

Tadworth Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Tadworth Medical Centre on 28 July 2015. Overall the practice is rated as requires improvement. Specifically, we found the practice to be inadequate for providing safe services and to require improvement for providing effective, responsive and well-led services. The practice also requires improvement for providing services for 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 and people experiencing poor mental health (including people with dementia). It was good for providing a caring service.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- The practice worked closely with other organisations and with local community services in planning how care was provided to ensure that they met people's needs.
- Staff felt well supported but had not always received training appropriate to their roles and further training needs had not always been identified and planned. Some staff had not received regular appraisal of their performance.
- Medicines were not appropriately managed within the practice and the practice could not be sure that all medicines were safe for use. There was a lack of processes for monitoring expiry dates and storage temperatures of medicines.
- Infection control audit findings had not been reviewed nor appropriate action taken to address the findings.
- Risks to staff, patients and visitors were not always formally assessed and monitored.

Summary of findings

- Urgent appointments were usually available on the day they were requested. However, patients said that they sometimes had to wait a long time for non-urgent appointments and experienced difficulty in accessing the practice by telephone.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).

The areas where the provider must make improvements are:

- Ensure staff undertake training to meet their needs, including training in the safeguarding of children and vulnerable adults, the Mental Capacity Act 2005, chaperoning and infection control.
- Ensure all staff receive regular supervision and appraisal.
- Implement policies and procedures to ensure medicines are appropriately and safely stored and monitored.
- Ensure there are formal arrangements in place for assessing and monitoring risks to staff, patients and visitors, including fire safety arrangements, the management of medical emergencies and control of substances hazardous to health.
- Ensure all actions identified by infection control auditing processes are implemented.

In addition the provider should:

- Continue to review patient access to the practice by telephone.
- Improve access to extended hours appointments for patients.

Where, as in this instance, a provider is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services as there are areas where it must make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, risks to patients and staff were not always assessed and well managed. For example, the practice had not assessed the risks associated with fire safety and evacuation procedures, the management of medical emergencies or the control of substances hazardous to health. The practice had not recently conducted a rehearsal of their fire evacuation procedures. Medicines were not always stored appropriately to ensure the safety of patients. Processes were not in place to ensure that medicines were within their expiry dates. The practice was clean and tidy, however infection control audit findings had not been reviewed nor appropriate action taken to address the findings. Some staff had not received training in the safeguarding of children and vulnerable adults.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was well planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. However, staff had not always received training appropriate to their roles. For example, the lead nurse for infection control had not received up to date training in infection control. Staff who acted as chaperones within the practice had not received training to support this role. Some staff had not undergone appraisals and did not have personal development plans. Further training needs had not always been identified.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. 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 easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients were able to access urgent appointments on the same day. However, some patients told us they experienced difficulty in accessing the practice by telephone and in obtaining a routine appointment with their GP. There were no extended hours appointments available to patients. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were some systems in place to monitor and improve quality. However, risks to patients and staff were not always assessed and well managed. The practice sought feedback from staff and patients, which it acted on. However, patients remained dissatisfied with some areas of the service provided. For example, in accessing the practice by telephone and obtaining a timely appointment. The patient participation group (PPG) was active. Staff had received induction but some staff had not undergone regular appraisal of their performance. Staff had not always received training appropriate to their roles.

Requires improvement



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

The practice is rated as requires improvement for the care of older people. The practice was rated inadequate for providing safe services and requires improvement for providing effective, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice was rated as good for providing caring services. Patients over 65 years of age made up 25% of the practice population. The practice provided care to patients within eight local residential and nursing homes. Weekly GP visits were made to residents within those homes. The practice worked closely with district nurses and the community matron to share information regarding older housebound patients and ensure their access to appropriate support and care.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The practice was rated inadequate for providing safe services and requires improvement for providing effective, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice was rated as good for providing caring services. GPs and nursing staff held lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place to minimise the risk of unplanned hospital admissions. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured regular review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice worked closely with a diabetes nurse specialist to manage the care of patients with complex care needs. Patients receiving end of life care were supported using the Gold Standards Framework.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

providing caring services. There were systems in place 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 A&E attendances. The practice had identified a lead GP for the safeguarding of children. However, not all practice staff had received training in the safeguarding of children at a level appropriate to their role. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us 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. We saw good examples of joint working with midwives who provided weekly clinics within the practice.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated inadequate for providing safe services and requires improvement for providing effective, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice was rated as good for providing caring services. The practice provided some services to meet the needs of the working age population, those recently retired and students. The practice offered appointments with the nurse practitioner up to 6pm on three days each week. However GP appointments were only available until 5.20pm each day. There were no extended hours appointments available to working age people. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Health checks were available to all new patients registering with the practice.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated inadequate for providing safe services and requires improvement for providing effective, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice was rated as good for providing caring services. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for patients with a learning disability. Longer appointments were available to patients where needed, for example when a carer was required to attend with a patient. The practice regularly worked

Requires improvement



Summary of findings

with multi-disciplinary teams in the case management of vulnerable people. The practice had identified those vulnerable patients requiring support to minimise the risk of accident and emergency attendance and unplanned hospital admissions. Care planning was in place to support those patients.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated inadequate for providing safe services and requires improvement for providing effective, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice was rated as good for providing caring services. The practice provided care and support to a relatively large numbers of patients with dementia. The practice undertook dementia screening of patients and ensured early referral to memory assessment services. Patients with dementia were supported under shared care prescribing protocols to ensure the management of their medicines was supervised by a psychiatrist, prior to care being transferred to primary care services. The practice provided care and support to adult male patients with complex mental health problems, living within a local residential facility. The practice had identified a lead GP for the management of patients with poor mental health. Information was provided to patients experiencing poor mental health about how to access various support groups and voluntary organisations. Longer appointments were available to patients if required.

Requires improvement



Summary of findings

What people who use the service say

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views on the practice. We received 32 comment cards all of which contained positive comments about the practice. We also spoke with six patients on the day of the inspection.

The comments we reviewed were all extremely positive about the care and support provided to them by GPs and nurses within the practice. Patients said they felt the practice offered a caring service and staff were efficient, helpful and took the time to listen to them. They said staff treated them with dignity and respect. Six of the comment cards described the excellent care received in managing multiple or complex health problems. Several patients expressed dissatisfaction with the processes involved in obtaining a routine appointment and the

ongoing difficulty in accessing the practice by telephone. Patients we spoke with on the day of inspection told us that all staff were helpful, caring and professional. They told us they felt listened to and well supported.

We reviewed recent GP national survey data available for the practice on patient satisfaction. The evidence from the survey showed patients were satisfied with how they were treated and this was with compassion, dignity and respect. Data from the national patient survey showed that 75% of patients rated their overall experience of the practice as good, compared with a local and national average of 85%. We noted that 80% of patients had responded that the nurse was good at treating them with care and concern, compared with a national average of 90%. The survey also found that 87% of patients said the last GP they saw was good at involving them in decisions about their care, compared with a national average of 81%.

Areas for improvement

Action the service **MUST** take to improve

- Ensure staff undertake training to meet their needs, including training in the safeguarding of children and vulnerable adults, the Mental Capacity Act 2005, chaperoning and infection control.
- Ensure all staff receive regular supervision and appraisal.
- Implement policies and procedures to ensure medicines are appropriately and safely stored and monitored.

- Ensure there are formal arrangements in place for assessing and monitoring risks to staff, patients and visitors, including fire safety arrangements, the management of medical emergencies and control of substances hazardous to health.
- Ensure all actions identified by infection control auditing processes are implemented.

Action the service **SHOULD** take to improve

- Continue to review patient access to the practice by telephone.
- Improve access to extended hours appointments for patients.

Tadworth Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a CQC Inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Tadworth Medical Centre

Tadworth Medical Centre provides general medical services to approximately 9,100 registered patients. The practice delivers services to a slightly higher number of patients who are aged 65 years and over, when compared with the national average. Care is provided to patients living in residential and nursing home facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average. The practice told us they provided care to patients in an area of high deprivation when compared with the local clinical commissioning group (CCG) average.

Care and treatment is delivered by three GP partners and three associate GPs. Three of the GPs are female and three are male. The practice employs a team of two practice nurses, one nurse practitioner and one healthcare assistant. GPs and nurses are supported by the practice manager, a reception manager and a team of reception and administration staff.

The practice is a GP training practice and supports undergraduates and new registrar doctors in training.

The practice is open from 8.30am to 6.30pm on weekdays.

Services are provided from:

1 Troy Close, Tadworth, Surrey, KT20 5JE.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Surrey Downs Clinical Commissioning Group (CCG). We carried out an announced visit on 28 July 2015. During our visit we spoke with a range of staff, including GPs, practice nurses and administration staff.

We observed staff and patient interaction and spoke with six patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 32 comment cards completed by patients, who shared their views and experiences of the service in the two weeks prior to our visit.

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?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts, as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. This showed the practice had managed these consistently over time. However, we identified some areas of risk which had not been identified by staff and other areas which had been identified but appropriate action had not been taken. For example in the management of medicines storage and the monitoring of infection control processes.

Learning and improvement from safety incidents

The practice had processes in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these. Significant events were discussed at partners' meetings and clinical governance meetings. We saw evidence of those meetings. We saw that records of incidents were completed in a comprehensive and timely manner and that there was appropriate action taken as a result. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nurses, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

National patient safety alerts were disseminated to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. They also told us alerts were discussed at regular partners' and clinical meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems in place to manage and review risks to vulnerable children, young patients and adults. A designated GP partner was the practice lead for

safeguarding children and another GP partner was the lead for vulnerable adults. Safeguarding policies and procedures were consistent with local authority guidelines and included local authority reporting processes and contact details.

The GP partners had undertaken safeguarding training appropriate to their role. However, not all staff had received training in the safeguarding of children and vulnerable adults at a level appropriate to their roles. Some staff told us they had attended a group training session in January 2014 which had been delivered by the child safeguarding lead within the practice. The GP partner who was the child safeguarding lead told us that this training session had been delivered at a level which met the needs of both nurses and administrative staff. We reviewed the formal presentation used to deliver this training but the practice could not demonstrate which staff had attended the training. We reviewed records which some staff had signed but these were to confirm they had read the child and adult safeguarding policies in January 2014. The practice manager told us that training in adult safeguarding had also been delivered within the same session in January 2014. However, some staff told us they had not received training in adult safeguarding training. Other staff told us they had been asked to read the practice policies on safeguarding but had not participated in other training. We noted that staff had not signed to confirm they had read the policies in January 2014 and those staff employed by the practice since that date, had not undertaken training.

All of the staff we spoke with knew who the practice safeguarding lead was and who to speak to if they had a safeguarding concern. We saw that safeguarding flow charts and contact details for local authority safeguarding teams were easily accessible within the practice.

Staff described the open culture within the practice whereby they were encouraged and supported to share information within the team and to report their concerns. Information on safeguarding and domestic abuse was displayed in the patient waiting room and other information areas.

There was a system to highlight vulnerable patients on the practice computer system and patient electronic records. This included information to make staff aware of specific actions to take if the patient contacted the practice or any relevant issues when patients attended appointments. For example, children subject to child protection plans.

Are services safe?

The practice had a chaperone policy. A chaperone is a person who can offer support to a patient who may require an intimate examination. The practice policy set out the arrangements for those patients who wished to have a member of staff present during clinical examinations or treatment. We were told that reception staff were required to act as chaperones. Those staff had been subject to a criminal records check via the Disclosure and Barring Service but had not received training to undertake this role. We found that the chaperone service was clearly advertised to patients within the practice.

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including clinical summaries, scanned copies of letters and test results from hospitals.

GPs were appropriately using the required codes on their electronic system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. GPs were aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as social services.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators. We found they were stored securely and were only accessible to authorised staff. However, the practice did not have clear processes for ensuring medicines were kept at the required temperatures. We reviewed records held by the practice to monitor the temperature range of refrigerators used to store vaccines. Administrative staff were required to monitor the temperature ranges each morning. We noted that the temperature range of one refrigerator was very high. High readings of 15 degrees Celsius had been recorded every day in July 2015. High readings of 12-13 degrees Celsius had also been recorded for prolonged periods in February and March 2015. The temperature range of the refrigerator should have been maintained between two and eight degrees Celsius. This indicated that medicines had been stored at temperatures which exceeded manufacturers' recommendations. Staff who recorded the temperatures had not reported the high readings. Neither the practice manager nor the nurses who administered the vaccines had been aware of the high temperature recordings and therefore no action had been taken. On the day of our inspection, the practice manager sought immediate advice

from the manufacturer of the refrigerator and was advised that the high readings may have been a failure by staff to reset the temperature range after each recording. However, the practice could not be sure of this or that the medicines were safe for use and patients may have been at risk of harm when vaccines had been administered to them. The practice manager told us they intended to seek further advice from the manufacturers of the medicines.

The practice was unable to demonstrate they had processes in place to check medicines were within their expiry date and suitable for use. We found vaccines which had expired in May 2015 in one refrigerator. Therefore, the practice could not be sure the medicines were safe for use and patients may have been at risk of harm when vaccines had been administered to them.

The practice implemented a comprehensive protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patients' repeat prescriptions were still appropriate and necessary. Reviews were undertaken for patients on repeat medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance and kept securely at all times. Patients were able to opt to have their prescriptions delivered using the electronic prescription service to a pharmacy of their choice.

Cleanliness and infection control

We observed the premises to be clean and well maintained. We saw there were cleaning schedules in place and that daily cleaning records were kept. Patients we spoke with told us they always found the practice to be clean and had no concerns about cleanliness or infection control.

The nurse practitioner was the lead for infection control within the practice. However, they told us they had not undertaken up to date training to support their role. Other staff, including the practice nurses, had not received up to date training in infection control. Infection control policies and procedures were in place to support staff. An audit of infection control processes had been carried out in September 2014 and March 2015. However, the practice

Are services safe?

had not produced an action plan to ensure the findings of the audits were addressed. As a result, many of the findings identified in September 2014 were highlighted as still requiring action in March 2015. At the time of our inspection a number of these recurring findings had still not been addressed and the findings of the audits had not been reviewed. For example: staff had not been provided with hand hygiene training; infection control was not discussed as a standard item at practice meetings and decisions recorded; and records were not kept detailing staff training in infection control related subjects.

Hand washing notices were displayed in all consulting and treatment rooms. Hand wash solution, hand sanitizer and paper towels were available in each room. Disposable gloves were available to help protect staff and patients from the risk of cross infection. Spillage kits were available within the practice.

We saw that the practice had arrangements in place for the segregation of clinical waste at the point of generation. Colour coded bags were in use to ensure the safe management of healthcare waste. An external waste management company provided waste collection services. Sharps containers were available in all consulting rooms and treatment rooms, for the safe disposal of sharp items, such as used needles.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. A schedule of testing was recorded. We saw evidence that testing of electrical items and calibration of relevant equipment had been carried out in February 2015. For example, digital blood pressure machines and weighing scales.

Records showed essential maintenance was carried out on the main systems of the practice. For example the boilers and fire alarm systems were serviced in accordance with manufacturers' instructions. Fire extinguishers had been serviced in November 2014.

Staffing and recruitment

Staff told us there were always appropriate numbers of staff on duty and that staff rotas were managed well. There

was a system for members of staff, including GPs and administrative staff, to cover annual leave. Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

We examined personnel records and found that the practice had ensured that appropriate recruitment checks were undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. The practice had a recruitment policy which set out the standards it followed when recruiting clinical and non-clinical staff. The practice had undertaken risk assessment of all roles within the practice to determine the need for criminal records checks through the Disclosure and Barring Service (DBS). As a result, where required, staff had been subject to a criminal records check. We saw evidence of these checks.

Monitoring safety and responding to risk

The practice had some systems and processes to manage and monitor risks to patients, staff and visitors to the practice. We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. The practice was able to access support from a local rapid response team to visit patients who had become acutely unwell. The practice also worked closely with the community matron to identify patients in deteriorating health and those at risk of unplanned hospital admission. For patients with long term conditions and those with complex needs there were processes to ensure these patients were seen in a timely manner. Staff told us that these patients could be urgently referred to a GP and offered longer appointments when necessary.

However, the practice did not have risk assessments in place to monitor the safety of the premises, such as a fire risk assessment or an assessment of the control of substances hazardous to health. The practice manager told us the practice had not carried out a rehearsal of their fire evacuation procedures since 2013. The fire alarm was tested on a weekly basis and we saw records of this testing.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use. The practice had a supply of oxygen on the premises with adult and children's masks. There was also a first aid kit and accident book

available. The practice did not have a defibrillator and had not carried out a risk assessment to identify the risks associated with managing emergencies which required access to a defibrillator.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff were familiar with current best practice guidance, accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The staff we spoke with and evidence we reviewed confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and the nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and that these were reviewed when appropriate.

GPs within the practice held lead roles in specialist clinical areas such as diabetes and mental health. Some GPs had areas of special interest such as ear, nose and throat and sports medicine. We spoke to the nurse practitioner who was the nurse lead for diabetes within the practice. The nurse practitioner told us that the practice participated in providing a tier three diabetes service to patients. This involved working closely with a diabetes specialist nurse who provided support to the practice in managing the care of patients with the most complex needs. The diabetes specialist nurse attended regular clinics within the practice which meant that patients' care was managed by the practice team rather than requiring hospital clinic attendance.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. GPs used national standards and best practice for all referrals to secondary care. For example, patients requiring a referral into secondary care with suspected cancers were referred and seen within two weeks.

The practice ensured that patients had their needs assessed and care planned in accordance with evidence based best practice. We saw that patients received appropriate treatment and regular review of their condition. For example, the practice nurses managed the care of a number of patients with venous leg ulcers. The nurses worked closely with the local tissue viability nurse in the ongoing assessment and management of those patients.

The practice held a register of patients receiving end of life care and held six-weekly palliative care meetings with the local hospice and multi-disciplinary teams. Patients with palliative care needs were supported using the Gold Standards Framework.

The practice used computerised tools to identify and review registers of patients with complex needs. For example, patients with learning disabilities or those with long term conditions. The practice worked closely with the community matron to identify those patients most at risk of deteriorating health and unplanned hospital admissions. The practice nurses told us that the practice provided support and review of patients with long term conditions according to their individual needs. The practice sent invitations to patients for review of their long term conditions.

Management, monitoring and improving outcomes for people

Staff across the practice held key roles in the monitoring and improvement of outcomes for patients. These roles included data input and quality, clinical review scheduling, long term condition management and medicines management.

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 86.4% of the total number of points available, compared with a national average of 94.2%. Data from 2013/2014 showed:

- Performance for those patients with a diagnosis of diabetes related indicators was similar to the CCG and national average. For example, 87.46% of patients with diabetes had received a flu immunisation in the preceding 1 September to 31 March, compared with a national average of 93.49%; the percentage of patients with diabetes whose last measured cholesterol was 5/ mmol/l or less was 72.49% compared with a national average of 81.61%.
- Performance for those patients with a diagnosis of mental health related indicators was better than the national average. For example: 93.98% of patients with schizophrenia, bipolar affective disorder and other

Are services effective?

(for example, treatment is effective)

psychoses had a comprehensive, agreed care plan documented in the last 12 months and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 95.18% compared with a national average of 88.65%;

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 79.71% compared with a national average of 83.83%.

The practice had systems in place for completing clinical audit cycles. For example, in response to NICE guidelines, the practice had undertaken a completed audit cycle to review the annual blood glucose monitoring of patients who had had gestational diabetes. As a result of the audit cycle, the practice had developed an improved system for recalling such patients for annual blood glucose monitoring and had developed a patient information leaflet to support this.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that some staff were not up to date with training in key areas. Staff had received training in basic life support, fire safety and health and safety. However, some nursing and administration/reception staff had not received training in the safeguarding of children and vulnerable adults at a level appropriate to their role. Nurses had not received up to date training in infection control. A number of reception and administrative staff were required to act as chaperones within the practice but had not received appropriate training to undertake this role.

We spoke with practice nurses who told us the practice supported education and ongoing professional development. The nursing team were able to attend training in specialist areas such as spirometry, cervical screening and immunisations. Those nurses with extended roles had undertaken training in the management of conditions such as chronic obstructive pulmonary disease, asthma and diabetes. One practice nurse told us they had recently undertaken updated training in cervical screening and vaccinations.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment

called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Some staff within the practice told us they had recently undergone appraisal which gave them the opportunity to discuss their performance and to identify future training needs. However, other staff we spoke with had not recently participated in appraisal. For some staff this meant that objectives they had previously been set were out of date and had not been reviewed. The practice manager and reception manager told us that outstanding appraisals had been planned for.

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 and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

The practice had a written policy for consent. Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood some of the relevant consent and decision-making requirements of legislation and guidance. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. However, staff including nurses, told us they had not received training in the Mental Capacity Act 2005.

Health promotion and prevention

Are services effective?

(for example, treatment is effective)

Patients who may be in need of extra support were identified by the practice. These included 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. Patients were then signposted to the relevant service.

The practice had a comprehensive cervical screening programme. The practice's uptake for the cervical screening programme was 78.53%, which was comparable to the national average of 81.89%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 92.2% to 95.3% and five year olds from 60% to 93.8%. Flu vaccination rates for patients aged 65 and over were 63.04%, compared with a national average of 73.24% and for patients in the defined clinical risk groups were 40.54% compared with a national average rate of 52.29%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs. The reception area had been adapted to enable patients to approach the receptionist via a booth which provided more privacy than the previous open plan arrangement.

All of the 32 patient CQC comment cards we reviewed were extremely positive about the care and support provided to them by GPs and nurses within the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

They said staff treated them with dignity and respect. Patients we spoke with on the day of inspection told us that all staff were helpful, caring and professional. They told us they felt listened to and well supported. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

However, results from the national GP patient survey indicated that patients were not always happy with how they were treated by reception staff within the practice. The most recent GP patient survey indicated that 58% of patients found the receptionists helpful compared with a local CCG average of 84% and a national average of 87%. The practice was aware of this feedback and had appointed a reception manager to provide additional support and training to the reception team.

The practice was comparable or above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 84% 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%.
- 80% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The results of the national GP survey showed that 84% of patients said the last GP they saw or spoke to was good at treating them with care and concern and that 80% of patients said the nurses were also good at treating them

Are services caring?

with care and concern. Patients we spoke with on the day of our inspection and some of the comment cards we received gave examples of where patients had been supported.

The practice held a register of patients who were carers and new carers were encouraged to register with the practice.

The practice computer system then alerted GPs and nurses if a patient was also a carer. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinical commissioning group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The needs of the practice population were well understood and systems were in place to address identified needs in the way services were delivered. For example, the practice had recognised the needs of the vulnerable patients within the local population. Patients over the age of 65 years made up 25% of the practice's registered population. The practice provided support to patients living in eight residential and nursing homes. Weekly GP visits were made to many of these homes. The practice had identified a lead GP for the safeguarding of vulnerable adults.

The practice told us they provided care and support to patients experiencing poor mental health. Practice nurses and GPs were able to give examples of ways in which they had worked closely with community mental health teams to ensure patients received timely and appropriate care and support. For example, the practice provided care and support to adult male patients with complex mental health problems, living within a local residential facility. The practice had identified a lead GP for the management of patients with poor mental health.

The practice held a register of all patients with a learning disability. They offered them annual health checks and longer appointments as required. The practice worked closely with community services if additional support needs were determined following a review.

The practice supported patients with complex needs and those who were at risk of unplanned hospital admission. Personalised care plans were produced and were used to support patients to remain healthy and in their own homes. Patients with palliative care needs were well supported using the Gold Standards Framework. The practice had a palliative care register and held regular multidisciplinary meetings to discuss patients and their families' care and support needs. This enabled the practice to ensure a coordinated approach to care and timely information sharing.

Patients with long term conditions had their health reviewed at regular intervals. The practice provided care plans for asthma, chronic obstructive pulmonary disorder (COPD), diabetes, dementia and mental health conditions.

The practice had gathered feedback from patients via a patient survey which had last been carried out in March 2014 and via comments and complaints received. The practice had a small patient participation group (PPG) which had been established since 2014 and met on a six-weekly basis. We reviewed the analysis of the last patient survey, which was considered in conjunction with the PPG. We noted that a total of 260 patients had responded to this survey. The results and actions agreed from these surveys and the first issue of a newsletter developed by the PPG, were available on the practice website.

In response to feedback gathered via patient surveys the practice had planned to discontinue their use of a premium rate telephone number. They had introduced an additional telephone line with a local number and telephone queuing facilities in order to improve patient access to the practice by telephone. The appointment of a reception manager had been implemented to ensure telephones were answered more promptly and to provide support and training to reception staff in answering patient queries. However, patients continued to report difficulties in accessing the practice by telephone. Online appointment bookings and prescription requests had also been introduced.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Vulnerable patients were well supported. The practice provided care and support to patients with a learning disability and worked closely with community services to support their needs.

The practice was located in purpose built premises. The premises and services had been adapted to meet the needs of patients with disabilities. Access to the premises by patients with a disability was supported by double width door and accessible front reception desk which had been installed with wheelchair users in mind. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. We noted there were car parking spaces for patients with a disability. Toilet

Are services responsive to people's needs?

(for example, to feedback?)

facilities were accessible for all patients and contained grab rails for those with limited mobility and an emergency pull cord. Baby changing facilities were available for mothers with young babies.

Staff told us that translation services were available for patients who did not have English as a first language.

Access to the service

The practice was open between 8.30am and 6.30pm from Monday to Friday. Appointments were available until 6pm with the nurse practitioner on three days each week. GP appointments were available up to 5.20pm each day. There were no additional extended surgeries available to patients at the time of inspection. In addition to pre-bookable appointments which could be booked up to two weeks in advance, urgent and non-urgent same-day appointments were also available for people that needed them.

Some patients we spoke with and comment cards we reviewed told us they experienced difficulty in accessing the practice by telephone and in obtaining a routine appointment. However, patients told us they were usually able to obtain an urgent same-day appointment when they needed one. On the morning of our inspection we noted that a queue of patients had gathered outside the practice prior to the practice opening at 8.30am in order that patients were able to obtain an appointment. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mainly below the local and national averages. For example:

- 55% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 34% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 49% of patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 78% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

The practice manager told us that they continuously reviewed ways in which to improve the appointment making process and access to the practice by telephone. The practice had introduced an additional telephone line

and telephone queuing facilities. The appointment of a reception manager had been implemented to ensure telephones were answered more promptly and to provide support and training to reception staff in answering patient queries. Online appointment bookings and prescription requests had also been introduced. The practice had recognised the need to provide extended hours appointments for patients. The practice was part of a GP hub within the local clinical commissioning group area. The hub had been awarded funding to improve access to services for patients, as part of the Prime Minister's Challenge Fund.

Information was available to patients about appointments on the practice website. This included how to arrange home visits, how to book appointments and the number to call outside of practice hours. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Patients were advised to call the out of hours' service.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. There were posters in the waiting rooms to describe the process should a patient wish to make a compliment, suggestion or complaint. Complaint forms and a patient information leaflet about the complaints process were available to patients. Information was also advertised on the practice website. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever made a complaint about the practice.

We looked at the complaints log for those received in the last twelve months and found these were all discussed, reviewed and learning points were noted. Complaints were discussed at clinical meetings and partners meetings. The practice reviewed complaints on an annual basis to detect themes or trends. Staff we spoke with knew how to support patients wishing to make a complaint and told us that learning from complaints was shared with the relevant team or member of staff.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice was clinically well led with a core ethos to deliver the best quality clinical care whilst maintaining a high level of continuity.

We spoke with eleven members of staff and they all knew and understood the vision and values and were clear about what their responsibilities were in relation to these.

The practice had recognised the needs of the local population and the increasing demand for appointments. A new local housing development was expected to put an additional strain on the practice's resources by increasing the numbers of patients registered with the practice.

Governance arrangements

The practice had some policies and procedures in place to govern activity and these were available to staff. Policies and procedures we looked at had been reviewed and were up to date.

The practice had some systems and processes to manage and monitor risks to patients, staff and visitors to the practice. However, the practice did not have risk assessments in place to monitor the safety of the premises, such as a fire risk assessment or an assessment of the control of substances hazardous to health. The practice manager told us the practice had not carried out a rehearsal of their fire evacuation procedures since 2013. The fire alarm was tested on a weekly basis and we saw records of this testing. We identified some areas of risk which had not been identified by staff and other areas which had been identified but appropriate action had not been taken. For example in the management of medicines storage and the monitoring of infection control processes. The practice did not have a defibrillator and had not carried out a risk assessment to identify the risks associated with managing emergencies which required access to a defibrillator.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with or above national standards.

The practice had systems in place for completing clinical audit cycles. The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF).

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

The practice had developed a clear leadership structure which included named members of staff in lead roles. For example, there was a lead GP for mental health and one GP partner was the lead for child safeguarding and another GP was the lead for adult safeguarding. A nurse practitioner and reception manager worked alongside the practice manager and GP partners. Staff were aware of the leadership structure within the practice. Reception, administration staff and nurses we spoke with were clear about their own roles and responsibilities.

A series of regular meetings took place within the practice which enabled staff to keep up to date with practice developments and facilitated communication between the GPs and the staff team.

These included daily informal lunchtime meetings which were accessible to all staff, monthly GP partner meetings, quarterly clinical review meetings and reception team meetings which were held quarterly. We looked at minutes from the most recent meetings and found that performance, quality and risks had been discussed. Significant events and incidents were discussed to ensure they learned from them and received advice on how to avoid similar incidents in the future. Meetings enabled staff to keep up to date with practice developments and facilitated communication between the GPs and the staff team. Staff said they felt respected, valued and supported.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients via a patient survey which had last been carried out in March 2014 and via comments and complaints received. The practice had a small patient participation group (PPG)

Are services well-led?

Requires improvement 

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

which had been established since 2014 and met on a six-weekly basis. We reviewed the analysis of the last patient survey, which was considered in conjunction with the PPG. We noted that a total of 260 patients had responded to this survey. The results and actions agreed from these surveys and the first issue of a newsletter developed by the PPG, were available on the practice website.

In response to feedback gathered from patients the practice had planned to discontinue their use of a premium rate telephone number. They had introduced an additional telephone line with a local number and telephone queuing facilities in order to improve patient access to the practice by telephone. The appointment of a reception manager had been implemented to ensure telephones were answered more promptly and to provide support and training to reception staff in answering patient queries. However, patients continued to report difficulties in accessing the practice by telephone. Online appointment bookings and prescription requests had also been introduced.

The practice gathered feedback from staff through informal discussions and via team meetings. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged within the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff. Staff we spoke with were aware of the policy and how they could whistleblow internally and externally to other organisations.

Management lead through learning and improvement

The practice had systems in place for reporting, recording and monitoring significant events, incidents and accidents. The practice kept records of significant events that had occurred and these were made available to us. Significant events were discussed at regular meetings. There was evidence that the practice had learned from these and that the findings were shared with relevant staff.

The practice had not ensured that all staff were up to date with training in key areas. Some nursing and administration/reception staff had not received training in the safeguarding of children and vulnerable adults at a level appropriate to their role. Nurses had not received up to date training in infection control. A number of reception and administrative staff were required to act as chaperones within the practice but had not received training to undertake this role. Staff who were required to monitor the temperature of medicines refrigerators had not had sufficient information and training to carry out this role. As a result, the recording of consistently high temperatures, which exceeded manufacturers' recommendations, had not been identified as a concern and had not been reported as a risk to patient safety.

Some staff within the practice told us they had recently undergone appraisal which gave them the opportunity to discuss their performance and to identify future training needs. However, a number of other staff we spoke had not recently participated in appraisal. For some staff this meant that objectives they had previously been set were out of date and had not been reviewed

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider did not ensure that effective systems were in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are healthcare associated.</p> <p>We found that the registered provider had not ensured the proper and safe management of medicines.</p> <p>This was in breach of regulation 12 (1) (2) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider had not always assessed, monitored and mitigated the risks relating to the health safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>This was in breach of regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found that the registered provider had not ensured that persons employed in the provision of a regulated activity had received appropriate support, training, professional development and appraisal to enable them to carry out the duties they were employed to perform.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.