Locking Hill Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Locking Hill Surgery on 14 January 2015. The overall rating for the practice was good. However, we found they required improvement for the delivery of safe services. The full comprehensive report for the January 2015 inspection can be found by selecting the 'all reports' link for Locking Hill Surgery on our website at www.cqc.org.uk.

This announced comprehensive follow up inspection was undertaken on 9 May 2017. Overall the practice is now rated as inadequate.

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

- When we inspected the practice in January 2015 we found some breaches of the regulations and told the practice they must take action to correct these. On this inspection we found no evidence that some of the breaches had been actioned. For example, on this inspection we did not find evidence that any assessments of risks to patients and staff had been carried out where action had been taken to minimise risks identified. This was identified as a regulatory breach in January 2015.
- Not all staff knew how to report concerns, incidents and near misses. There was no significant events policy and the reporting form was not easily available to all staff.
- There was no governance or management processes to ensure all staff had annual appraisals or received the training essential to their role.
- Not all the recommended emergency medicines were available in the practice and we found some medicines such as salbutamol stored in an unsecured location.
- There was limited evidence that quality improvements including audit was driving improvement in patient outcomes.
- The arrangements for storing vaccines were not in line with current guidance.
- Complaints were not always dealt with appropriately.
- Patients said they were treated with compassion, dignity and respect.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 89% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.

The areas where the provider must make improvements are:

- Ensure they have effective systems for reporting, investigating and learning from significant events and informing patients where appropriate.
- Ensure they have effective systems to improve the service where service improvements are identified as being required.
- Ensure their safeguarding policy is in line with recognised guidance and that all staff receive training to the level appropriate to their role.
- Ensure all appropriate recruitment checks are carried out.
- Ensure they assess the risks relating to the health, safety and welfare of patients, staff and visitors to the practice and have plans that ensure adequate measures are taken to minimise those risks.
- Ensure all staff received such appropriate training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure the arrangements for storing vaccines are in line with current recognised guidance.
- Ensure they have an adequate range of emergency medicines that are kept secure and that all medicines and medical equipmentare in date and able to be used.
- Ensure they have effective systems to ensure all staff complete the essential training appropriate to their role.
- Ensure that all staff receive an annual appraisal or performance review.
- Ensure they have induction information available for locums.
- Ensure they have an effective system for recording, investigating and responding to complaints.
- Ensure they have an adequate range of policies and procedures and that these are easily assessable to all appropriate staff.
- Develop guidance and systems to ensure letters faxed to the practice out of hours are effectively actioned.

In addition the provider should:

- Ensure external clinical waste bin is secure in its location.
- Develop a plan in relation to quality improvement activity and ensure that that lessons learnt and any changes made are adequately documented and shared with all appropriate staff.
- Ensure verbal consent received when fitting intrauterine devices is recorded in the patient's notes.
- Ensure they have made reasonable adjustments for patients with disabilities.
- Ensure they routinely check the oxygen cylinders.

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

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

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- Not all staff were clear about reporting significant events, incidents, near misses and concerns. There was no policy setting out how significant events would be dealt with and the reporting form was not easily accessible to all staff. Although the practice carried out investigations when there were unintended or unexpected safety incidents, there was no evidence of a clear process to ensure that learning was shared with all appropriate staff. Patients did not always receive a verbal and written apology.
- Not all staff had completed safeguarding training to a level appropriate to their role.
- There was no evidence that risks to patients were assessed and appropriate action taken to ensure patients were kept safe. For example, issues identified in the last infection control audit had not been actioned and the risks from legionella had not been assessed.
- The arrangements for keeping vaccines were not in line with current guidance. The practice did not record the maximum or minimum temperatures of the vaccine fridges or reset the thermometer daily.
- Not all appropriate recruitment checks had been undertaken prior to employment for all staff in line with the practice policy. For example, there was no record of a Disclosure and Barring Service (DBS) check being carried out for one nurse and one receptionist.
- When we checked equipment we found a number of disposable items which were out of date. This included syringes, scissors, chest pads for the electrocardiogram machine and airways, some of which went out of date in December 2015.
- Not all the recommended emergency medicines were available in the practice.

Are services effective?

Inadequate

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average.
- Staff were aware of current evidence based guidance.

Summary of findings

- There was limited evidence that quality improvements including audit was driving improvement in patient outcomes.
- There was a lack of evidence to show that staff had the skills and knowledge to deliver effective care and treatment and not all staff had completed the recommended essential training. For example, there was no evidence any staff had received any fire training.
- There was no evidence of any governance process to ensure all staff had an annual appraisal and evidence showed not all staff had received an appraisal in the last year.
- There was no induction pack for locum GPs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 100% of patients said they had confidence and trust in the last nurse they saw compared with the clinical commissioning group average of 94% and the national average of 92%.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was evidence that at times the practice went "the extra mile" for patients and their families. For example, visiting bereaved families at home after a patient death andGPs making themselves available to care for the terminally ill even when off duty at the weekend.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There were nurse led minor illness clinics so that unwell children and young people could be seen the same day if required.

However,

- The practice was unable to evidence they had an up to date system for logging and recording complaints.
- Complaints were not always dealt with appropriately.
- There was no evidence that lessons were routinely learnt from individual concerns and complaints or from analysis of trends or that action was taken as a result to improve the quality of care.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The practice did not have a clear vision and strategy.
- The arrangements for governance and performance management were unclear and did not always operate effectively.
- When we inspected the practice in January 2015 we found some breaches of regulations and told the practice they must take action to correct this. On this inspection we found no evidence that some of the breaches had been actioned. For example, on this inspection we did not find evidence that any assessments of risks to patients and staff had been carried out where action had been taken to minimise risks identified. This was identified as a regulatory breach in January 2015.
- There was no governance or management oversight to ensure all staff had annual appraisals. Some staff told us they had not received an appraisal for two years and we saw evidence to confirm this.
- There was no governance or management oversight to ensure all staff received the training essential to their role and there was no evidence some essential training, such as fire training, had been completed.
- Practice did not have an adequate range of policies and procedure to ensure services were delivered to the appropriate standard.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The practice is rated as good for caring, requires improvement for effective and responsive and inadequate for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage, older patients who may need palliative care as they were approaching the end of life. They involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Patients who are carers were identified as such in the patient record.
- Where older patients had complex needs, the practice shared summary care records with local care services. District nurses were able to access and record on GP's patient records and regulalrly participate in discussions about patients with complex care needs on both an ad hoc basis and at regular meetings.
- Older patients were provided with health promotion advice and supported to help them to maintain their health and independence for as long as possible.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The practice is rated as good for caring, requires improvement for effective and responsive and inadequate for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a

priority. The nurses worked collaboratively with specialists in the field and regularly attended local clinical updates to ensure their pateints have up to date, evidence based care. They were also able to make direct referrals to secondary care services when required.

- Quality and outcomes data showed the practice performance was higher than average. For example, 85% of patients with diabetes on the register had a blood glucose test result with the target range in the last 12 months, compared to the local average of 80% and national average of 78%.
- The practice followed up on patients with long-term conditions who were discharged from hospital and ensured that their treatment plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The practice is rated as good for caring, requires improvement for effective and responsive and inadequate for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- From the sample of documented examples we reviewed, 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.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- There were regular minor illness clinics where a non medical nurse prescriber could see and treat children and young people

Summary of findings

the same day to prevent delays in assessment, diagnosis and treatment. These were supported by GPs who would see any children or young person who the nurse considered required further medical assessment, the same day.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The practice is rated as good for caring, requires improvement for effective and responsive and inadequate for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- The needs of these populations 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 appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people who circumstances may make them vulnerable. The practice is rated as good for caring, requires improvement for effective and responsive and inadequate for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate 

The practice is rated as inadequate for the care of people experiencing poor mental health (including patients living with dementia). The practice is rated as good for caring, requires improvement for effective and responsive and inadequate for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the clinical commissioning group average of 86% and national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients who were prescribed medicines for their mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016 and showed patients rated the practice higher than local and national averages. Two hundred and twenty five survey forms were distributed and 129 were returned. This was a response rate of 57% and represented 1.3% of the practice's patient list.

- 97% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 89% and the national average of 85%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 85% and the national average of 80%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the clinical commissioning group average of 94% and the national average of 92%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients said all staff were caring and treated them with dignity and respect.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice had not submitted any data in relation to the Friends and Family test for the most recent three months for which data was available.

Locking Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, supported by a GP specialist adviser, a specialist nurse adviser and a CQC assistant inspector.

Background to Locking Hill Surgery

Locking Hill Surgery is a GP practice located in the Gloucestershire town of Stroud. It is one of the practices within the Gloucestershire Clinical Commissioning Group and has approximately 9,900 patients. There are five GP partners and two salaried GPs, supported by two nurse practitioner, two practice nurses, two health care assistants and an administration team of 20 led by a practice manager.

The practice building is purpose built with all patient services located on the ground floor which include; six consulting rooms, three treatments rooms, an automatic front door, a self-check in appointment system and a toilet with access for people with disabilities.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low range for deprivation nationally. The practice has a slightly higher than average patient population over 45 a years old. Average male and female life expectancy for the area is 80 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively.

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

The practice is a teaching and training practice. (Teaching practices take medical students and training practices have fully qualified doctors undertaking final experience before becoming a GP, who are usually referred to as registrars). At the time of our inspection they had one registrar working with them.

The practice is open between 8am and 6.30pm Monday to Friday. Routine GP appointments are available between 8am and 11am, 1.30 pm to 3pm and 4.30pm to 6pm every weekday. A duty doctor is available from 8am to 6.30pm to deal with emergencies. Extended hours appointments are offered from 7am to 8am on Monday and Thursdays, and on alternate Monday and Wednesday evenings from 6.30pm to 8pm. Appointments can be booked over the telephone, via the internet or in person at the surgery. The practice is also able to make appointments for patients at the local Choice+ clinics if this was appropriate. (Choice + clinics provide additional appointments to patients following strict criterias, at several locations across Gloucestershire.)

When the practice is closed patients are advised, via the practice's website that all calls will be directed to the out of hours service. Out of hours services are provided by South Western Ambulance Service NHS Foundation Trust and can be accessed by calling NHS 111.

The practice has a Personal Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from the following site:

Detailed findings

- Locking Hill Surgery, Locking Hill, Stroud, Gloucestershire, GL5 1UY

Why we carried out this inspection

We undertook a comprehensive inspection of Locking Hill Surgery on 14 January 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We undertook a further announced comprehensive inspection of Locking Hill Surgery on 9 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 May 2017. During our visit we:

- Spoke with a range of staff, including five GPs, two nurses, two health care assistants, the practice manager and three members of the administration team.
- Spoke with five patients who used the service, including two members of the patient participation group.
- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people.
- people with long-term conditions.
- families, children and young people.
- working age people (including those recently retired and students).
- people whose circumstances may make them vulnerable.
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

What we found at our previous inspection in January 2015

At our previous inspection we rated the practice as requires improvement for providing safe services as:

- the registered person had not protected people against the risk associated with unsafe or unsuitable premises.
- people who use services and others were not protected against the risks associated with unsafe or unsuitable premises because there was no health and safety policy or risk assessment to protect patients, staff and visitors to the practice.

What we found at this inspection in May 2017

On this inspection we found a decline in a number of areas. The practice was unable to provide evidence that the breaches previously identified had been adequately addresses and additional breaches where identified. The provider is now rated as inadequate for providing safe services.

Safe track record and learning

There was no clear system for reporting and recording significant events. When something goes wrong, patients were not always told and did not always receive an apology where appropriate.

- There was no policy on significant events or incidents setting out how they would be dealt with. There was a recording form available on the practice's computer system but not all staff knew how to find it. Not all appropriate incidents were logged as a significant event.

- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Some of the staff we spoke to were unsure how to report a significant event and we noted that all the recent significant events logged by the practice had come from GPs.
- We reviewed the evidence from four examples of significant events and found there was insufficient evidence to show that when things went wrong with care and treatment, appropriate actions was always taken. For example, seven months prior to our inspection, when there was a breach of confidentiality of a patient's details, it was recorded as a significant event. However, the records of the event showed no evidence of the patient being contacted or an apology given, and there was no evidence that any investigation had been completed or the case reviewed at the date set. In another example, one of the recorded outcomes said further training was being considered but there was no evidence of any further discussions or training being given. We saw the words "learning shared" were a common note on records but there was no evidence of any changes made to prevent re-occurrence.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed and saw the practice discussed significant events. However, there was no evidence of a clear process to ensure that learning from significant events, incident reports or patient safety alerts were shared with all appropriate staff, such as those unable to attend meetings.
- We looked at the practice system for dealing with safety and medicine alerts and found there was no system to ensure they had all been actioned where appropriate.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff who we interviewed demonstrated they understood their responsibilities regarding safeguarding and how to raise a concern. However, not all staff had been trained to the level required either by the practice or current guidance. For example, of the eight staff required to be trained to level three, none had completed this training and information sent to us following the inspection showed none of the nurses had received any training in either adult or children safeguarding.

- Notices in the waiting room, treatment and consulting rooms advised patients that chaperones were available if required. The staff policy was that all staff who acted as chaperones had to be trained for the role and have 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). On the day of our inspection the practice had no clear records of which staff met these criteria, however they subsequently sent us this information.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol. However, we saw evidence that showed not all staff had received up to date training in infection control appropriate to their role. Annual IPC audits were undertaken, however we saw no evidence that issues identified in the last audits had been addressed or actioned.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.) One health care assistant was trained to administer flu vaccines and there was evidence of appropriate use of patient specific directions (PSDs) in relation to this. (PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

However,

- The arrangement for keeping vaccines were not in line with current guidance. The practice did not record the maximum or minimum temperatures of the vaccine fridges or reset the thermometer daily. On the day of our inspection we saw one of the vaccine fridges was overstocked. We discussed this with the practice who told us it was a temporary situation as the lock on the other vaccine fridge had broken and they were currently fitting a new lock to the room door so the vaccines could be kept securely.
- The external clinical waste bin had an appropriate lock on the lid but was not secured in it's location to prevent it being taken by unauthorised personnel.

We reviewed eight personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Specifically we found; there was no record of a DBS check being carried out for one nurse and one receptionist in line with the practice policy, and there was no evidence of a signed contract.

Monitoring risks to patients

Staff did not assess, monitor or manage health and safety risks to patients who used the services. Opportunities to prevent or minimise harm are missed.

Inadequate

Are services safe?

When we inspected the practice in January 2015 we found they did not have a health and safety policy, there was no evidence of risk assessments having been conducted and there was no evidence fire drills had been carried out. We told the practice they must:

- Ensure they have a health and safety policy, to include contingency planning in the event of an emergency. This must include assessment of risk to patients, staff and visitors to the practice and measures to minimise those risks.

On this inspection we found:

- The practice was unable to show evidence they had a health and safety policy and on the day of our inspection there was no health and safety poster displayed giving staff statutory information. The following day the practice sent us evidence they had put a poster up in a staff area giving the required information.
- We were told that an outside contractor had carried out afire risk assessment the previous week. The contractor had sent the practice an action plan, but none of the recommended actions had yet been started.
- There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. However, there was no evidence any fire drills had been conducted so the practice was unable to assess whether their evacuation plan would be effective in an emergency.
- All electrical and clinical equipment was checked to ensure it was safe to use and was in good working order.
- There was no evidence the practice had any other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- When we checked equipment we found a number of disposable items which were out of date. This included syringes, scissors, chest pads for the electrocardiogram machine and airways, some of which went of date in December 2015.
- The practice had a needle stick injury policy but it was not easily accessible to staff and there was no information on this in the treatment or consulting rooms.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice arrangements to respond to emergencies and major incidents were not all adequate.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date. However, not all the recommended emergency medicines were available in the practice. For example, the practice did not have the recommended medicines to treat acute severe asthma. There was no evidence the practice had assessed the need for these medicines to be available for an emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in January 2015

At our previous inspection we rated the practice as good for providing effective services. However we told them they should:

- Record as evidence, the induction and all training completed by staff.

What we found at this inspection in May 2017

On this inspection we found a decline in a number of areas and the issue previously identified had not been adequately addressed. The provider is now rated as inadequate for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE other national best practice guidance and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.

Data from 04/2015 to 03/2016 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the last blood pressure reading for 80% of patients on the register with diabetes, was in the therapeutic range of 140/80 mmHg or less, compared to the CCG average of 80% and national average of 78%.
- Performance for mental health (and dementia) related indicators were similar to the CCG and national averages. For example, 81% of patients with a psychosis on the register had their alcohol consumption recorded in the preceding 12 months, compared to the CCG average of 91% and national average of 89%.

There was limited evidence of quality improvement including clinical audit and participation in local audits and benchmarking.

- We saw evidence of two clinical audits started in the last two years. Both of these were complete cycle audits where the improvements made were implemented and monitored.
- We discussed the quality improvement activities with the practice and found that although these were taking place, the lessons learnt and changes made to improve outcomes were not adequately documented.
- There was no plan or policy in relation to audits and other quality improvement activity.

Effective staffing

The practice did not have adequate systems in place to ensure effective staffing. On our inspection in January 2015 we found some areas of concern relating to staff training and told the practice they should;

- Record as evidence, the induction and all training completed by staff.

On this inspection we found the practice did not have an accurate record of the training undertaken and completed by staff. This meant the practice could not evidence that staff had the skills and knowledge to deliver effective care and treatment.

- We were told clinicians working at the practice, such as the GPs, nurses and health care assistance were responsible for their own training. The nurses training was coordinated and recorded by the lead nurse, and by the practice manager for other staff.
- The evidence we saw on the day of the inspection and further evidence subsequently sent to us showed significant gaps in the recommended essential training. For example, there was no evidence that ten of the 14 clinical staff had received training on the Mental Capacity Act, or that 16 of the staff had received information governance training. Not all staff had received infection control training and there was no

evidence any staff had received training in fire prevention. Some of the evidence we saw was contradictory. For example, on the day of the inspection we saw a log which showed two of the nursing team had completed level two children safeguarding training. However, information sent to us after the inspection showed that none of the nursing team had received any safeguarding training.

- The nursing staff interviewed on the day of the inspection told us they were supported by the practice to attend relevant local training events and clinical updates. The practice had supported one nurse to become an independent prescriber. The nurses responsible for managing long term conditions had been supported by the practice to undertake relevant clinical qualifications to enable them to do this work. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, there was no induction pack for locum GPs.
- The practice did not have an effective system to ensure the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We were told appraisals for the nursing team were done by the lead nurse while the manager was responsible for the reception and administration team. After our inspection we were sent evidence which showed two of the six members of the nursing team had received an appraisal. Two staff members we spoke with told us they had not received an appraisal in the last year and we looked at their records to confirm this.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care assessments, treatment plans, medical records and investigation and test results.
- From the sample of documents we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Systems were in place to ensure most letters and test results that came into the practice were seen and actioned by the appropriate clinician. However, when letters came to the practice by fax from out of hours services they were reviewed by administration staff who decided whether to pass them on to the appropriate clinician based on their assessment of whether any action was required. We were told staff had been trained for this role, but we saw no evidence of this, there was no written guidance and the process had not been audited to check it was working effectively.

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.

Consent to care and treatment

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

- Although not all staff had received the required training in the Mental Capacity Act 2005, the staff we spoke to understood the relevant consent and decision-making requirements of the legislation and guidance.

Inadequate

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- However, we were told that when fitting an intrauterine device (IUD) verbal consent was taken but not routinely recorded.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 85%, which was comparable with the CCG average of 84% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, 92% of children aged five on the practice list had received the MMR Dose compared to the CCG average of 95% and national average of 94%.

However, the practice failed to meet the NHS national target of 90% in four childhood vaccination areas by an average of 3%. We discussed this with the practice and were told it was the result of the practice taking patients from another local practice when it closed. The practice was unable to provide evidence they was a plan to meet the national target.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 61% of women on the practice list aged 50 to 70 had been screened for beasts cancer in the previous 30 months compared to the CCG average of 62% and national average of 58%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

What we found at our previous inspection in January 2015

At our previous inspection we rated the practice as good for providing safe services.

What we found at this inspection in May 2017

Following this inspection the practice continues to be rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Patients could be treated by a clinician of the same sex.

However, we noted

- There was no pull cord alarm in one of the disabled toilets and in the other it was not reachable from the toilet.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 87%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 92%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.

Good

Are services caring?

- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 182 patients as carers (1.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them and there was a carer's notice board in the waiting room. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them and offered to visit and where appropriate referral to support services.

There was evidence that at times the practice went "the extra mile" for patients and their families. For example, visiting bereaved families at home after a patient death and GPs making themselves available to care for the terminally ill even when off duty at the weekend.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in January 2015

At our previous inspection we rated the practice as good for providing responsive services.

What we found at this inspection in May 2017

On this inspection we found a decline in a number of areas and some breaches of regulations. The provider is now rated as requires improvement for providing effective services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice worked with midwives, health visitors and school nurses to support patients.
- There were accessible facilities such as automatic front doors and interpretation services available although there were no facilities such as a hearing loop for patients who may be hard of hearing.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Routine GP appointments were available between 8am and 11am, 1.30 pm to 3pm and 4.30pm to 6pm every weekday. A duty doctor was available from 8am to 6.30pm to deal with emergencies. Extended hours appointments were offered from 7am to 8am on Monday and Thursdays, and on alternate Monday and Wednesday evenings from 6.30pm to 8pm. Appointments could be booked over the telephone, via the internet or in person at the surgery. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The practice is also able to make appointments for patients at the local Choice+ clinics if this was appropriate. (Choice + clinics provide additional appointments to patients following strict criterias, at several locations across Gloucestershire.)

When the practice is closed patients are advised, via the practice's website that all calls will be directed to the out of hours service. Out of hours services are provided by South Western Ambulance Service NHS Foundation Trust and can be accessed by calling NHS 111.

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

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 76%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 76% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice did not have an effective system for managing complaints.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system.

However,

- On the day of our inspection the practice was unable to evidence they had an up to date system for logging and recording complaints.
- The designated responsible person who handled all complaints in the practice did not have adequate oversight of all complaints and on the day of our inspection they did not have access to all records of complaints and investigations undertaken.

We looked at four complaints received in the last 12 months and found they were not always dealt with appropriately. For example,

- In one case there was no evidence that a complaint against a clinician had been investigated and after five months the complainant had referred the matter to the Parliamentary Ombudsman.
- In another case of a complaint against a clinician, we were told the clinician involved had been allowed to conduct the investigation.

There was no evidence that lessons were routinely learnt from individual concerns and complaints or from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Inadequate

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

Our findings

What we found at our previous inspection in January 2015

At our previous inspection we rated the practice as good for providing well-led services.

What we found at this inspection in May 2017

On this inspection we found a decline in a number of areas and breaches of the regulations were identified. The practice is now rated as inadequate for providing well-led services.

Vision and strategy

The practice had no clear vision or guiding values.

- The practice did not have a mission statement or similar statement available for staff or patients.
- There was no detailed or realistic business plan or strategy or similar for achieving the service aims.

Governance arrangements

The arrangements for governance and performance management were unclear and did not always operate effectively.

- The practice had no governance structure or effective management of all staff to ensure they received the training essential to their role. The records were inconsistent and on the day of our inspection the leaders were unable to demonstrate that staff had the skill, knowledge and training to carry out their roles.
- The evidence that we saw on the inspection, including discussions with staff demonstrated that there were significant gaps in the essential training completed for staff. For example, there was no record of any staff having received fire training.
- The practice had no governance structure or effective management of all staff to ensure they received regular supervision and appraisal appropriate to their role. We were told appraisals for the nursing team were done by the lead nurse while the manager was responsible for the reception and administration team. On the day of our inspection the practice was unable to show us evidence that all members of the nursing team had received an appraisal. After our inspection we were sent evidence which showed two of the six members of the nursing team had received an appraisal. Two staff members we spoke with told us they had not received an appraisal in the last year and we looked at their records to confirm this.
- Practice did not have an adequate range of policies and procedure to ensure services were delivered to the appropriate standard. For example, we were told there was no policy or procedure in regard to health and safety, incidents, significant events or the reporting of injuries, diseases and dangerous occurrences (RIDDOR). Some policies and procedures documents were not easily available to all staff. For example, not all staff knew where to find the significant event recording form or needle stick injury policy.
- On the day of our inspection the practice was unable to show evidence that they had a whistle blowing policy although they subsequently sent us a copy.
- There was no effective system for identifying, capturing and managing issues and risks. There was no evidence the practice had completed any risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). On the day of our inspection practice did not have an up to date fire risk assessment. We were told that an outside contractor had recently carried out an assessment but it had not been received by the practice.
- When we inspected the practice in January 2015 we found some breaches of the regulations and told the practice they must take action to ensure they meet the regulatory requirements.
- On this inspection we found no evidence that some of the issues had been actioned. For example, on this inspection we found there was no evidence any assessment of risks to patients and staff had been carried out and the practice had no health and safety policy.
- There was no clear programme of continuous clinical and internal audit to monitor quality and to make improvements.
- There was no evidence of a clear process to ensure that learning from significant events, incident reports or patient safety alerts were shared with all appropriate staff.

Leadership and culture

Are services well-led?

Inadequate

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The partners told us they encouraged a culture of openness and honesty. However, from the sample of documents we reviewed we found that the practice systems did not operate effectively when things went wrong with care and treatment. For example;

- The practice was unable to evidence they had an up to date system for logging and recording complaints and any investigations or action taken. They did not keep written records of all verbal interactions as well as written correspondence.
- Complaints were not always dealt with appropriately.
- Not all complainants received a letter setting out the results of the investigation into the complaint and how to escalate the complaint if they were unsatisfied with the outcome.
- Significant issues that threaten the delivery of safe and effective care were not always identified. There was no policy or procedure to support this, not all staff knew where to find the significant event recording form and we noted all recent significant events had been raised by GPs.

There was a leadership structure and staff told us they felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- There no whole team meeting. Staff told us this was because the practice did not have a room large enough to accomodate all the staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following suggestion from the PPG, the practice had reorganised the notice boards in the waiting room and was currently monitoring use of the car park to find out how much it was being used by people for purposes other than for visiting the practice.
- Staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was limited evidence of continuous learning and improvement at all levels within the practice. The approach to service delivery and improvement was reactive and focused on short term issues. Improvements are not always identified or action taken to develop service delivery.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** • They did not have an effective system for responding and acting on complaints. • The provider did not keep adequate records of all complaints.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. For example, they had not assessed the risk of legionella, and there was no evidence that issues identified in the last infection control audit had been addressed or actioned. • The arrangements for storing vaccines was not in line with recognised guidance. • They did not have an adequate range of emergency medicines available in the practice. • Not all medicines were kept securely. • They did not ensure that all medicines and medical equipment were in date and able to be used. • They did not have an effective system to ensure all correspondence received from out of hours services was appropriately actioned.

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:** • They did not have effective systems to improve the service where service improvements are identified as being required. • They did not have effective systems to assess, monitor and carry out quality improvement activity.

This section is primarily information for the provider

Enforcement actions

- They did not have an effective system for reporting, investigating and learning from significant events and informing patients where appropriate.
- They did not have an effective system to ensure all safety and medicine alerts are actioned where appropriate.
- They did not assess the risks relating to the health, safety and welfare of patients, staff and visitors to the practice and have adequate measures to minimise those risks.
- They did not have adequate records, such as policies and procedures and staff recruitment records. For example they had no policy or procedure on significant events or health and safety.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • The provider did not ensure all staff had the recommended essential training appropriate to their role. For example, not all staff had received the appropriate children and adults safeguarding training, infection control training or information governance training. There was no evidence any staff had received fire prevention training. • There was no induction information for locum GPs. • The provider did not ensure all staff received regular appraisal of their performance in their role.