

# Dr Mathibalasingham Chandrakumar

## Inspection report

Sun Lane Surgery,  
Hythe,  
CT21 5JX  
Tel: 01303 267102

Date of inspection visit: 30/05/2018  
Date of publication: 03/09/2018

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 location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



# Overall summary

**This practice is rated as inadequate overall.** (Previous inspection 17 April 2015 – Good)

The key questions are rated as:

Are services safe? – inadequate

Are services effective? – requires improvement

Are services caring? – good

Are services responsive? – requires improvement

Are services well-led? – inadequate

We carried out an announced comprehensive at Dr Mathibalasingham Chandrakumar on 30 May 2018.

At this inspection we found:

- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen.
- The practice did not have an effective system to manage infection prevention and control.
- The practice did not have a systematic approach for health and safety audits.
- The practice did not have reliable systems for appropriate and safe handling of medicines.
- Clinical audits did not include measurable outcomes, nor were they effectively used to drive quality improvement.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Not all leaders were visible in the practice and there was a lack of oversight in areas such as clinical governance, risk assessments recruitment and future planning.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The areas where the provider **should** make improvements are:

- Continue to review and improve the practice's uptake for cervical screening to help ensure that national standards are met.
- Review and improve the system for identifying and supporting carers to help ensure their needs are being met.
- Review and improve how patients not able to attend the practice during working hours obtain information. For example, a practice specific website.
- Review and improve the number of patients who access services online to help meet national targets.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

## Population group ratings

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

## Our inspection team

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

## Background to Dr Mathibalasingham Chandrakumar

Dr Mathibalasingham Chandrakuma has approximately 5100 registered patients. Services are delivered from a purpose-built surgery in Sun Lane, Hythe, Kent. The practice told us they had a higher than average elderly population.

The Practice holds a General Medical Services (a contract between NHS England and general practices for delivering general medical services) and consists of the principal GP (male) and two salaried GPs (male). There are two practice nurses (female) and one health care assistant (female). The GPs and nurses are supported by a practice manager and a team of administration and reception staff.

The practice is open between 8.00am and 6.30pm Monday to Friday. There are no extended hours offered

and the practice is closed at the weekend. The practice is working with a local group of GPs known as Channel Health Alliance to offer patients appointments at the Oaklands Hub in Hythe. At the time of the inspection this had only partially been implemented.

An out of hour's service is provided by Integrated Care 24 (ICT24). There is information available to patients on how to access out of hours care.

As part of our inspection we visited Sun Lane Surgery, Hythe, CT21 5JX.

The practice is registered to carry on the following regulated activities: treatment of disease, disorder or injury and diagnostic and screening procedures.

# Are services safe?

## **We rated the practice as inadequate for providing safe services.**

The practice was rated as inadequate for providing safe services because:

- Safeguarding policies did not contain accurate information.
- Information was not always effectively shared with out of hours providers.
- Staff checks were not always carried out.
- Systems to manage infection control, healthcare waste and significant events were not always effective.
- Actions from risk assessments were not always completed.
- Blank prescriptions were not monitored.

## **Safety systems and processes**

The practice did not have clear systems to keep patients safe and safeguarded from abuse.

- The practice safety policies included adult and child safeguarding policies. However, these did not always contain accurate or sufficient detail.
- Staff received safety information about the practice as part of their induction and refresher training.
- There was a system to highlight vulnerable patients on record.
- The practice told us that they worked with other agencies to support patients and protect them from neglect and abuse. The practice had a system to send alerts to out of hours services. However, we saw that this was not always being effectively implemented. For example, about vulnerable patients, with out of hours providers.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. We reviewed an adult and a child safeguarding record and found that reports had been sent to other agencies when required.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice did not have a systematic approach for carrying out staff checks in some areas. However, Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not have an effective system to manage infection prevention and control.
- The systems for safely managing healthcare waste were not always effectively implemented.
- The practice ensured that equipment was safe and maintained according to manufacturers' instructions.
- The practice was not able to demonstrate there was a systematic approach to sharing information across the practice for Medicines and Healthcare Products Regulatory Agency (MHRA) alerts.

## **Risks to patients**

There were not adequate systems to assess, monitor and manage risks to patient safety.

- Staff told us they would cover each other during staff absences and for responding to epidemics, sickness, holidays and busy periods. They told us that this sometimes left them understaffed in some areas of the practice. For example, administration duties.
- There was an effective induction system for staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in medical emergency procedures, except for sepsis management.
- Staff told us they understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However, not all members of staff had received training on how to identify and manage patients with severe infections including sepsis.

## **Information to deliver safe care and treatment**

# Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice had not reviewed its antibiotic prescribing to support good antimicrobial stewardship in line with local and national guidance. Their prescribing was higher than local and national averages.
- Prescriptions were not monitored through the practice.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice did not have a good track record on safety.

- The practice had a range of risk assessments in relation to safety issues. However, actions from these were not always completed.
- Not all risks had been identified.

## Lessons learned and improvements made

The practice did not have an effective system for managing significant events.

- Not all staff understood what constituted a near miss.
- The systems for reviewing, investigating, learning and shared lessons was not effectively implemented. Nor was there a process to monitor that any changes or improvements made were maintained.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

## We rated the practice as requires improvement for providing effective services overall and across all population groups

The practice was rated as requires improvement because:

- Audits did not include measurable outcomes, nor were they effectively used to drive quality improvement.
- Not all staff had completed essential training.
- Systems to ensure the competence of staff employed in advanced roles was not always effective.

*(Please note: Any data provided in this report and the evidence table was provided by the provider or obtained from . This data has not been validated.*

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated as requires improvement for effective because:

Concerns found in the effective domain affected all population groups

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement effective because:

Concerns found in the effective domain affected all population groups

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

This population group was rated requires improvement effective because:

Concerns found in the effective domain affected all population groups

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice provided us with data that showed uptake rates for the vaccines given were higher than the target percentage of 90% in all four indicators. This data has not been validated.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment for immunisation.

Working age people (including those recently retired and students):

This population group was rated requires improvement effective because:

# Are services effective?

Concerns found in the effective domain affected all population groups

- The practice provided us with figures for their uptake for cervical screening which was 71%, which was below the 80% coverage target for the national screening programme. We discussed this with the practice who told us they sent reminder letters to patients. The CQC did not have access to sufficient data to compare this average to local or national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because:

Concerns found in the effective domain affected all population groups

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice did not have a systematic approach for keeping registers for vulnerable patients including carers.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

This population group was rated requires improvement for effective because:

Concerns found in the effective domain affected all population groups

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

## Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and routinely did not review the effectiveness and appropriateness of the care provided.

- There was evidence of quality improvement activity and the practice showed us two audits and a range of case studies. However, none of the audits included measurable outcomes, nor were they consistently driving improvement.
- The practice did not consider the needs of its patient population when selecting audits, nor was there a systematic approach for quality improvement including dates for re-audit.

## Effective staffing

Staff did not always have the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice did not always understand the learning needs of staff. For example, records showed that not all staff were up to date with basic life support training.
- The practice provided staff with ongoing support. This included an induction process and appraisals.
- The practice did not have a system to help ensure the competence of staff employed in advanced roles.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example, National Diabetes Prevention Programme.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

**Please refer to the Evidence Tables for further information.**



# Are services caring?

## **We rated the practice as good for caring. Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- The practice gave patients timely support and information.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand.
- There was information in the waiting room signposting carers to local support groups. However, the practice did not have a system to identify or support carers.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as requires improvement for providing responsive services.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. However, there was no parking on site, including parking for people with disabilities so wheelchair users were advised to access a local car park where there was free parking.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated requires improvement for responsive because:

Concerns found in the responsive domain affected all population groups

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The principal GP provided a weekly ward round to a local nursing home to help ensure all patient's needs were met.
- The practice had access to the home visiting paramedic service with Chanel Health Alliance.

People with long-term conditions:

This population group was requires improvement for responsive because:

Concerns found in the responsive domain affected all population groups

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice had a system to help ensure that multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had regular contact with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated requires improvement for responsive because:

Concerns found in the responsive domain affected all population groups

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had a system to ensure that routine appointments such as child immunisations were made at a time to suit individual patient's needs. For example, working parents or carers.

Working age people (including those recently retired and students):

This population group was rated requires improvement for responsive because:

Concerns found in the responsive domain affected all population groups

- The practice was open between 8.00am and 6.30pm Monday to Friday. There were no extended hours offered. However, the practice was working with a local group of GPs known as Channel Health alliance to offer patients appointments at the Oaklands Hub in Hythe seven days a week. At the time of the inspection this had only partially been implemented.
- Patients who could not easily attend the practice during core hours could make appointments and order prescriptions online or by using a mobile phone app called MY GP. However, records that the practice had only registered 6% of their patient list for online services. The practice told us they were aware of this

# Are services responsive to people's needs?

and felt this was because many of their patient population was elderly. The practice told us they had plans to promote online usage and details of online access were included in the new patient pack.

- The practice did not have a website so that patients who were unable to attend the practice during core hours could not obtain information about services online.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for responsive because:

Concerns found in the responsive domain affected all population groups

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

People experiencing poor mental health (including people with dementia):

This population group was rated requires improvement for responsive because:

Concerns found in the responsive domain affected all population groups

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a system to follow up patients who had not collected their prescriptions. This included vulnerable patients.

## • Timely access to care and treatment

Most patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us they could get an appointment when they needed one, but that they may have to wait for some time after their appointment time.
- That the appointment system was easy to use.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to those sent to the practice appropriately to help improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice did not have a systematic approach for learning lessons from individual concerns, complaints and from analysis of trends, including those raised in other forums. For example, NHS Choices.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

## **We rated the practice as inadequate for providing a well-led service.**

The practice was rated as inadequate for well-led because:

- There was a lack of leadership oversight in relation to staff roles and responsibilities.
- Staff were not always provided with the skills development they needed.
- Governance documents were not always effectively implemented.
- The processes for managing risks, issues and performance were not always effectively implemented.
- The needs of the patient population were not reviewed.
- There was no effective approach to identifying areas for improvement.

## **Leadership capacity and capability**

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Not all leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Not all leaders had a regular presence at the practice. Staff were given leadership roles but there was a lack of oversight regarding staff roles and responsibilities at management level.
- The practice did not have effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## **Vision and strategy**

The practice did not have a clear vision or credible strategy to deliver high quality, sustainable care.

- There was a vision and set of values. However, not all areas of this were implemented effectively.
- The practice did not have a systematic approach strategy for future services or monitoring progress against delivery of the strategy.

## **Culture**

The practice did not have a culture of high-quality sustainable care as there was a lack of oversight of the practice at management level.

- Staff focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. However, these were not always effectively implemented. For example, records showed not all staff were up to date with their essential training. Nor did the practice have a process to help ensure clinical staff remained up to date with their professional registration.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development.
- There were positive relationships between staff and teams.

## **Governance arrangements**

The practice had a range of governance documents. However, we found that these were not always effectively implemented.

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective across the practice. For example, not all administration staff were clear about their roles and responsibilities in areas such as regulatory compliance.

# Are services well-led?

- Practice leaders had not established proper policies. Nor were there procedures to monitor policy implementation to help ensure safety across the practice that allowed the management team to assure themselves that policies were operating as intended.

## Managing risks, issues and performance

The processes for managing risks, issues and performance were not always effectively implemented:

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Not all clinical staff were aware of national and local safety alerts.
- There was evidence of clinical audit. However, the practice was unable to demonstrate that it was actively reviewing the needs of its patient population to develop a plan of relevant audit and quality improvement activity.
- The practice had plans for major incidents.

## Appropriate and accurate information

The practice did not have effective systems for information sharing.

- Quality and operational information was used to help improve performance. For example, the practice used data from the Quality and Outcomes Framework (QOF) to measure performance and was above local and national averages in some areas of care.
- The practice submitted data or notifications to external organisations as required.
- The practice did not have regular practice meetings to help ensure that quality and sustainability were discussed so that all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

- The practice had regular meetings with the patient participation group, but did not have a proactive approach to involving patients in improving services.
- Not all areas of feedback from patients', staff and external partners' views and concerns were identified or acted on. For example, identifying trends and learning from complaints, including from forums outside the practice. For example, NHS Choices.

## Continuous improvement and innovation

The practice was actively involved in some local projects. For example, the home visiting service. However, the practice did not have an effective approach to identifying areas for improvement.

- Not all opportunities for improvement were recognised or acted upon. For example, not all issues relating to significant events, infection prevention and control, medicines management and health and safety had been effectively identified or actioned appropriately. Whilst there were governance arrangements to support them, the practice did not always make use of learning from internal and external reviews of incidents and complaints. Learning was not always effectively identified, shared and used to make improvements. Nor were there effective audit programmes to support improvement.

**Please refer to the Evidence Tables for further information.**

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.</p> <p>The registered person had not done all that was reasonably practicable in assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. In Particular: The registered persons failed to demonstrate there was an effective system for managing medicines across the practice. For example, monitoring prescriptions and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. The registered persons failed to demonstrate that all risks were being effectively managed. For example, infection prevention and control, legionella and significant events. The registered persons did not have the necessary protocols in place for sepsis management. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person failed to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). In particular: The registered person did not have a system of process to help ensure that audits were driving quality improvement. The registered person not have a systematic approach for learning lessons from individual concerns, complaints and from analysis of trends, including those raised in other forums. For example, NHS Choices. The registered person had systems or processes in place that were not operating effectively in that they</p>

## Requirement notices

failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, throughout the governance process. In particular: The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, sepsis identification protocols, safeguarding, infection prevention and control, legionella and medicine management. Where risks had been identified, not all actions had been completed. The registered person had systems or processes in place that were not operating effectively in that they failed to enable the registered person to maintain such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: The registered person failed to have a system and process record all the recruitment requirements for example references and photographic identification. The registered person failed to have an effective system for sharing alerts and information with out of hours services. The registered person failed to have a system and process to manage staff training including basic life support. The registered person failed to have an effective safeguarding system. For example, comprehensive safeguarding policies. The registered persons failed to have comprehensive governance arrangements across the practice. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had failed to ensure that persons employed in the provision of regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties. In particular: The registered person failed to ensure all members of staff had received sufficient training in areas such as basic life support, fire safety and infection prevention and control. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person's recruitment procedures did not always ensure that only persons of good character were employed. In particular the registered persons failed to demonstrate that all employees had proof of identity and references. The registered person failed to ensure that the registration of clinical staff remained up to date after recruitment. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations



This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
--------------------	------------