

Swanpool Medical Centre

Inspection report

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Date of inspection visit: 15 August to 15 August 2018
Date of publication: 27/09/2018

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

At our last inspection, in July 2017, the practice was rated as requires improvement in the caring and responsive key questions, therefore rated as requires improvement overall. This was in relation to patient feedback involvement in care and treatment and access to services.

At this inspection the practice was rated as requires improvement overall and for providing safe and responsive services. This was due to insufficient governance arrangements concerning oversight of patient groups directions (PGDs), cold-chain temperatures and continued lower than average patient satisfaction relating to access to services.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Good

We carried out an announced comprehensive inspection at Swanpool Medical centre on 15 August 2018 as part of our regular inspection programme and to ensure that the practice had continued to make improvements in the areas identified by the previous report. The full comprehensive reports for both these inspections can be found by selecting the 'all reports' link for Swanpool Medical Centre on our website at www.cqc.org.uk.

At this inspection we found:

- The practice was unable to demonstrate oversight of patient group directions (PGDs) or effective oversight of the safe storage of medicines which required refrigeration.
- The recent (2018) GP patient survey indicated that patient satisfaction had improved in all areas except for access to the practice by telephone for appointments and waiting times. The practice developed action plans following the 2017 GP patient survey but were unable to demonstrate that patient actions taken had increased [patient].
- The practice's cervical and bowel cancer screening results were below local and national averages.
- The practice's childhood immunisation uptake scores were above local and national averages.

The areas where the provider **MUST** make improvements 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:

- Consider ways to ensure that all staff are aware of how to recognise sepsis in patients.
- Review ways in which patients presenting with no fixed abode could register easily with the practice.
- Consider ways to continue to improve uptake for cancer screening.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a second CQC inspector and a shadowing CQC inspector.

Background to Swanpool Medical Centre

Swanpool Medical centre, is situated in Tipton, Birmingham, within a purpose-built health centre. The practice population is approximately 8800 patients with a higher number of patients under 65 years of age compared to the national average. Approximately 12% of the practice population identify as Black, Minority, Ethnic (BME).

The level of deprivation in the area according to the deprivation decile is one out of ten (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks areas in England from one (most deprived area) to ten (least deprived area). For more information on the practice please visit their website at

Swanpool Medical Centre is led by a single-handed GP (male) and also has four sessional GPs (three male and one female) and two practice nurses who are also both female. The practice manager is supported by an IT manager, administration and reception staff.

The practice's opening hours are Monday to Friday 8am until 6.30pm. Appointments are available throughout the day from 8.30am until 6pm. The practice's out of hours service is provided by Primecare. Telephone lines are automatically diverted there when the practice is closed.

The practice is a member of the Sandwell Health Alliance federation that offer extended hours at local hub centres, each weekday until 8pm and at weekends from 8am until 8pm.

The practice provides NHS primary health care services for patients registered with the practice and holds a General Medical Service (GMS) contract with the local Clinical Commissioning Group (CCG).

Swanpool Medical Centre is registered with CQC to provide five regulated activities associated with primary medical services, which are; treatment of disease, disorder and injury, family planning, maternity and midwifery, diagnostic and screening procedures and surgical procedures.

Are services safe?

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff, whose files we viewed, had received up-to-date safeguarding and safety training appropriate to their role.
- Staff we spoke with knew how to identify and report concerns and where to access learning should safeguarding incidents occur. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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.)
- We saw that staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, the practice had not considered all risk within the practice.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- There was an effective induction system for all staff, including temporary staff, tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff we spoke with 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, however, some non-clinical staff we spoke with were unaware of this.
- 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 we spoke with 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.
- 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 but these were not always effective.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment did not always minimise risks. The practice was unable to demonstrate that they had oversight of the management of vaccine fridge temperatures.
- The practice generally prescribed and administered medicines to patients and gave advice in line with current national guidance, however, the practice were unable to demonstrate that patient group directions (PGDs) were managed appropriately.

Are services safe?

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- 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 generally had a good track record on safety.

- There were risk assessments in relation to most safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice demonstrated that when incidents were reported action was taken and learning outcome identified. However, the practice was unable to demonstrate that it was always identifying and reporting potential incidents.

- Staff we spoke with 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?

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 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 demonstrated that they use virtual clinics to support patients with diabetes.
- Staff we spoke with know how to advise 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 we spoke with, whose role included treating older people, had appropriate knowledge of their psychological, mental and communication needs.

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 we spoke with, who were responsible for reviews of patients with long term conditions, had received specific training.
- GPs at the practice demonstrated that they followed up patients who had received treatment in hospital or through out of hours services.
- We saw that adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes and chronic obstructive pulmonary disease (COPD).
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children at appointments in secondary care or for immunisation.

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

Are services effective?

- Data provided by Public Health England (PHE) showed the practice's uptake for cervical screening was 66%, which was below the 80% coverage target for the national screening programme. The national cervical screening average was 72%. The practice were aware of their uptake and demonstrated actions taken to improve.
- The practice's uptake for breast cancer screening was in line with the national average.
- The practice's uptake for bowel cancer screening was below the national average. The practice were aware of this and had taken action to address this.
- 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.

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 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 told us that they developed personalised care plans for patients identified as vulnerable. Records we viewed confirmed this.

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

- The practice assessed and monitored the physical health of people with 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.
- 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.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was above local and national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. We reviewed a number of clinical audits where actions had been implemented, monitored and demonstrated quality improvements.

- The quality outlook framework (QoF) performance of the practice was generally in line with local and national averages. The practice were aware of areas of low performance and were working to address them.
- Exception reporting in one indicator was above local and national averages. We saw, from the examples we viewed that these were appropriately completed in line with guidance and the practice's policy.
- The practice used information about care and treatment to make improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for older people, people with long term conditions and people requiring contraceptive reviews.
- Staff we spoke with 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 told us that they understood the learning needs of staff who confirmed that protected time and training was provided to meet those needs. 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 appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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 and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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, 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, stop smoking campaigns.

Consent to care and treatment

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

- Clinicians we spoke with 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?

At our previous inspection on the 13 July 2017, we rated the practice as requires improvement for providing caring services. This was due to low patient satisfaction regarding how involved patients felt in their care and treatment.

At this inspection we found that the practice had made significant improvements in patient satisfaction in these areas, although some remained lower than local and national averages. We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results, published in 2018, showed improvement and were generally in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

The practice helped patients to be involved in decisions about care and treatment. When asked, staff at the practice 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.)

- We saw that staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The practice proactively identified carers and supported them, staff we spoke with explained that they helped patients and their carers find further information and access community and advocacy services.
- Patient's feedback showed that the practice helped patients ask questions about their care and treatment.
- 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.

- Staff we spoke with knew that when patients wanted to discuss sensitive issues or appeared distressed, to offer them a private room to discuss their needs.
- When asked, staff recognised and were able to explain the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection on the 13 July 2017, we rated the practice as requires improvement for providing responsive services. This was due to low patient satisfaction relating to access to services.

The recent GP patient survey indicated that some areas of access to services had improved, however the practice was unable to demonstrate improved patient satisfaction relating specifically to telephone access and waiting times. 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 tried to organise and deliver services to meet patients' needs. It took account of patient needs and preferences but was not yet able to demonstrate improved patient satisfaction.

- The practice told us that they understood the needs of their population and worked to tailor services in response to those needs. However, they were unable to demonstrate that patient satisfaction had improved in relation to accessing services.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made some 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.
- The practice responded to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice told us that they provided rapid access to those patients who had more complex needs and dementia.

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. The practice confirmed that multiple conditions were not reviewed at one appointment but the practice explained that they offered double appointments if this was needed.
- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

Are services responsive to people's needs?

- 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 and weekend appointments through the federation.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice told us that people in vulnerable circumstances were able to register with the practice, including those with no fixed abode, but they would have to check the regulations before doing so.
- Alerts were placed on vulnerable patient's electronic notes if a need for rapid access was identified.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held regular GP led mental health and dementia clinics and told us that they screened patients at risk of dementia opportunistically, referring them to secondary care where appropriate. Records we viewed confirmed this. Patients who failed to attend were proactively followed up by a phone call and letter.
- The practice organised an in-house counselling service for their patients.

Timely access to care and treatment

Patients told us that they were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patient feedback indicated that they sometimes struggled to gain access to appointments and so did not always have timely access to initial assessment, test results, diagnosis and treatment.
- Patients told us that waiting times were longer than they felt was appropriate.
- We saw that patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was not easy to use or access.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment.

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 explained that they 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?

Leadership capacity and capability

Leaders had the capacity and skills to deliver 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. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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 strategy to deliver sustainable care.

- There was a clear vision and set of values. The practice had a strategy and supporting business plans to achieve priorities. The practice also demonstrated that they had service continuity plans to ensure that patients would have continued care in the event that the main GP was not able to provide care.
- 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 although satisfaction with access to service remained below local and national averages.
- The practice monitored progress against delivery of the strategy but could not always demonstrate improved outcomes.

Culture

The practice had a culture of sustainable care.

- Staff we spoke with stated they felt respected, supported and valued.
- The practice told us that they focused on the needs of patients.
- Leaders and managers we spoke with were clear on how they 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. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff we spoke with felt they were treated equally.
- There appeared to be positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management, however the practice was not always able to demonstrate effective oversight of governance arrangements and some of these were ineffective and not operating as intended.

Are services well-led?

- Structures, processes and systems to support governance and management were clearly set out but were not, in every case, effective or understood by the staff we spoke with.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff we spoke with 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. These were operating as intended but the practice was unable to demonstrate an overall view of risk within the practice.

Managing risks, issues and performance

There were processes for managing risks, issues and performance however these were not, in every case, clear or effective.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- Health and safety risk assessments identified most risk within the practice but the practice were unable to demonstrate that they had carried out an overarching health and safety risk assessment.
- The practice had processes to manage current and future performance but the practice were unable to demonstrate that actions taken as a result of action plans developed following the 2017 GP patient survey had resulted in improved patient satisfaction.
- 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 try to improve performance. Performance information was combined with the views of patients but the practice were unable to demonstrate that patient satisfaction had yet improved in all areas.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The practice also developed and discussed action plans and was working to action these.
- 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 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 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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

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

- There was a focus on continuous learning and improvement.
- 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.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met. The registered person had systems and 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 health, safety and welfare of service users and others who may be at risk. In particular; the management of Patient Group Directions (PGDs) and oversight of vaccine fridge temperature records. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.