

Glenside Country Main Practice

Quality Report

12b High Street,
Castle Bytham,
Grantham,
Lincs
NG33 4RZ
Tel: 01476 552414
Website: www.glensidecountrypractice.com

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Glenside Country Main Practice on 23 June 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- Most risks to patients were assessed but the required actions that had been identified had not always been acted upon. For example, those relating to fire and legionella.
- Although some audits had been carried out, we saw limited evidence that audits were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour

The areas where the provider must make improvements are:

- Further embed the process for recording, acting on and monitoring significant events, incidents and near misses.
- Review themes and trends from significant events and complaints to ensure actions are taken in a timely manner.

Summary of findings

- Improve governance arrangements systems for addressing and monitoring risks and ensure identified actions are addressed. For example, infection control, incoming post, referrals.
- Improve the system in place for the regular and accurate temperature monitoring of both thermometers within the pharmaceutical fridges on both sites to ensure that vaccines are stored safely.
- Have a system in place to check and monitor that changes to patient's medicines following discharge from hospital is carried out in a timely manner.
- Improve the training system in place to ensure that relevant training is undertaken, kept up to date and monitored. For example, GPs receive training in areas such as infection control or fire safety and all staff have an awareness of the Mental Capacity Act 2005.
- Embed a system of appraisal and clinical supervision for the practice nurses to include clinical input.
- Review the system for safety alerts to ensure when received that they are acted upon.
- Review all patients on the safeguarding register to ensure where appropriate icons and alerts are visible on the electronic patient record system.
- Further embed the system in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Carry out further clinical audits and ensure re-audits demonstrate that improvements have been achieved.
- To improve the system for the identification of carers and provide written information to direct carers to the various avenues of support available to them.
- Update policies and in order for staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

The areas where the provider should make improvement are:

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and not all lessons learned were communicated widely enough to support improvement.
- The practice had a system in place for safety alerts. However they needed to review the system to ensure when received that they are acted upon.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, fire and legionella.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However they needed to review all patients on the safeguarding register to ensure where appropriate icons and alerts are visible on the electronic patient record system.
- The practice had a system in place for infection prevention and control. However they needed to take action to address identified concerns. For example, have in place a robust cleaning schedule to give assurance specific rooms were being cleaned to an appropriate standard at both practices.

Are services effective?

The practice is rated as requires improvement for providing effective services

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Although some clinical audits had taken place we saw limited evidence that they had demonstrated quality improvements to patient outcomes.
- The practice did not have a robust system in place to ensure referrals were completed in a timely manner.

Summary of findings

- The practice did not have a robust system for the scanning of incoming post or to check and monitor changes to patients medicines on discharge from hospital.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff but clinical input was required for the appraisals of nursing staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example:
- The practice offered extended hours on a Monday at Castle Bytham and Thursday at Corby Glen from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Availability of appointments was monitored on a regular basis especially at busy periods such as Monday morning, Friday evening and after a bank holiday.
- Patients said they found it easy to make an appointment with a named GP and 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.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, there was limited evidence that learning from complaints had been shared with staff.

Are services well-led?

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

- The practice had an overarching governance framework however on the day of the inspection we found that it did not support the delivery of the practice strategy and good quality care.
- There was a staffing structure in place but not all staff were fully aware of their own roles and responsibilities.
- Although risks to patients who used services were assessed, the systems in place to address identified risks were not robust as identified actions had not always been acted on. For example, fire and legionella.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- Although some clinical audits had taken place we saw limited evidence that they had demonstrated quality improvements to patient outcomes.
- The practice did not have a robust system in place to ensure referrals were completed in a timely manner.
- The practice did not have a robust system for the scanning of incoming post or to check and monitor changes to patients medicines on discharge from hospital.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requiring improvement for providing safe and effective care and for being well-led and good for providing a caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of older people.

There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients had an allocated named GP but could see any clinician of their choice at either of the surgery sites.
- The practice was responsive to the needs of older people, and offered home visits for routine checks and blood testing if the patient is unable to attend the practice.
- Urgent appointments were available for those with enhanced needs.
- Staff had completed care plans for 2.5% of patients who had been assessed as being at risk which was above the national average of 2%.

Requires improvement



People with long term conditions

The provider was rated as requiring improvement for providing safe and effective care and for being well-led and good for providing a caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

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

There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the

Requires improvement



Summary of findings

preceding 12 months) is 150/90 mmHg or less was 96.2% which was 3.9% above the CCG average and 4.8% above the national average. Exception reporting was 9.3% which was 4.1% above CCG average and national average

- 92% of patients who were on four medicines or more had received a medicine review in the last 12 months. 8% remaining have been contacted to ask them to attend the surgery for a review.
- All patients had an allocated/named GP but could see any clinician of their choice at either of the surgery sites.
- Longer appointments and home visits were available when needed.
- A GP or practice nurse undertakes a home visit to carry out a structured annual review if the patient is unable to attend the surgery.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider was rated as requiring improvement for providing safe and effective care and for being well-led and good for providing a caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

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

There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 96% and five year olds from 71% to 93%. Reminder letters were sent out to parents of children who were overdue for their vaccinations. Information was also shared with the local health visitors.
- All patients had an allocated/named GP but could see any clinician of their choice at either of the surgery sites.
- The practice's uptake for the cervical screening programme was 80.2%, which was slightly below the CCG average of 82% and the national average of 82%.

Requires improvement



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Health promotion advice was offered and there was accessible health promotion material available on both sites. For example, contraceptive service and chlamydia screening packs were available in the patient toilets to maintain confidentiality for the patient.

Working age people (including those recently retired and students)

The provider was rated as requiring improvement for providing safe and effective care and for being well-led and good for providing a caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

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

There were, however, examples of good practice.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- All patients have an allocated/named GP but can see any clinician of their choice at either of the surgery sites.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Extended hours were available at both surgeries and availability of appointments was monitored on a regular basis especially at busy periods such as Monday morning, Friday evening and after a bank holiday.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requiring improvement for providing safe and effective care and for being well-led and good for providing a caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

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

There were, however, examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 100% of patients with a learning disability had received at least one review in the last 12 months.
- All patients had an allocated/named GP but could see any clinician of their choice at either of the surgery sites.
- The practice offered longer appointments for patients with a learning disability. The practice had patients registered who resided at a local residential school. Special arrangements are in place for them to be seen at the end of a clinic in order to reduce stress and anxiety.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requiring improvement for providing safe and effective care and for being well-led and good for providing a caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

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

There were, however, examples of good practice.

- 90% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average to the national average.
- 95% of people experiencing poor mental health had received an annual physical health check
- 100% of people with depression had received an annual physical health check in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national patient survey results were published on 7 January 2016. The results showed the practice was performing well above in most areas compared to local and national averages. 232 survey forms were distributed. 119 were returned. This represented 0.3% of the practice's patient list.

- 88% find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 95% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 77% with a preferred GP usually get to see or speak to their preferred GP compared with a CCG average of 59% and a national average of 59%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 97% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 93% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 74% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 73% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

Areas for improvement

Action the service **MUST** take to improve

- Further embed the process for recording, acting on and monitoring significant events, incidents and near misses.
- Review themes and trends from significant events and complaints to ensure actions are taken in a timely manner.
- Improve governance arrangements systems for assessing and monitoring risks and ensure identified actions are addressed. For example, infection control, incoming post, referrals
- Improve the system in place for the regular and accurate temperature monitoring of both thermometers within the pharmaceutical fridges on both sites to ensure that vaccines are stored safely.
- Have a system in place to check and monitor that changes to patient's medicines following discharge from hospital is carried out in a timely manner.
- Improve the training system in place to ensure that relevant training is undertaken, kept up to date and monitored. For example, GPs receive training in areas such as infection control or fire safety and all staff have an awareness of the Mental Capacity Act 2005.

- Embed a system of appraisal and clinical supervision for the practice nurses to include clinical input.

Action the service **SHOULD** take to improve

- Review the system for safety alerts to ensure when received that they are acted upon.
- Review all patients on the safeguarding register to ensure where appropriate icons and alerts are visible on the electronic patient record system.
- Further embed the system in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Carry out further clinical audits and ensure re-audits demonstrate that improvements have been achieved.
- To improve the system for the identification of carers and provide written information to direct carers to the various avenues of support available to them.
- Update policies and in order for staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

Glenside Country Main 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, a second CQC inspector and a practice manager specialist advisor.

Background to Glenside Country Main Practice

Glenside Country Main Practice is a largely rural training and teaching practice. It works from two sites and provides primary medical services to approximately 3,700 patients. The surgeries are based at Castle Bytham and Corby Glen. The practice dispenses medicines to 98-99% of patients who are registered with the surgeries.

At the time of our inspection the practice employed a lead GP partner (male), two salaried GPs (one male and one female), one GP registrar, a Practice Manager, two practice nurses, five dispensers and eight reception and administration staff.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is a GP training practice. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.

Dr Ritabrata Ray currently has two locations registered with the Care Quality Commission (CQC) which are:-

Glenside Country Main Practice, 12b High Street, Castle Bytham, Grantham, Lincs. NG33 4RZ

Glenside Country Practice, St John's Drive, Corby Glen, Grantham, Lincs. NG33 4LY

Patients can make appointments to be seen at either the Castle Bytham or Corby Glen Surgeries. They are open 8am to 6.30pm Monday to Friday. At Castle Bytham GP appointments were Monday, Tuesday 8.50am to 11.30am and Wednesday Thursday and Friday 9am to 11.30am. Monday 5.30pm to 6.30pm, Tuesday and Friday 2.30pm to 6pm and Wednesday 3.30pm to 5.30pm. Castle Bytham is closed Thursday afternoon. When the practice is closed a GP can be contacted at the other surgery.

At Corby Glen GP appointments were Monday, Tuesday and Thursday 9am to 11.30am, Wednesday 8.50am to 11.30am and Friday 8.30am to 1pm. Monday 2.30pm to 6pm, Wednesday 4pm to 6pm and Thursday 2.30pm to 6.30pm. Corby Glen is closed Tuesday and Friday afternoon. When the practice is closed a GP can be contacted at the other surgery.

Nurse appointments were available at both surgeries.

Appointments could be booked up to five weeks in advance. INR clinics can be booked up to 12 weeks in advance.

The practice offered extended access evening appointments from 6.30pm until 7.30pm on Mondays at

Detailed findings

Glenside Country Main Practice Castle Bytham and Thursday's from 6.30pm to 7.30pm at Glenside Country Practice Corby Glen. These appointments were particularly useful to patients with work commitments.

The practice is located within the area covered by NHS SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice. Information on the website could be translated by changing the language options. This enabled patients where English is not their first language to read the information provided by the practice.

Dr Ritabrata Ray is in the process of updating his registration with the Care Quality Commission. The practice will have one location with a branch surgery on his registration certificate when the process has been completed.

We therefore inspected the following locations where regulated activities are provided: -

Glenside Country Main Practice, 12b High Street, Castle Bytham, Grantham, Lincs. NG33 4RZ and Glenside Country Practice, St John's Drive, Corby Glen, Grantham, Lincs. NG33 4LY

Dr Ritabrata Ray had opted out of providing out-of-hours services (OOH) to the patients registered at both the Castle Bytham and Corby Glen sites. The OOH service is provided by Lincolnshire Community Health Services NHS Trust. There were arrangements in place for services to be provided when the practice is closed and these are displayed on the practice website.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 June 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- We observed the way the service was delivered but did not observe any aspects of patient care or treatment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We spoke with four members of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

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

Detailed findings

- 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

Safe track record and learning

There was a system in place 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.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. We looked at some recorded significant events and we found that some issues had been considered and learning shared. However, they had not always been reviewed or investigated sufficiently to ensure that relevant learning and improvement could take place. For example, when a patient is discharged from hospital and their medicines have been changed to ensure the patient record reflects the changes made by the hospital consultant. The practice did not have a robust system in place for dealing with safety alerts received by the practice. Alerts were disseminated to all staff and we saw examples where alerts had been acted on. However there was no system in place to assure the practice that all relevant alerts had been acted upon.

Overview of safety systems and processes

During the inspection we found that the practice did not have clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. However the practice did not have a robust system in place to monitor children who had safeguarding issues. We also found that not all children had alerts on their patient's records. Following the inspection the practice sent us information that all children with safeguarding issues had got an alert on the electronic patient system.
- Staff we spoke with demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised 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. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff other than GPs had received up to date training. Infection control audits were undertaken every six months and we saw evidence that action was taken to address any improvements identified as a result. However we found that the practice did not have a system in place to allow any daily cleaning, for example, of flooring in both clinical and non-clinical areas and toilets. This was because the cleaner was employed to clean at Castle Bytham twice a week and only once a week at Corby Glen. There was no system in place for deep cleaning of carpets.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process and (these were written instructions about how to safely dispense medicines).
- The practice operates from two sites and dispenses medicines to over 99% of their patients. At the both sites a bar code scanner was used to improve accuracy and efficiency of the dispensing process. Staff at both sites described a process for ensuring second checks when dispensing certain medicines, for example, Controlled Drugs.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard and access

Are services safe?

to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

- There were arrangements in place for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Records showed that dispensary refrigerators and room temperatures were checked daily which ensured medicines were stored at the appropriate temperature. Dispensary staff were able to describe the actions to take in the event of a cold chain failure. However we found that the fridges used to store vaccines did not have a secondary thermometer in place in order to cross-check the accuracy of the temperature. We spoke with the management team and saw evidence that the practice had ordered secondary thermometers immediately after our visit.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice had developed safe systems to ensure monitoring of high risk medicines was kept up to date to keep patients safe. Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to reauthorise the medicine before a prescription could be issued.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a robust system in place which ensured that blank prescription forms and printer prescription stationary were securely stored and there were systems in place to monitor their use.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed but in some areas they were not well managed.

- The practice carried out regular fire drills and checks of some fire equipment. Monthly smoke detector checks

were recorded. The practice had undertaken a fire risk assessment in July 2014 at both sites. However we found that some actions that had been identified had not been implemented. For example, some doors at both sites were not fire resistant. No emergency lighting was in place at Castle Bytham and although it was fitted at Corby Glen it had not been serviced. As a result of this concern we referred the practice to the Lincolnshire Fire and Rescue service who told us they would visit the practice and review the fire safety arrangements at both sites. Following our inspection the practice sent further information and confirmed that an external contractor had been to both sites to assess what action was required.

- A health and safety risk assessment had been carried out by an external company in June 2014. Actions identified had been completed with the exception of an asbestos survey. Since the inspection the practice have had asbestos surveys carried out for both Castle Bytham and Corby Glen surgeries.
- All electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment had been checked to ensure it was working properly in April 2015. We saw equipment was due to be checked the week after our inspection.
- The practice had a variety of other risk assessments in place 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 the legionella risk assessment had been carried out by an external company in November 2013 and was recommended to be reviewed in November 2015. We found that the risk assessment had not been reviewed and although some control measures had been put in place, not all identified actions had been implemented. For example, it had been identified at the Corby Glen site that immediate action needed to be taken in respect of cleaning and disinfection of the water storage tanks. Following our inspection the practice sent further information and confirmed that an external contractor had been to both sites to assess what action was required.
- The surgery had a medicines delivery service to a collection site in the village of Greetham in Rutland. The practice had completed a risk assessment but on the day of the inspection we were not assured that the current arrangements in place ensured the safety of the

Are services safe?

medicines or the people who property the medicines were stored in. We asked the registered manager to complete a further risk assessment. Since the inspection the practice have decided to withdraw this service and all the patients' have been notified.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises at Corby Glen and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However we were not assured that they had systems in place to keep all clinical staff up to date. We looked at practice meeting minutes and could not find any evidence that NICE guidance was discussed with all staff. However nursing staff we spoke with told us that new guidance was disseminated to them and they ensured they kept themselves up to date.

- We found some evidence that the practice monitored these guidelines through audits. For example, we reviewed an audit undertaken by a GP registrar on Vitamin D prescribing and monitoring. However we could not see where this had been disseminated to clinical staff.

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 were 100% of the total number of points available, with 10.9% exception reporting. (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).

Data from 2014/15 showed;

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 96.2% which was 3.9% above the CCG average and 4.8% above the national average. Exception reporting was 9.3% which was 4.1% above CCG average and national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was

84% which was 6.1% above the CCG average and 8.8% above the national average. Exception reporting was 0.8% which was 4.6% below the CCG average and 6.7% below national average.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 87.4% which was 1.4% above the CCG average and 4.8% above the national average. Exception reporting was 6% which was 2.1% above the CCG average and 2.2% above national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 95% which was 6.1% above the CCG average and 5.2% above the national average. Exception reporting was 9.1% which was 0.3% above the CCG average and 2% below national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 76.5% which was 12.6% below the CCG average and 7.5% below the national average. Exception reporting was 19% which was 11.7% above the CCG average and 10.7% above the national average.
- The dementia diagnosis rate was 87.5% which was 5.6% above the CCG average and 6% above the national average. Exception reporting was 0% which was 5.9% below the CCG average and 8.4% below national average.

The practice were aware of the challenges faced in relation to attaining QOF points and encouraging patients to attend for appointments and reviews. We discussed QOF and exception reporting with the senior GP. The senior GP had taken over the practice in 2013 and had introduced a new system. Some indicators for conditions had higher than average exception reporting. We looked at a sample of patient records in these groups and found they had been exception reported appropriately. All staff were actively engaged in the monitoring and improving quality and outcomes. The new system included a member of staff checking individual patient records to ensure that monitoring is spread out over the year. The current figures looked at whilst on inspection demonstrated that the practice are on target to complete all the indicators with minimal exception reporting.

There was some evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- There had been 5 clinical audits completed in the last two years but none were completed audits where the improvements made were implemented and monitored.
- The practice had also completed audits in relation to Drug Wastage (DSQS), Infection Control and Hand Washing techniques. These demonstrated that improvements had been implemented and monitored.
- The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. The practice were low prescribers of antibiotics in comparison to the CCG. The practice was 0.96% which was slightly lower than the CCG average of 1.1%.

Effective staffing

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

- The practice had a detailed induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. One of the nurses had been trained in International Normalised Ratio (INR) testing in order to monitor patients warfarin treatment.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, personal development plans and reviews of practice development needs. Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, we found that GPs had not received training in areas such as infection control or fire safety. We were told that staff had not received training in the Mental Capacity Act. All staff had received an appraisal within the last 12 months. However, there was no system in place for clinical supervision of the practice nurses and nurse appraisals did not always have a clinical input.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

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.

However we found that the practice did not have a robust system in place to monitor and ensure referrals for two week wait patients were completed in a timely manner. The practice did not have a policy to provide staff with guidance.

We also found that the practice did not have a robust system for the scanning of information onto the electronic patient record. We found that letters sent to the Castle Bytham practice could have a delay of up to two days before being taken to the Corby Glen site for scanning. We were told that they also had a backlog of letters which required scanning onto the electronic patient records. We saw that a significant event had been raised in regard to medicine changes that had not been completed following a patient discharge from hospital. The practice had changed the process for hospital discharge letters but the protocol for scanning of information did not include this new process. Since the inspection the practice have reviewed the process. Mail sent to the Castle Bytham practice has been redirected Corby Glen whilst they do a risk assessment of the process and embed a robust system to ensure that patients are kept safe.

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 referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance. However we found that some staff did not have an awareness of 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.
- The process for seeking consent was monitored through patient records audits. For example, minor surgery.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 also has an Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 80.2%, which was slightly below the CCG average of 82% and the national average of 82%.

There was a policy to reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 96% and five year olds from 71% to 93%. Reminder letters were sent out to children who were overdue their vaccinations. Information was also shared with the local health visitors.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

Of the 26 Care Quality Commission comment cards we received from patients, 25 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the January 2016 national patient survey showed a high level of satisfaction of patients within the practice for most areas. Patients felt they were treated with compassion, dignity and respect. The practice was above average the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

- Comments cards we reviewed told us patients 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.
- Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:
- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We were told that this was rarely needed as the few patients whose first language was not English brought a friend or family member with them to translate.

Are services caring?

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as

carers (1% of the practice list). However on the day of the inspection we did not see any written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to arrange a visit, or sent them a sympathy card. This call/visit 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

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example,

- The practice offered extended hours on a Monday at Castle Bytham and Thursday at Corby Glen from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Availability of appointments was monitored on a regular basis especially at busy periods such as Monday morning, Friday evening and after a bank holiday.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a designated Yellow Fever Vaccination Centre.
- There were disabled facilities and translation services available.
- A door bell had been fitted to both surgery front doors so that patients who require assistance can wait for a member of staff to assist them.

Access to the service

Patients can make appointments to be seen at either the Castle Bytham or Corby Glen Surgeries. The practice was open 8am to 6.30pm Monday to Friday. At Castle Bytham GP appointments were Monday, Tuesday 8.50am to 11.30am and Wednesday Thursday and Friday 9am to 11.30am. Monday 5.30pm to 6.30pm, Tuesday and Friday 2.30pm to 6pm and Wednesday 3.30pm to 5.30pm. Castle Bytham is closed Thursday afternoon. When the practice is closed a GP can be contacted at the other surgery.

At Corby Glen GP appointments were Monday, Tuesday and Thursday 9am to 11.30am, Wednesday 8.50am to 11.30am and Friday 8.30am to 1pm. Monday 2.30pm to 6pm,

Wednesday 4pm to 6pm and Thursday 2.30pm to 6.30pm. Corby Glen is closed Tuesday and Friday afternoon. When the practice is closed a GP can be contacted at the other surgery.

Nurse appointments were available at both surgeries.

Appointments could be booked up to five weeks in advance. INR clinics can be booked up to 12 weeks in advance.

The practice offered extended access evening appointments from 6.30pm until 7.30pm on Mondays at Glenside Country Main Practice Castle Bytham and Thursday's from 6.30pm to 7.30pm at Glenside Country Practice Corby Glen. These appointments were particularly useful to patients with work commitments.

Results from the January 2016 national patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 77% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 59% and national average of 59%.

Comments cards we reviewed aligned with these views.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- 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.
- We saw that information was available to help patients understand the complaints system. The practice had a complaints summary leaflet and information on the practice website.
- The practice had received 10 complaints in the last 12 months and we looked at four and found these were dealt with in a timely manner with openness and transparency.
- We could not see that lessons were always learnt from individual concerns and complaints and that an analysis of trends and actions were taken to as a result to improve the quality of care. For example, in regard to staff attitudes.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice described their ethos as ‘friendly, helpful, rural practice committed to providing highest quality care ensuring that the patients’ physical, psychological and social needs are met’.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework however on the day of the inspection we found that it did not support the delivery of the practice strategy and good quality care.

- There was a staffing structure in place but not all staff were fully aware of their own roles and responsibilities.
- Although risks to patients who used services were assessed, the systems in place to address identified risks were not robust as identified actions had not always been acted on. For example, fire and legionella,
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- Although some clinical audits had taken place we saw limited evidence that they had demonstrated quality improvements to patient outcomes.
- The practice did not have a robust system in place to ensure referrals were completed in a timely manner.
- The practice did not have a robust system for the scanning of incoming post or to check and monitor changes to patients medicines on discharge from hospital.
- Practice specific policies were implemented and were available to all staff. However some needed a review to include the lead member of staff and who to contact for further guidance.

Leadership and culture

The management team told us they prioritised safe, high quality and compassionate care. Staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The management team encouraged a culture of openness and honesty. The practice had systems in place 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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular departmental team meetings but no full practice meetings where all staff could attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the management team.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients’ feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, providing extended hours at both sites and improved lighting at Castle Bytham which had been completed.
- The practice was responsive to suggestions made by patients. They carried out a “2 question” survey. They asked patients what was positive about the practice and what improvements could be made. As well as positive feedback, patients made suggestions on better

Are services well-led?

Requires improvement 

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

telephone access and better car parking at Corby Glen. The practice acknowledged the telephone lines were busy, particularly at Castle Bytham, so were in the process of promoting the option of on-line services and reminding patients they could use the telephone line at either surgery to make appointments. They were in the process of obtaining quotes to convert the grassed area at the back of the surgery at Corby Glen to increase parking capacity.

- The local community wanted to be involved with the surgery so the lead GP attends an annual meeting for the local group “Anything Goes” to update patients on what is happening at the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and were given the opportunity to raise any issues at regular staff meetings.

- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

The practices were planning to take part in a pilot for a local Teledermatology service in conjunction with the SouthWest Lincolnshire Clinical Commissioning Group. This pilot would give the ability to photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment is necessary or not. This, in most cases, saves patients a journey to hospital.

The practice took part in a research study called ALL-HEART in conjunction with the University of Nottingham. The aim was to improve the treatment of patients with ischaemic heart disease. The study was on-going at the time of the inspection.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was in breach of regulation 12(1)(2)(b)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have in place systems and processes which were established and operated effectively to enable them to: (2)(b)- assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. (2)(c) – maintain securely an accurate, complete and contemporaneous record in respect of each service user including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. This was in breach of Regulation 17 (1) (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

2:- Persons employed by the service provider in the provision of a regulated activity must—

1. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,
2. be enabled where appropriate to obtain further qualifications appropriate to the work they perform.

This was in breach of regulation 18 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.