Trent Clinical Commissioning Group (CCG).

The practice is located in an extended Victorian semi-detached house. Patients have access to the ground floor only with staff facilities located on the first floor. Wheelchair access is available in addition to a disabled toilet and baby changing facilities. The practice does not provide a car park and has limited street parking available.

The practice staffing comprises of one male GP 0.66 whole time equivalent (WTE), two locum GP 0.33 WTE, one practice nurse 0.95 WTE, a practice manager, one domestic and a team of four administrative/reception staff working a range of hours.

The practice serves a population of 2589 patients. The practice age distribution is higher in female patients aged 0-34 years and males aged 0 to 39 years and 45-49 years above compared to CCG and England averages. It's lower for female patients aged 40-85+ years and male patients aged 50-85+ years. The practice has 13% of unemployed patients which is higher than the local average of 7% and the national average of 4%. The practice has 37% of patients with a long-standing health condition, which is lower than the local average of 57% and the national average of 53%.

The practice is open from 8.00am to 7.30pm on a Monday, 8.00am to 6.00pm on a Tuesday, Wednesday and a Friday and from 8.00am to 1.00pm on a Thursday. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the surgery.

Consultation times with a GP are available from 9.00am to 11.30am and from 4.00pm to 7.30pm on a Monday. On a Tuesday from 9am to 11.30am and 4.00pm to 5.30pm. Wednesday from 9.30am to 12.00pm and from 3.30pm to 5.00pm. On a Thursday from 9.00am to 11.30am and a Friday from 9.00am to 11.30am and from 4.00pm to 5.30pm.

Consultation times with the practice nurse are available from 8.30am to 12.30pm and from 2pm to 4.30pm Monday to Wednesday, 8.30am to 12.30pm alternative weeks on a Thursday and from 7.30am to 12.30pm and 2.00pm to 4.30pm on a Friday.

Detailed findings

The out-of-hours service provider is Staffordshire Doctors Urgent Care Limited. Patients may also call 111, or 999 for life threatening emergencies. The practice is located approximately four miles from the nearest walk in-centre and five miles from the Royal Stoke University Hospital.

Why we carried out this inspection

Before visiting the practice, we reviewed a range of information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Stoke on Trent Clinical Commissioning Group (CCG) to share what they knew about the practice.

We carried out an announced visit on 3 May 2017. During our visit we:

- Spoke with a range of staff to include the GP, the practice nurse, the practice manager, three administrative and reception staff and the domestic member of staff.
- Spoke with four patients who used the service to include the Chairperson of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

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

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw 35 significant events had been recorded in the last 12 months. From the documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were clearly documented and included the date, incident, summary of event, action taken, lessons learnt and the date shared with staff. Significant events were discussed during practice meetings and recorded. However, a thorough analysis of the significant events had not been undertaken to identify and evaluate any trends.
- We reviewed safety records, incident reports, patient safety alerts and minutes of clinical meetings. We found that not all of the alerts provided by the Medicines and Healthcare products Regulatory Agency (MHRA) had been obtained and actioned and there was no documented evidence of searches undertaken to identify any affected patients. However, the searches we completed on the day of the inspection did not identify patients that had been placed at risk of harm.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse although some processes required review.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff in the practice manager's office. We saw staff had the details for contacting external agencies for further guidance if they had concerns about a patient's welfare but these were not displayed or accessible in the consulting rooms. There was a lead member of staff for safeguarding but not all of the reception staff we spoke with knew who the lead was. From the sample of documented examples we reviewed we found that the practice had effectively acted upon safeguarding concerns and had referred these to the relevant agency, documented them in the patients records in addition to recording and investigating them as significant events.
- We saw the practice had followed up on children that did not attend hospital appointments and maintained a record but not promptly or detailed any potential safeguarding elements.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP and nurse were trained to child protection or child safeguarding level three. However, the practice was unable to evidence they had obtained proof of safeguarding training for one of the locum GPs who regularly worked at the practice or any evidence of safeguarding adults for another locum GP.
- Notices were displayed in the waiting area and on consultation room doors advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene.
- There were processes in place for handling repeat prescriptions and for the close monitoring of patients who took high-risk medicines who had their care and treatment shared between the practice and hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines safely and as required. The local clinical commissioning group pharmacy team regularly visited

Are services safe?

the practice to ensure prescribing was in line with best practice guidelines. Blank prescription forms and pads were securely stored and there were systems to monitor their use. However, the practice was not recording the name of the clinician whom prescription pads were being issued to or effectively monitoring uncollected prescriptions and ensuring these were checked by a clinician before destroying them. The practice was shortly due to move to the electronic prescription service (EPS), allowing prescriptions to be sent directly to pharmacies electronically.

- Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- The practice nurse had very recently qualified
- We reviewed the personnel file for the latest staff member recruited in addition to the files for two locum GPs employed to work at the practice

Monitoring risks to patients

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

- There was a health and safety policy available and the practice manager was the designated health and safety lead and had received training to support them in their role.
- The practice had an up to date fire risk assessment and carried out regular fire drills and tested the fire system on a weekly basis but did not record the tests. Smoke alarms were tested monthly. There was a designated fire marshall within the practice and all staff had received training in fire safety.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, not all of the actions identified in

the Legionella risk assessment carried out in July 2016 had been completed despite the efforts of the provider in trying to arrange the replacement of a water valve in the disabled toilet.

- Arrangements were in place for planning and monitoring the number of staff and skill mix to meet patients' needs. Patients were supported by a well-established team of staff that had worked at the practice for numerous years. However, the practice had experienced difficulty with recruiting a new GP to join the team since the departure of one partner in 2014. Two regular locums were providing care and treatment on a weekly basis following the reduction in hours worked by Dr Sinha. The team had experienced some staffing difficulties in the last six months due to staff sickness and shortages were covered within the team. A number of child immunisation clinics had to be cancelled when the practice nurse was on planned leave and the practice was let down at short notice by a locum nurse. Although the practice had a written

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents.

- The practice had urgent computer screen messages and panic buttons on the computer system which alerted staff to any emergency.
- All staff received annual basic life support training. We saw the training for one member of staff had lapsed but arrangements were in place for further training.
- The practice did not have an automated external defibrillator (AED) which provides an electric shock to stabilise a left threatening heart rhythm. Staff felt the number and age of their patient group, the history of incidents at the practice and the location of the practice in an urban area did not support the need to obtain one. They told us they had an arrangement in place to use an AED from a nearby practice. We saw the practice had formally assessed the risk of a cardiac arrest occurring at the practice and had assessed this as a low risk and therefore considered it was unnecessary to invest in an AED. However, the risk assessment did not include the arrangements in place to use an AED from a nearby practice, the proximity to the nearest hospital, ambulance base and response times. It did not evidence

Are services safe?

they had considered against nationally recognised guidance from the UK Resuscitation Council that suggested , within primary care, an AED should be immediately available.

- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan for major incidents such as power failure or building damage and a copy was kept off site. The plan did not include emergency contact numbers for staff or what to do in the event of a major staffing shortage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and is effective at reducing referrals.

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 showed the practice had obtained 88% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and the national average of 95%. The overall clinical exception reporting was 7%, which was 2% below the CCG and 3% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Unverified data shared by the practice for 2016/17 showed the practice had improved their QOF score to 91%.

The practice acknowledged they were an outlier for some elements of QOF clinical targets. However, their exception reporting was low meaning more patients were included.

Data for 2015/16 showed:

- Performance for diabetes related indicators was below the CCG and national average. For example, the percentage of patients with a blood pressure measurement within specified levels was 67%

compared to the CCG average of 79% and the national average of 78%. The practice had a 4% exception-reporting rate, which was lower than the CCG average of 7% and the national average of 9%.

- Performance for mental health related indicators was comparable to the CCG and national average with exception reporting lower. For example, the percentage of patients, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 91% compared to a CCG average of 90% and the national average of 89%. The practice had an 8% exception-reporting rate, which was lower than the CCG average of 12% and the national average of 13%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less in the preceding year was 86% compared to the CCG average of 84% and the national average of 83%. Clinical exception reporting was 4% compared with the CCG average of 3% and the national average of 4%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control, was 60%, which was lower than the CCG and national averages of 76%. However, clinical exception reporting was 2% compared with the CCG average of 7% and the national average of 8%.

The practice shared the reasons for the areas where they had fallen below local and national averages, for example in their performance for diabetes related indicators. They told us they had experienced difficulty with patients declining from attending reviews despite writing to them and encouraging them to attend. However, the practice had identified it was an area for improvement and had discussed this in a recent clinical meeting held. The practice referred patients onto the diabetes education and self-management and newly diagnosed (DESMOND) programme, a course for people living with type two diabetes to help them understand their diabetes, make food choices and take control. The practice also referred patients to the community matron/nurse specialist if extra support was required. Both the GP and practice nurse had completed a course in diabetes care that provided the practical knowledge and skills necessary to provide an effective and efficient service for patients with diabetes.

Are services effective?

(for example, treatment is effective)

The practice nurse had very recently commenced a short course run by a diabetic nurse specialist to enhance their skills and knowledge in supporting patients with this condition.

There was evidence of quality improvement including clinical audit:

- The practice had undertaken a small number of audits to include a two-cycle audit where the improvements made were implemented and monitored. For example, the practice had carried out an audit to determine whether patients on the diabetes register had a microalbuminuria test (to measure the amount of protein in the urine) carried out in the last 12 months. The first audit in January 2016 identified 86 patients had not had a test in the previous 12 months and patients were contacted and advised to have the test. The second audit six months later confirmed 41 patients had since been tested and the report detailed the action taken to address the remaining patients identified.
- The practice had recently undertaken a CCG incentive scheme, which involved screening patients from high risk Tuberculosis (TB) countries for non-active (latent) TB, a bacterial infection that most often affects the lungs. The practice carried out a search of their patients within a specific age range and registered in the last five years that fell under this category. Eighteen patients took up the screening offered of which three were diagnosed with latent TB and were referred to the TB specialist clinic and commenced treatment.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. Locum staff were provided with a welcome pack that included contact details for external agencies in addition to internal processes, for example the referral process to secondary care.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes. The practice had part-funded the practice nurse to undertake training to become an independent nurse prescriber. They had

completed the course and was looking to provide a minor ailment clinic shortly to alleviate the pressure on clinical and non-clinical staff. A receptionist was also being funded to attend training and work towards a health care support worker role as identified as part of their personal development.

- We saw the nurse responsible for administering vaccines and taking samples for the cervical screening programme had received specific training and stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, mentoring and revalidation. All staff had received an appraisal within the last 12 months. However, we identified only the practice manager was involved in the appraisal of the practice nurse and not the GP and there were only informal arrangements in place for their clinical supervision.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, internal and external training provided by the clinical commissioning group (CCG). Staff were also provided with protected learning time.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services, including safeguarding matters.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

Are services effective?

(for example, treatment is effective)

referred, or after they were discharged from hospital, where they were followed up by the practice. Information was shared between services, with patients' consent, using a shared care record. Integrated local care team (ILCT) meetings took place with other health care professionals on a bi-monthly basis when care plans were reviewed and updated for patients with complex needs. Professionals attending these meetings included the ILCT co-ordinator, district nurse, social worker, community matron co-ordinator and palliative care nurse. We saw meetings held were minuted and a copy retained by the practice.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice nurse provided advice on healthy lifestyles.

The practice's uptake for the cervical screening programme was 67%, which was lower than the CCG average of 79%

and the national average of 81%. The provider acknowledged their results were below the local and national averages with the cause of this identified as the suspension of a practice based reminder letter to patients following the loss of a member of staff. They told us the action they planned to take which included the reinstatement of practice reminder letters and increase opportunistic verbal invitations to every eligible patient. The practice ensured a female sample taker (the practice nurse) was available who told us they had regularly spoken with female patients and encouraged them to partake in screening.

Data for bowel and breast cancer screening showed that the practice uptake was lower than the CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 44% for the practice, which was lower than the CCG average of 54% and the national average of 58%. The uptake of screening for breast cancer by eligible patients in the last 36 months was 51%, which was lower than the CCG average of 72% and the national average of 73%. The amount of patients with a diagnosis of cancer on the practice register was lower than the CCG and national average, 1.4% compared to the CCG and the national averages of 2.3%.

Childhood immunisation rates for the vaccinations given were above standard. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% and five year olds from 93% to 95%.

Patients had access to appropriate health assessments and checks. These included new patient checks and checks for patients over the age of 75. The practice acknowledged they needed to address and improve NHS health checks for patients aged 40–74 by reviewing their recall system. Records showed four patients had received these checks in the last quarter.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Female patients could not be treated by a GP of the same sex but new patients were advised prior to registering at the practice.
- Telephone calls were managed away from the reception window respecting patient confidentiality.

We received 45 completed comment cards. Of these 35 were positive about the standard of care received. Staff were cited as 'caring', 'very good', 'efficient', 'helpful' and 'friendly' and treated them with dignity and respect. Ten of the 45 cards contained mixed views about the service received. One person felt they were not always listened to. Another had concerns about the care members of their family had received. One person commented on the attitude of the reception staff, other comments related to appointments, and the length of time spent in the waiting room.

We spoke with four patients during the inspection to include the Chairperson of the patient participation group (PPG). All but one told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments from three of the patients highlighted that staff responded compassionately when they needed help and provided support when required. The fourth patient had completed a CQC comment card with concerns about the care members of their family had received. We spoke with them during the inspection and advised them of the complaints process. Two patients told us patient confidentiality at the reception desk could be

compromised due to the layout of the room and the constraints of the building. We discussed this with the provider during our feedback who advised that a room was always available should a patient wish to discuss any sensitive matters.

Results from the national GP patient survey showed most patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern, which was the same as the CCG and the national average.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national averages of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG and the national averages of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the Clinical Commissioning Group advised us that the practice engaged well with the them and their locality.

Are services caring?

Care planning and involvement in decisions about care and treatment

Most of the patients we spoke with during the inspection told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received aligned with these views.

Results from the national GP patient survey showed patients provided mixed feedback to questions about their involvement in planning and making decisions about their care and treatment. Results in relation to the GP were lower than the local and national average but in line with local and national averages for the nurse. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national averages of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

We saw the results of the GP Patient Survey had been shared and discussed with the Patient Participation Group

(PPG). As a result of the feedback in relation to the GP and discussions held with the PPG, Dr Sinha had agreed to adopt a more efficient way of ensuring patients understood all that was discussed during patient consultation.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients were also told about the multi-lingual GP who might be able to support them.
- Information leaflets were available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations to include the benefits of early support and intervention for dementia.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (1.5% of the practice list). There was an information board in the waiting room and identified carers were offered health checks and signposted to relevant support agencies. The practice obtained regular correspondence from the Carers Association and displayed this information in the waiting area.

Staff told us that if families had experienced bereavement, the practice contacted them to offer their condolences and sent them a sympathy card. We saw the practice nurse had attended a training course on bereavement and loss: working with children and young people. Leaflets were also available in the waiting area signposting bereaved patients to specialist support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday evening with the GP until 7.30pm and on a Friday morning with the practice nurse from 7.30am.
- The practice offered online services to include booking and cancellation of appointments and repeat ordering of prescriptions. The patient participation group (PPG) were planning to attend the practice to proactively advertise this service to patients and to encourage uptake to this initiative.
- Telephone consultations were available during specific times in addition to text appointment reminder facilities.
- The practice provided 10 emergency appointments per day. Same day appointments were available for children under the age of five and those patients with medical problems that require same day consultation.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccines available on the NHS.
- There were baby changing and disabled facilities available.
- An interpretation service was available. The self check-in service was available in six different languages. Leaflets regarding dementia were available in a variety of languages. There was a sign at reception and on the practice website advising patients that information could be made available in an alternative format, for example large print or easy to read.
- The Practice had a social media page, and advertised awareness campaigns, for example, NHS Choices.
- The practice nurse had recently completed a nurse-prescribing course and was looking to commence minor ailments clinics in the very near future to assist

with demand in access and provide further care to patients. The practice newsletter advised patients this service would be rolled out shortly providing more available appointments for minor ailments.

Access to the service

The practice was open from 8.00am to 7.30pm on a Monday, 08.00am to 6.00pm on a Tuesday, Wednesday and a Friday and from 8.00am to 1.00pm on a Thursday. Routine appointments could be booked in person, by telephone or on-line. Home visits were available to patients with complex needs or who were unable to attend the surgery. Extended opening hours were provided on a Monday evening with the GP until 7.30pm and on a Friday morning with the nurse from 7.30am.

Consultation times with a GP were available from 9.00am to 11.30am and from 4.00pm to 7.30pm on a Monday. On a Tuesday from 9am to 11.30am and 4.00pm to 5.30pm. Wednesdays from 9.30am to 12.00pm and from 3.30pm to 5.00pm. On a Thursday from 9.00am to 11.30am and a Friday from 9.00am to 11.30am and from 4.00pm to 5.30pm.

Consultation times with the practice nurse were available from 8.30am to 12.30pm and from 2pm to 4.30pm Monday to Wednesday, 8.30am to 12.30pm alternative weeks on a Thursday and from 7.30am to 12.30pm and 2.00pm to 4.30pm on a Friday.

The out-of-hours service provider was Staffordshire Doctors Urgent Care Limited. Patients may also call 111 or 999 for life threatening emergencies. The practice was located approximately four miles from the nearest walk in-centre and five miles from the Royal Stoke University Hospital.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 59% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

Most patients told us on the day of the inspection that they were able to get appointments when they needed them. Of the 45 completed CQC comment cards, four patients told us that they either had difficulty with obtaining an appointment or their appointment was not on time. The patient participation group (PPG) had assisted with raising awareness amongst patients of missed appointments and the importance of cancelling appointments if they no longer required them. The number of missed appointments were displayed on the notice board in the waiting room to raise patient awareness. The practice newsletter advised patients that the practice would shortly providing more available appointments for minor ailments with the practice nurse who had recently qualified as a nurse prescriber, providing greater access to appointments.

The practice had a system to assess:

- whether a home visit was clinically necessary; and

- the urgency of the need for medical attention.

If there was no availability of appointments, reception staff completed a triage slip that was passed to the GP to allow an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, the complaints process was displayed in the waiting area. The practice also had complaint leaflets although these were not readily accessible. The practice manager agreed to make these available. Patients we spoke with on the day of the inspection were unaware of how to make a complaint although three of the four patients told us they had had no cause to complain.
- We looked at the four complaints the practice had received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. However, complainants had not been advised of the escalation process should they not be satisfied with the outcome of their complaint. Complaints were discussed with staff during practice meetings.

Are services well-led?

Good 

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement, which was displayed in the waiting area, and staff spoken with knew and understood the values.
- The practice had a strategy and a supporting business plan for 2015-2018, which reflected the vision and values and had identified their strengths, weaknesses, opportunities and threats.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Practice and clinical meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Clinical and internal audit was used to monitor quality and make improvements.
- The arrangements for identifying, recording and managing risks were assessed and managed, with the exception of thorough recruitment checks and the processing of safety alerts.
- Evidence from minutes of meetings allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The management team told us they prioritised safe, high quality and compassionate care. Staff told us Dr Sinha and the practice manager were approachable and always took the time to listen to them.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff we spoke with told us Dr Sinha encouraged a culture of openness and honesty. From the sample of documented examples we reviewed, we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients and we saw these were minuted. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Meetings were minuted and were available for practice staff to view.
- Staff told us they felt respected, valued and supported in their work and were involved in discussions about how to run and develop the practice.

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

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

- Patients through the patient participation group (PPG) that held quarterly meetings and submitted proposals for improvements to the practice management team. During the inspection we met with the Chairperson of the PPG. They told us the provider valued the group's input and the PPG had assisted with a patient survey. As a result baby-changing facilities had been installed in addition to a clock in the waiting room. An action plan had been developed with agreed actions and timescales going forward. They also told us they had

Are services well-led?

Good 

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

actively sought more patients to represent the cultural diversity of the population group but this had proved difficult. The PPG had also raised funds for charity by holding a coffee morning event.

- Practice newsletters encouraged patients to take an interest into the running of the surgery by providing feedback.
- The NHS Friends and Family test and through surveys and complaints received. Results of the patient survey were displayed in the waiting room detailing what action had been done as a result of suggestions provided. For example, "You said, We did".
- Staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt involved and engaged to improve how the practice was run.

Continuous improvement

Staff were encouraged and were supported in their professional development. For example, the practice nurse had recently completed a nurse-prescribing course and was looking to commence minor ailments clinics in the very near future to assist with demand in access and

provide further care to patients. A receptionist was being supported to train and work towards a health care support worker role that was identified as part of their personal development plan.

The provider told us they had invited the Supporting Change in General Practice team from NHS England to visit the practice on 22 May 2017 and provide them with advice on improving the service provision and sustainability of the practice.

The practice had a date agreed to move to the electronic prescription service (EPS), which allowed prescriptions to be sent direct to pharmacies electronically.

Some members of the team had recently taken part in the local medical committee (LMC) initiatives around Releasing Capacity in General Practice. This included workflow optimisation training, a care navigation workshop and fundamentals of quality improvement (team building). The LMC represents the views of GPs to any other appropriate organisation or agency.

The practice was a member of the North Staffordshire GP Federation, an organisation made up of 83 practices across the Stoke-on-Trent and North Staffordshire area who are working together to further develop Primary Care Services. The provider shared with us the proposals that they had considered for the practice moving forward.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not operate an effective system to take appropriate action on alerts issued by the Medicines and Healthcare Regulatory Agency about medicines.</p> <p>Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider had not obtained all of the required information as outlined in Regulation 19 and Schedule 3 (Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) for all staff employed by the practice.</p> <p>Regulation 19 (2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>