

Priory Avenue Surgery

Quality Report

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

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Overall summary

Letter from the Chief Inspector of General Practice

We undertook an unannounced responsive inspection of Priory Avenue Surgery on 1 December 2016. This was in response to concerns reported to CQC regarding a lack of appointments and clinical staff to provide safe care. As a result of our findings on inspection we have taken urgent

action. We have issued conditions on the provider's registration and told them they must make improvements to the levels of staffing, the safety and quality of services and their governance processes.

Services from Priory Avenue Surgery are provided by One Medicare Ltd.

At this inspection we found:

Summary of findings

- There were insufficient numbers of skilled and experienced staff deployed to ensure patients received the care they needed
- There was a backlog of patient record summarisation (the incorporation of new patients' medical records to the practice's record system), which dated back to August 2016.
- Patients reported significant delays in obtaining repeat prescriptions. This left patients at risk as they were unable to access their medicines in a timely way. On the day of inspection, there were 27 prescriptions waiting to be processed. These were outside of the usual 72 hour turnaround period. The oldest being from 21 November 2016.
- Patient correspondence from external providers, such as hospital and paramedics, was not consistently being dealt with in a timely way. The delay in acting on this correspondence posed a risk to patients' health and welfare.
- Governance systems did not ensure that quality improvements were made in a timely way. For example, when risks to patients were identified they were not always acted on or mitigating actions undertaken to address the seriousness and reduce the level of risk to patients.

- Staff working at the practice were dedicated to the needs of the patient population. We found they were working additional hours or through their protected administration time to provide care to patients.

The areas the provider must improvements are:

- Improve the level of qualified, skilled and trained staff deployed to protect patients from the associated risks related to their health and welfare and ensure that patients can access appointments in a timely way.
- Ensure governance systems to assess, monitor and improve the quality and safety of the services are reviewed. This includes the implementation of a system which effectively assesses and mitigates risk. The provider must urgently address the continued risks relating to overdue repeat prescription requests, referrals, medication reviews, patient correspondence and paper medical records.

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 was not providing safe services. There were significant risks to patients' health and welfare:

- Significant concerns reported by staff and patients to the provider were not acted on to identify, assess and mitigate the risks in relation to patient safety and the services provided.
- The number of suitably experienced, trained and skilled staff deployed was insufficient to ensure the service was safe. The low levels of staffing and lack of appointment access posed a risk to the health and welfare of patients as they were unable to access the care and treatment they needed.
- Patients reported long delays in issuing repeat prescriptions, leaving patients at risk if they were unable to access their medicines. On the day of inspection, there were 27 waiting to be processed with the oldest being from 21 November 2016.

Are services effective?

The practice was not providing effective services. There were significant risks to patients' health and welfare:

- Patients reported that they were being directed to a local walk-in service by staff because there was a significant shortfall of appointments to meet the demand of the local population. Some of the staff on inspection confirmed that patients were being redirected without an assessment of risk to the patients. There was no assessment process to determine whether a patient was well enough to be redirected.
- There was a backlog of patient records summarisation (the incorporation of new patients' medical records to the practice's record system) from August 2016. This posed a risk due to the potential for a lack of appropriate assessment of each patient registered since August 2016.
- Patient correspondence from external providers, such as hospital and paramedics, was not consistently being dealt with in a timely way. The delay in acting on this correspondence posed a risk to patients' health and welfare. For example, letters from external clinicians which required actions from GPs were not always acted on in a timely way.

Are services responsive to people's needs?

The practice was not responsive in meeting the needs of all patients. For example:

Summary of findings

- Appointments with female and male GPs could be booked; however, the availability of appointments was poor.
- The availability of appointments was significantly low and patients reported not being able to see GPs or nurses without significant waits and having to try and access same day appointments which were booked up quickly morning. Clinical staff worked through their designated administration hours to try and meet the needs of some patients who required appointments and other care.
- Patients told us they found it difficult to book advanced appointments and had to try and book on the day appointments until they found an available appointment slot.
- Clinical staff told us they worked through their designated administration hours to try and meet the needs of some patients who required appointments and care and treatment.

Are services well-led?

The practice was not well-led. The practice had a governance framework but this did not support the delivery of safe, effective and responsive care. For example:

- Whilst the provider had identified that there were backlogs of repeat prescriptions, summarising of records and patient correspondence, they did not implement plans to effectively manage the significant risks or implement improvement plans to mitigate these in a timely manner.
- Concerns reported to the provider by staff and patients were not acted on to identify, assess and mitigate risks or improve the quality of the service.
- We saw meeting minutes which showed staff attended meetings. Significant events and concerns from staff were discussed. However, during the inspection we noted the concerns staff told they had raised with no apparent or immediate actions having been taken.
- When requested, the provider did not provide us with the consistent information we requested regarding appointment scheduling or significant event investigations.

Summary of findings

What people who use the service say

On the day of inspection we spoke with six patients who told us that they found it very difficult to book appointments and that there were significant delays in receiving repeat prescriptions. We received three comment cards and two reported significant difficulty in booking appointments.

Members of the patient participation group contacted us and confirmed patients had been contacting them with concerns about accessing appointments and the delays in obtaining their repeat prescriptions.

We looked at patient feedback on NHS Choices and saw that since the provider had taken on the contract there were 10 ratings of the service all of which rated the practice one out of a possible five stars. Patients reported significant difficulties in booking appointments and obtaining prescriptions. In some cases patients reported risks to their health and welfare.

Priory Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This unannounced responsive inspection was undertaken by a CQC lead inspector and supported by a GP specialist adviser.

Background to Priory Avenue Surgery

Priory Avenue Surgery provides primary medical services to the Caversham area of Reading from a two-storey converted dwelling, which has undergone several extensions over the last 10 years. The practice serves a population of over 8,000 patients in an area of mainly average deprivation but with some pockets of low deprivation. The practice has a larger proportion of patients of working age compared to both local and national averages. There are no onsite parking facilities and the local roads have available parking for restricted times. There is one parking space adjacent to the practice for patients with limited mobility.

The consultation and treatment rooms are on both the ground and first floors with three waiting areas. The first floor can only be reached by a staircase, with no lift facility currently in place.

All services are provided from: 2 Priory Avenue, Caversham, Reading, Berkshire, RG4 7SF

The practice has been through a challenging four years with three changes in provider and a number of GPs and managers leaving, which has caused instability in the practice. One Medicare Ltd took the contract from the local clinical commissioning group (CCG) in September 2016.

The service is staffed by: One employed GP and locum GPs, four practice nurses, locum advanced nurse practitioners, a health care assistant, one part time practice manager (who also manages a second practice), a deputy practice manager and a reception and administration team.

The practice is open between 8am and 6.30pm Monday to Friday. The practice is open for extended hours until 7pm on a Tuesday and Wednesday and 46 Saturdays a year. The practice operate under an alternative provider medical services contract.

When the practice is closed, out-of-hours (OOH) GP cover is provided by Westcall via the NHS 111 service. Notices on the entrance door, in the patient leaflet and on the practice website clearly inform patients of how to contact the OOH service.

Why we carried out this inspection

We carried out an unannounced responsive inspection on 1 December 2016 to determine whether the provider was meeting the requirements of the Health and Social Care Act 2008, including the Regulated Activity Regulations 2014.

How we carried out this inspection

Before visiting, we reviewed information we held about the practice and asked other organisations to share what they knew. We carried out an unannounced inspection on 1 December 2016. During the inspection we:

- Spoke with two GPs, two nursing staff and members of the reception and support staff.

Detailed findings

- Also spoke with six patients and members of the patient participation group.
- Observed how patients were being cared.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events but this was not always effective. On the day of inspection, staff reported that they had raised concerns with the management team about aspects of the service but action had not always been taken. We reviewed safety records, incident reports and minutes of meetings where significant events and concerns were discussed. In some instances we saw evidence that lessons were shared and action was taken. However, during the inspection we noted concerns staff told us they had raised where no or limited changes had been implemented to make improvements to the service.

We asked staff to show us significant events reported in the last two months regarding clinical care at the practice. Staff told us that they had raised numerous concerns via the incident reporting system regarding the lack of clinical cover and backlog of work at Priory Avenue surgery. The staff we spoke with told us that they had not received any feedback regarding these concerns. We saw communication from the practice staff to the registered manager reporting the level of backlog on a weekly basis since September 2016. When we inspected on 1 December there were 781 items of patient correspondence held on the practice IT system that awaited action and filing onto patient records. These dated back to 7 November 2016.

The provider had identified the back log of patient correspondence but had taken limited action to effectively address the back log of records and risk to patients.

Monitoring risks to patients

Risks to patients were not always assessed appropriately or well managed to ensure swift and effective action to improve the safety of the practice. There were procedures in place for monitoring and managing risks to patient and staff safety. However, the risks were not always assessed for their level of impact and the seriousness, with the appropriate action taken.

For example, ineffective arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups in order to ensure

there were enough staff were on duty. However, staff reported and we noted on the day of inspection that there were clinical staff shortages, which impacted on the level of service provided to patients.

On the day of inspection, we asked staff to provide us with an overview of pre-bookable and same day GP and nurse appointments for November and December 2016. A member of practice staff and the registered manager provided different figures for appointments following two separate requests. This demonstrated a lack of consistency and understanding of appointment availability in the practice. We also asked the provider to advise of the number of appointments available during December 2016. They were only able to provide a week of appointments scheduling from screenshots of the record system. We reviewed the schedule of appointments with clinicians who were able to prescribe for the week 5 December to 9 December 2016. The schedule we were given showed that 310 of this type of appointment were available between 5 and 9 December. The provider told us they worked to a model taking account of a 'national average appointment ratio' (72 appointments per 1000 registered patients per week). We noted that the information provided in the schedule did not correlate to the average appointment ratio the provider told us they worked to. With 8000 registered patients the application of the average ratio arrived at a total of 504 appointments of this type. The provider had scheduled 194 fewer appointments than the ratio indicated. The CQC GP advisor considered this calculation and believed it to be a conservative figure for the patient list size of this practice. The practice was not able to provide appointments to all the patients requesting access to GPs or nurses due to not having enough appointment slots for the demand.

We found that out of a possible 24 duty doctor sessions from 15 November 2016 there were only 10 sessions where a duty GP was available. (A duty doctor is a GP who would respond to any urgent circumstances that arose within the practice and would offer clinical advice to other clinicians when needed throughout the day.) The duty GP would also ensure administrative tasks such as authorising repeat prescriptions were completed in a timely manner. Staff informed us that other GPs on the premises were booked for appointments most of the time and therefore there was limited access to advice and information from appropriate clinicians when the duty GP was not available. Clinical staff told us that they felt the service was unsafe when they were

Are services safe?

the only GP on duty seeing patients all day and there was no duty GP to support them. They told us that they did not feel safe when working as they did not have the capacity to undertake clinical administration tasks with the low numbers of staff available.

All the staff who delivered services onsite that we received feedback from, including GPs, nurses and non-clinical staff told us they felt the service was unsafe due to staffing levels.

During the inspection, we reviewed the system for signing prescriptions. We found ineffective processes and systems for handling and issuing repeat prescriptions to patients in a timely way. Patients and staff reported significant delays and difficulties in issuing and obtaining repeat prescriptions. On the day of inspection we noted the provider was not processing repeat prescriptions within the 72 hours (three working days) target the practice had set and advertised to patients. We were provided with a breakdown of the number of repeat prescriptions awaiting approval. This included 23 waiting to be processed from 25 to 28 November and four prescriptions from 21 to 25 November. The delay for these prescriptions ranged from four to eight working days. Four patients told us that they had visited the surgery on 1 December because they had requested their prescriptions 10 and 14 days earlier. They were told that their prescription requests had not yet been processed.

A local pharmacy told us that the usual turnaround for prescriptions was three working days. They informed us that in recent weeks' patients had been attending the pharmacy to collect prescriptions that had been requested one to two weeks previously. They confirmed that many prescriptions had still not been processed or submitted to the pharmacy from Priory Avenue Surgery.

Staff at Priory Avenue Surgery informed the pharmacy that this was because a GP working remotely (located in another area and able to access the electronic prescribing system at the practice) had issued prescriptions due to the delays at the practice and the prescriptions had then been waiting to be signed by a GP for over a week. Staff from the pharmacy also confirmed that when patients had requested repeat prescriptions through the electronic prescribing service (EPS), clinicians and staff at Priory Avenue Surgery were taking one to two weeks to process them. They explained that patients had reported they were having to attend the surgery on several occasions and were repeatedly asking reception staff to issue prescriptions to be signed by a GP to enable access to their medicines. The pharmacy reported they had seen an increase duplicate prescriptions being issued for patients but had identified these and not dispensed them to the patients. The lack of an effective system to manage repeat prescriptions was placing patients at risk if they did not receive their medicines to take as prescribed and prevent a decline in their health. In addition, the issue and duplication of prescriptions placed patients at risk from having more medicines than required.

The provider informed us their care model incorporated support from Advanced Nurse Practitioners (ANPs) who were able to prescribe to patients for some minor illnesses and other conditions. We were informed that part of the additional support for GPs working at Priory Avenue Surgery was additional ANP appointments in December 2016. However, from the information we were provided it was not clear whether additional ANP appointments to support GPs were going to be available from December 2016, and the provider told us that they were unable to recruit suitably trained and experienced ANP's.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had not been able to offer appointments to all the patients requesting access to GPs or nurses in the three weeks preceding the inspection in December 2016. Therefore the needs of patients unable to access appointments could not be fully assessed.

Staff informed us that when appointment slots were full and patients requested access to a GP or nurse, they often had to refer them to a local GP walk-in service. This assessment was undertaken by non-clinical staff without training and an assessment tool to assess whether it was appropriate or safe to refer a patient to another service. The walk-in centre was located in the town centre and required significant travel for potentially unwell patients, including any which may require urgent care.

In August 2016, 24 patients were recorded as visiting the local walk-in centre. This was before the provider took over the contract to run this service in September 2016. However, in September and October this had steadily increased. In November 2016, three months into the provider's contract, 52 patients had been recorded as having attended the walk-in centre, which was higher than other practices in Reading. Patients we spoke with on the day of inspection told us they had to visit the walk in centre as there were not accessible appointments at Priory Avenue Surgery.

The practice had a backlog of new patient records requiring summarisation, which was inherited from the previous provider in September 2016. This placed patients at risk as their electronic medical record did not include a full assessment of their medical history and therefore potentially no full assessment of their medical needs. However, three months into the contract there were no

robust plans to ensure the backlog was reduced. At the time of inspection no members of staff had been trained or employed to undertake summarisation and clear the backlog.

Staff showed us the backlog of records and confirmed the oldest records requiring summarisation were from August 2016. The provider informed us that summariser training was due to be provided for a member of the administration team, but no system of reviewing or dealing with the summarising had been put in place within three months of the contract starting. The provider had not appropriately assessed the risk of this backlog or taken appropriate urgent action to resolve and ensure electronic patient records were up to date and clinicians had full access to a patient's medical history.

Management, monitoring and improving outcomes for people

We looked at a system used to receive and monitor correspondence from external providers such as hospitals. This information may include hospital discharge summaries, consultations with clinical consultants or a request for further assessment or tests. We found 781 of these had not been actioned. The 781 unactioned records may have placed patients at risk if the information included the need for a patient to have further tests or receive additional care and treatment. On the day of inspection the staff at the practice were unable to confirm whether the correspondence had been reviewed or action taken for the 781 records.

The provider informed us they had recognised the risks of the backlog of correspondence and prescriptions and additional clinical staff were going to be deployed. However, at the time of the inspection these changes had not been implemented. Before the inspection North and West Reading Clinical Commissioning Group confirmed that the additional funding had not been provided to the practice for the extra staffing hours required to resolve the backlog.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

Priory Avenue Surgery is open between 8am and 6.30pm Monday to Friday. The practice is open for extended hours until 7pm on a Tuesday and Wednesday and 46 Saturdays a year. However, patients reported that they were unable to access appointments that met their needs.

During our inspection visit we spoke with six patients who reported that pre-bookable appointments were not available and therefore they needed to try and book appointments the same day. Comments cards completed by a further five patients on the day of inspection also confirmed this was their experience, although comments cards and patients we spoke with highlighted the kind and compassionate care received by individual practitioners. Patients commented that reception and administration staff were dealing with their requests to the best of their ability and were striving to offer a high level of care. The six patients we spoke with on the day of inspection also reported long waits on the phone when trying to contact the practice for appointments of repeat prescriptions.

A member of the patient participation group (PPG) provided us documented evidence of the minutes from a meeting held on the 9 November 2016 with the Deputy Practice Manager and other PPG members. The minutes detailed the levels and areas of concern around the higher numbers of patients attending the walk in centre, long waiting times for repeat prescriptions, subsequent pressures on the local pharmacies and out of date information on the practice

website. The PPG member told us they had not received a response to confirm the concerns raised had been actioned or responded to.

The provider sent us information stating that the practice was staffed above a formula they worked to of 72 prescribing appointments per 1000 patients per week. We asked the provider for a breakdown of appointments in December 2016. We were provided with screenshots of

appointments for a week in December 2016 in place of an overall breakdown across the whole month. This was provided and we counted all prescribing appointments for the week from 5 December to 9 December 2016 and this equated to 310 prescribing appointments. Using the baseline the provider told us they worked to they would need to provide 504 prescribing appointments. This demonstrated a shortfall in the number of appointments needed for the size of the practice population.

Friends and family test results showed that patient satisfaction had steadily decreased since September 2016:

- In September 2016, 72% of patients were either likely or extremely likely to recommend Priory Avenue Surgery to their friends and family. 19% were unlikely or extremely unlikely to recommend the practice to their friends and family.
- In October 2016, 63% of patients were either likely or extremely likely to recommend Priory Avenue Surgery to their friends and family. 22% were unlikely or extremely unlikely to recommend the practice to their friends and family.
- In November 2016, 63% of patients were either likely or extremely likely to recommend Priory Avenue Surgery to their friends and family. 25% were unlikely or extremely unlikely to recommend the practice to their friends and family.

We looked at patient feedback on NHS Choices and saw that since the provider had taken on the contract in September 2016, there were 10 ratings of the service all of which rated the practice one out of a possible five stars. Patients reported significant difficulties in booking appointments and obtaining prescriptions. In some cases patients reported risks to their health.

The practice had considered the accessibility of appointments and was due to implement additional clinical staffing from 19 December via 'open access' clinics. However, the practice could not provide us with accurate figures regarding the ongoing appointments they were due to provide in December 2016.

Are services well-led?

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

Our findings

Vision and strategy

The provider had a clear vision to deliver high quality care and promote good outcomes for patients. However, at the time of inspection the level of care and quality outcomes for patients was poor.

The practice reported that they had worked closely with North and West Reading Clinical Commissioning Group on the development of a new model of care. This included a change from a traditional GP practice structure to one where there are less GPs supported by more advanced nurse practitioners. At the time of inspection, the provider confirmed that they were introducing incremental changes to the appointment system and their intention was to implement the new model of care from the middle of December 2016.

However, the provider told us that the national challenge of recruiting GPs and Advance Nurse practitioners had impacted on the levels of suitably qualified, experienced and skilled staff at Priory Avenue Surgery.

Governance arrangements

The practice had a governance framework but this did not support the delivery of safe, effective and responsive care. We found significant risks were not assessed appropriately to determine the high level of impact to patient safety. The actions to mitigate the risks were ineffective and had not made improvements to the levels and quality of service to patients. For example:

- The provider did not have a plan in place to mitigate the risks associated with the lack of consistent and appropriately trained GPs and Advance Nurse Practitioners. Staff told us that the provider had continued to reduce the number of GP appointments but the reduction had not corresponded with the shortfall in appropriately trained ANP's available to address the lack of GP appointments. The provider told us they were supporting the practice with remote clinical advice and senior leaders with clinical training had provided clinical sessions on some days over the previous three months. However, there was no

contingency plan to allow for and ensure the levels of suitably trained, skilled and experienced clinical staff were maintained during the recruitment of new GPs and ANPs.

- The implementation of this model had not dealt with the inherent risks associated with the backlog of patient correspondence, medical record summarising and repeat prescriptions that the provider found were in place when they took on the contract. They did not implement additional plans to identify, assess and manage risks or implement improvement plans based on priorities of risk and patient need in a timely way.
- Staff who worked at the practice told us they repeatedly reported concerns about staffing levels and the backlog of patient correspondence and prescription requests to the provider. The provider supplied evidence to confirm that these concerns were raised or discussed at meetings. However, the provider had not responded with action plans that would mitigate the risks and during the inspection we were unable to evidence any improvement.
- We reviewed reports produced at the practice since September 2016 when One Medicare became responsible for delivery of services from the practice. These included records of; a backlog in summarising new patient records, delays in issue of repeat prescriptions and a failure to review correspondence from external providers relating to patient care and treatment. We noted that the reports showed a worsening situation week by week.

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

The practice had not acted on feedback provided from patients, the public and staff. There was limited action to improve the concerns patients raised about the delivery of service.

- Staff told us that regular team meetings had stopped due to the pressures of providing the service to patients and the lack of staff.
- Staff told us they had the opportunity to raise any issues but did not feel confident and supported in doing so or that action would be taken.
- Some of the staff we spoke with did not feel respected, valued and supported, particularly by the management team and provider. However, the provider told us that all staff were involved in discussions about how to run and

Are services well-led?

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

develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Enforcement actions

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing the risks to the health and safety of service users in regards to receiving the care or treatment and not doing all that is reasonably practicable to mitigate any such risks.</p> <p>The provider did not ensure that where responsibility for the care and treatment of service users was shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning took place to ensure the health, safety and welfare of the service users.</p> <p>Specifically risks associated with outstanding and future repeat prescription requests, medication reviews, patient correspondence and paper medical records.</p> <p>This was in breach of Regulation 12 Safe care and treatment (1)(2)(a)(b)(l)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The system of clinical governance did not ensure that the provider assessed and monitored the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>The provider did not implement quality improvement where this was required. They did not evaluate and improve their practice in respect of the processing of information regarding the performance of the service.</p> <p>Specifically in regards to concerns reported by patients and staff and the inherent risks identified by a backlog of patient correspondence and other care related processes.</p>

This section is primarily information for the provider

Enforcement actions

This was in breach of Regulation 17 Good governance (1)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons in order to meet the requirements of this regulation. There was not sufficient staff to provide the care and appointments that the patient population required in a timely way. This posed a risk to the health and wellbeing of patients.

This was in breach of Regulation 18(1) Staffing