

Shiregreen Medical Centre

Inspection report

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Sheffield
South Yorkshire
S5 0RG
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www.shiregreenmedicalcentre.co.uk

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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 location

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

This practice is rated requires improvement overall.

(Previous rating 29 March 2017 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Shiregreen Medical Centre on 20 November 2018 as part of our inspection programme.

At this inspection we found:

- There were gaps in the practice's governance arrangements resulting in risk management processes not being comprehensive. For example, there was insufficient oversight to ensure mitigating actions identified on safety risk assessments had been completed.
- The practice had systems to identify and investigate safety incidents so that they were less likely to happen again. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The appointment system had been changed in recent months. Patient feedback was mostly positive, though there were some mixed comments about being able to access an appointment.
- Staff told us they felt respected, supported and valued. They told us they worked well as a team and were proud to work in the practice.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the process to check and record medicines prescribed to patients with poor mental health are being ordered by patients.
- Take action to ensure all recruitment checks are documented.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to Shiregreen Medical Centre

Shiregreen Medical Centre is located in a purpose built health centre at 492 Bellhouse Road, Sheffield, S5 0RG and has a branch site at Melrose Surgery, 120a Burngreave Road, Sheffield, S3 9DE. The practice provides services for 8,100 patients under the terms of the NHS General Medical Services contract.

Public Health England data shows the catchment area is classed as within one of the first most deprived areas in England with 24% of the practice population being of black and minority ethnicity. The age profile of the practice population is broadly similar to the other GP practices in the Sheffield Clinical Commissioning Group (CCG) area with a higher number of patients aged 15 to 65 years.

The practice has two female GP partners and a business partner, two salaried female GPs, one male GP registrar, an advanced nurse practitioner, four practice nurses, four healthcare assistants and a team of reception and administration staff. The practice use two regular locum GPs.

The provider had recently made changes to the partnership of the practice. At the time of the inspection the current partnership did not reflect the partners

registered with CQC. However, the process to amend this had commenced. The provider is registered with CQC to provide the regulated activities, diagnostic and screening, maternity and midwifery, family planning and treatment of disease, disorder or injury.

The practice is open 8am to 6pm Monday to Friday and from 8am to 2.30pm on Thursday.

The branch site at Melrose Surgery is open 8.30am to 12.30pm Monday to Friday.

Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoons.

Appointments are offered on Monday evening until 8pm and Wednesday morning from 7am at the main site. Weekend and evening appointments are also offered at one of the six satellite clinics in Sheffield, in partnership with other practices in the area.

Out of hours care can be accessed by calling the NHS 111 services when the practice is closed.

Further information about the practice can be found at www.shiregreenmedicalcentre.co.uk

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- There was insufficient managerial oversight of safety systems and processes for the provider to be assured that safety risk assessments were working effectively such as fire safety systems and legionella control regime.

Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse although others required improvement.

- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order. However, there was insufficient oversight to ensure these were working effectively. For example, stock monitoring checks had not identified out of date clinical consumables and there were gaps in fire safety and water system checks which had lapsed at the branch site.
- The practice had a system to manage infection prevention and control. However, updates to actions identified and when or if they were completed was not documented on the audit. The provider could not assure themselves appropriate action was being taken as it was not documented.
- Arrangements for managing waste and clinical specimens mostly kept patients safe although we observed sharps bins at the branch that were not labelled.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis although we observed some gaps in recruitment check documentation.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (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).

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, there were some shortfalls as checks were not always carried out thoroughly.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, stock checks of emergency equipment had not identified the defibrillator pad had expired at the branch site.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines, although some required review.

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment minimised some risks. However, we observed blank prescriptions were not stored securely at the branch site and the practice did not have a system to track blank prescriptions through the practice.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. However, staff could not evidence patient specific directives for individual medicines being administered to patients.
- The practice had reviewed their antibiotic prescribing data, benchmarking themselves with other practices in the area.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The practice did not have a formal process to check medications for patients with poor mental health were being ordered by patients.
- Patients were involved in regular reviews of their medicines.

Track record on safety

The practice generally had a good track record on safety although some areas required improvement.

- There were comprehensive risk assessments in relation to safety issues although actions identified to mitigate risks were not maintained.
- We saw some evidence the practice monitored and reviewed activity. This helped it to understand risks and gave a picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across all population groups

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.
- The practice used text messages to send patients appointment reminders.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are 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.
- 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.
- The practice provided medical care and weekly routine GP visits to patients who resided in four local care homes.
- The practice were involved in a research project to reduce the risk of falls through safe prescribing for patients in nursing homes.

People with long-term conditions:

- 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice had purchased blood pressure machines to loan to patients to support them monitoring their own blood pressure.
- The practice would refer patients with long term conditions to a local agency who offered lifestyle support, for example exercise classes.

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. Staff told us they would contact patients by letter who failed to attend for their immunisations to reschedule an appointment. Patients who continually failed to attend would be discussed at the weekly multidisciplinary team meeting to agree what action, if any, was required.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 68.9%, which was below the CCG average of 73.5% and 80% coverage target for the national screening programme. Staff told us that patients would be sent a letter to encourage them to attend for their cervical cancer screening test if they failed to attend their appointment.
- The practice's uptake for breast cancer screening was above the national average and below the national average for bowel cancer screening. The practice had reviewed this and sent reminder letters promoting bowel cancer screening uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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.

Are services effective?

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.

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

- 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.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, a pre-referral to secondary care assessment pilot.
- The practice had introduced a new repeat prescribing protocol. As a result the number of patients receiving a medication review in the last 12 months had increased from 13% in November 2017 to 71% in November 2018.

Effective staffing

Staff had 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 understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, mentoring, clinical supervision and revalidation. Staff had not received a formal appraisal within the last 12 months, however, all had one scheduled in December 2018.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- 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 discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children.
- Patients received coordinated and person-centred care. This included when they moved between services, when

Are services effective?

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 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, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.

- 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, the practice hosted a smoking cessation worker to support patients to stop smoking.

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.
- The practice monitored the process for seeking consent appropriately.

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.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private area to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

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 good 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 practice understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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:

- 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.

People with long-term conditions:

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Monday evenings and Wednesday mornings.
- The practice hosted an occupational health worker to provide advice about work related illness.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had employed a bi-lingual receptionist at the branch site to assist patients whose first language was not English.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinic appointments.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs. They also signposted patients to a self-referral on-line course which helps patients to manage stress, anxiety and depression.
- The practice were piloting an emotional well-being worker within their neighbourhood locality who would support patients referred to counselling inbetween seeing the GP and waiting for their counselling appointment.

Timely access to care and treatment

Are services responsive to people's needs?

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

The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. However, the appointment system had been changed since the national GP patient survey results were completed in March 2018. The new system had been implemented as the practice had a very high DNA (did not attend) rate. Initial audits completed by the practice showed a reduction in DNAs by 27%. Patient feedback was mostly positive, though there were some mixed comments about the change to the system and accessing an appointment. The business manager told us they were monitoring patient feedback of the new system. Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to 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 learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- Systems and processes in place were not operating effectively in that they failed to enable the registered persons to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and were in the process of implementing supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 need. Staff had not received regular annual appraisal. Staff we spoke with reported there was an open-door culture to both the management team and GPs and they had received informal one to one meetings. Dates were booked for staff appraisals to be completed in December 2018. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management but these were not always fully embedded.

- Structures, processes and systems to support good governance and management were set out, understood but were not consistently effective. For example, blank prescriptions were not stored securely at the branch site or tracked through the practices and staff were not able to evidence how to access a patient specific directive to administer medicines.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety. However, there were some shortfalls with oversight and monitoring of systems to assure themselves that they were operating as intended. For example, monitoring checks of stock and actions arising from the infection prevention and control audit.

Are services well-led?

Managing risks, issues and performance

There were processes for managing risks, issues and performance though these required improvement.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, there were shortfalls relating to the actions identified in the fire risk assessment and legionella risk assessment being completed.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice is a teaching and training practice for GP registrars, medical students and physician associates.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Maternity and midwifery services	
Treatment of disease, disorder or injury	<p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• There was insufficient managerial oversight to ensure mitigating actions identified on safety risk assessments had been completed. For example, completion of the legionella control regime and fire safety checks.• Stock control systems were not effective. We found out of date consumables.• Checks of emergency medical equipment were not effective. The defibrillator pad had expired.• Actions taken in respect of the infection prevention and control audit were not documented.• Sharps bins were not labelled appropriately at the branch site.• Patient specific directives were not used.• Blank prescriptions were not stored securely at the branch site and there was not a system in place to track them throughout the practices.

Regulation 17(1)