Dr Tony Nasah

Quality Report

Dipple Medical Centre
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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?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Tony Nasah on Wednesday 29 June 2016. Overall the practice is rated as inadequate.

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

- There was a system in place for reporting and recording significant events but no policy, independent discussion oversight or cascading learning to staff from analysis and investigation. Some staff were not sufficiently aware of how to identify a significant event.
- Systems were not established to ensure all clinicians were kept up to date with national guidance and guidelines.
- Patient safety and medicine alerts were shared amongst the clinical team but not revisited to ensure appropriate changes to medicines had been undertaken.
- Clinical staff had not been appropriately trained in safeguarding children and vulnerable adults.
- Effective recruitment procedures were not being followed in relation to recruitment checks on new members of staff. Those staff carrying out chaperone duties had not received a disclosure and barring service check. There was no risk assessment in place as to why one was not required.
- The practice appeared clean and tidy. However an annual infection control audit had not been conducted at the practice. The appointed infection control lead had not received training to undertake the role and there was an absence of documentation to demonstrate when, where and how rooms and equipment had been cleaned.
- There was insufficient clinical oversight and actioning of blood test results during the absence of the lead GP.
- Some risk assessments had been conducted to mitigate the risks to patients. However, there was no environmental risk assessment, assessment of control substanaces hazardous to health or legionella.

Summary of findings

- There was insufficient staffing provision to cover in the absence of the practice nurse and delays in responding to enquiries when the practice manager was unavailable.
- The practice had arrangements in place to respond to emergencies.
- Data from the Quality and Outcomes Framework (QOF) and the National Cancer Screening Programme showed patient outcomes were below the local and national averages. The practice were unable to provide an explanation for their poor clinical performance in some areas and there was no improvement plan in place.
- The practice did not have any quality improvement system in place to assess and monitor the services provided to ensure care and treatment was delivered in line with current evidence based guidance and inform quality improvements.
- The practice nurse had not been appropriately authorised to administer childhood vaccinations through the use of Patient Group Directions. Nursing staff were unable to demonstrate they had the skills, knowledge and experience to deliver some aspects of effective care and treatment. Training records were also unavailable on the day of the inspection.
- There was no evidence of appraisals and personal development plans for all staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, patients reported low levels of satisfaction with their GP in the national GP patient survey published in January 2016.

The areas where the provider must make improvements are:

- Ensure there is a practice policy defining significant incidents and actions to be taken. Support and provide training to staff on the recognition, reporting and the recording of significant incidents. Ensure independent scrutiny and identify, disseminate and monitor lessons learnt to ensure they are embedded into processes.
- Take action to address identified concerns with infection prevention and control procedures and training.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive appropriate training, supervision and appraisal to fulfill their roles and responsibilities (including covering in the absence of colleagues) and retain evidence of training and qualifications.
- Ensure clinical oversight and actioning of test results during the absence of the lead GP.
- Ensure that staff carrying out chaperone duties have a disclosure and barring service check in place or a risk assessment is undertaken as to why one is not required.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Improve the governance at the practice to ensure that there are effective systems in place for assessing and monitoring risks and the quality of the service provision through a quality improvement process. This includes QOF performance.
- Implement a system to respond to and act on patient feedback from the national GP patient survey.
- Ensure the correct authorisation of PGDs to enable the nursing team to administer vaccinations.
- Ensure appropriate risk assessments are conducted to mitigate the risks to patients. For example, an environmental risk assessment, assessment of control substanaces hazardous to health and legionella.

The areas where the provider should make improvement are:

- Revisit patient safety alerts to ensure safe prescribing.
- Follow up on non attendance by patients for cancer screenings.

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

Summary of findings

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.

- There was a system in place for reporting and recording significant events but no policy and independent discussion or oversight. Learning was not being cascaded to staff.
- Patient safety and medicines alerts information was shared amongst the clinical team but searches not undertaken to ensure appropriate changes to patient's medicines had been made.
- Clinical staff had not been appropriately trained in safeguarding children and vulnerable adults.
- Staff had not had appropriate recruitment checks and those undertaking chaperone duties had not undertaken DBS checks and there was no risk assessment in place as to why one was not required.
- The practice appeared clean and tidy. However an annual infection control audit had not been conducted including for minor surgery that was taking place at the practice. The appointed infection control lead had not received training to undertake the role and there was an absence of documentation to demonstrate when, where and how rooms and equipment had been cleaned.
- There were insufficient medicine management arrangements to keep patients safe. The practice had not audited their prescribing practices.
- The practice nurse had not been appropriately authorised to immunise children.
- Some risk assessments had been conducted to mitigate the risks to patients. However, there was insufficient staffing provision to cover in the absence of the practice nurse and delays in responding to enquiries when the practice manager was unavailable.
- The practice had arrangements in place to respond to emergencies.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the local and national averages. The practice were unable to provide an explanation for their poor clinical performance in some areas and did not have an action plan in place for improvement.
- The practice did not audit systems to ensure staff assessed needs and delivered care in line with current evidence based guidance.
- There was an absence of quality improvement processes, including clinical audit to inform quality improvements.
- Nursing staff were unable to demonstrate they had the skills, knowledge and experience to deliver some aspects of effective care and treatment. Training records were also unavailable on the day of the inspection.
- There was no evidence of appraisals and personal development plans for all staff. The administrative staff appraisals were scheduled for July 2016 but the practice nursing team had no previous records of any appraisals on their personnel files.
- The practice had low patient attendance for their screening of cancer.
- There was insufficient clinical oversight and actioning of blood test results during the absence of the lead GP.

Are services caring?

Requires improvement

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

- The practice received 60 comment cards which were overwhelmingly positive about the standard of care they received from the practice team.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, patients reported low levels of satisfaction with their GP in the national GP patient survey published in January 2016.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 2% of their patient record to be carers and informed them of service available to them such as annual flu vaccinations.

Are services responsive to people's needs?

Requires improvement

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

Summary of findings

- The practice provided a range of services from telephone consultations, extended hours and access to the GP hub every evening and weekends for GP, practice nurse and healthcare assistant services.
- Patients reported low levels of satisfaction with the practice in the national GP patient survey in relation to opening hours and their ability to contact the practice.
- Appointments were available with GPs and the practice nurse on the day of the inspection and the following day with the healthcare assistant.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available for patients. The practice acknowledged, investigated and responded to complaints. However, the practice should conclude whether a complaint is upheld or not. Learning from complaints was shared with staff and other stakeholders during meetings.

Are services well-led?

Inadequate

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

- The practice had no published values or business plan to inform the development of the practice.
- There was a lack of governance and leadership at the practice. Risks to patients and staff had not been identified or acted on.
- There was a staffing structure but some confusion was reported amongst staff during the absence of those in leadership positions as to who undertook their roles and responsibilities. The GPs had not had updated their own training to perform the practice nurses responsibilities in their absence.
- There was an absence of clinical governance both over the work of the clinical team, such as conducting reviews and prescribing of medicines and the recording of interventions as required under QOF.
- Staff were aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. However there was an absence of documentation to support this.
- The practice acted on feedback from patients but had been unsuccessful securing a patient representative to attend the PPG meetings.

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 provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring . The issues identified as inadequate overall affected all patients including this population group.

- The practice were not ensuring clinical oversight and actioning of test results during the absence of the lead GP.
- There was a lack of quality assurance and monitoring in relation to healthcare indicators for this population group.
- Some clinicians had not received updates to their safeguarding training.

- All patients had a named GP.
- The practice participated in the admission avoidance scheme for patients over 75years of age. They offered personalised care plans to meet the needs of the older people.
- The practice worked with partner health and social care services such as the community matron; district nurses and Basildon integrated care team to coordinate care for patients.
- Patients were offered annual health checks and flu vaccinations.
- The practice offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

- The practice actively monitored patients with long term conditions inviting them for regular reviews, blood tests and spirometry checks. However, some tests were not conducted by a suitably qualified and supervised member of the nursing team.
- The system in place for monitoring and reviewing patients medicines was not effective. Medicine and patient safety alerts were not being monitored in line with published guidance.

Summary of findings

- Patient information leaflets were provided to patients to understand their conditions and help them self-manage their conditions.
- Multidisciplinary team meetings were not being held to coordinate and provide the most appropriate care and treatment.
- The practice had low patient attendance for their screening of cancer.
- Nursing staff assisted in the monitoring of chronic disease management and patients at risk of hospital admission were identified as a priority. However, the practice were outliers for chronic disease management. For example, the percentage of patients on the diabetic register, with a record of a foot examination and risk classification within the preceding 12 months. The practice achieved 66% in comparison with the local average of 74% and the national average of 78%.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with partner health and social care services such as the community heart failure team.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. However, the clinical team had not undertaken appropriate training in safeguarding children.
- Immunisation rates were high for all standard childhood immunisations. Nursing staff had not been authorised in line with guidance to provide immunisations but had received appropriate training.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Non-attendance by children at development checks, hospital appointments, immunisations and neonatal checks were followed up.
- Children in poor health or who had rapidly deteriorated had open access to the clinical team.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring services. The issues identified as inadequate overall affected all patients including this population group.

- The practice operated extended hours consultations on a Wednesday 6.30pm to 7.30pm for patients unable to attend during the working day.
- Somel staff carrying out chaperone dutieshad not received DBS training and a risk assessment was not in place to explain why this was not necessary.
- Patients were able to access a range of services, online booking, accessing telephone triage and consultations Monday and Friday mornings.
- Patients had access to the GP Hub services providing evening and weekend consultations with GPs and practice nurses.
- Appointments could be booked three months in advance.
- Travel advice and vaccinations were provided with the practice nurse.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring . The issues identified as inadequate overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Some staff were not trained in safeguarding vulnerable adults.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients.
- The practice participated in the social prescribing scheme informing patients of various support groups and voluntary organisations to assist them with health social and financial concerns.

Summary of findings

- Some risks to patients were not being acted on in relation to the provision of the services.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Governance systems at the practice needed strengthening.

People experiencing poor mental health (including people with dementia)

Inadequate 

The provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

- The practice conducted yearly physical and mental health reviews (including patients with dementia). However, the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 62% in comparison with the local average of 87% or national average of 84%.
- The practice regularly worked with multi-disciplinary teams such as the Mental Health Crisis teams, A&E psychiatric liaison service, and dementia intensive support teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as MIND and Bridge counselling services.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below local and national averages. 337 survey forms were distributed and 111 were returned. This represented a response rate of 33%.

- 53% of respondents found it easy to get through to this practice by phone compared to the local averages 72% national average of 73%.
- 53% of respondents said the last appointment they got was convenient. The local average was 71% and the national average 73%.
- 62% of respondents described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.
- 55% of respondents said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 74% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 60 comment cards which were overwhelmingly positive about the standard of care received. Patients told us they sometimes experienced difficulty getting an appointment with their preferred GP but were able to get urgent appointments on the day. They said the staff were very good, friendly, helpful and kind to patients and their children.

Areas for improvement

Action the service MUST take to improve

- Ensure there is a practice policy defining significant incidents and actions to be taken. Support and provide training to staff on the recognition, reporting and the recording of significant incidents. Ensure independent scrutiny and identify, disseminate and monitor lessons learnt to ensure they are embedded into processes.
- Take action to address identified concerns with infection prevention and control procedures and training.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive appropriate training, supervision and appraisal to fulfil their roles and responsibilities (including covering in the absence of colleagues) and retain evidence of training and qualifications.
- Ensure clinical oversight and actioning of test results during the absence of the lead GP.
- Ensure that staff carrying out chaperone duties have a disclosure and barring service check in place or a risk assessment is undertaken as to why one is not required.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Improve the governance at the practice to ensure that there are effective systems in place for assessing and monitoring risks and the quality of the service provision through a quality improvement process. This includes QOF performance.
- Implement a system to respond to and act on patient feedback from the national GP patient survey.
- Ensure the correct authorisation of PGDs to enable the nursing team to administer vaccinations.
- Ensure appropriate risk assessments are conducted to mitigate the risks to patients. For example, an environmental risk assessment, assessment of control substances hazardous to health and legionella.

Action the service SHOULD take to improve

- Revisit patient safety alerts to ensure safe prescribing.
- Follow up on non attendance by patients for cancer screenings.

Dr Tony Nasah

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr Tony Nasah

Dr Tony Nasah is also known as the south wing of the Dipple Medical Centre. The practice is one of four GP practices located in the building.

There are approximately 3844 patients registered with the practice. There are four male GPs, three of whom are locum GPs (two GP locums work three sessions and one GP locum works a single session). They are supported by a locum practice nurse who works Wednesdays and a full time healthcare assistant who works Monday to Friday. There is a team of administrators and reception staff who work under the management of the practice manager, employed three days a week.

The practice serves a deprived community in Basildon which has the highest under 18 year old conception rate in Essex. The average life expectancy for both females and males is below the local and national averages.

The practice is open between 8am to 6.30pm Monday, Tuesday, Wednesday, Thursday and Friday. Extended hours surgery operate on a Wednesday until 7.30pm. Appointments are from 8am to 1pm and 4.30pm to either 6.30pm or 7.30pm depending on the day. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments are also available for people that need them. The practice nurse works Wednesday 9am to 7.30pm and an additional half day floating session per week. The healthcare assistant works daily Monday to Friday. Medicines for the treatment of poor mental health are administered by the community mental health nurse who attends the practice on a Thursday morning.

The practice offers on line appointments and on line ordering of repeat prescriptions. Patients can request an on the day telephone consultation with a GP and/or nurse. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them.

When the practice is closed patients are advised to call the surgery and are directed to contact other services. Alternatively they may call the national NHS 111 service for advice. Out of hours provision is commissioned by Basildon and Brentwood CCG, and provided by IC24.

The practice has a comprehensive website providing details of services and support agencies that patients may find useful to access.

Why we carried out this inspection

We carried out a comprehensive inspection of this service 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.

Detailed findings

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 29 June 2016. During our visit we:

- Spoke with a range of staff (GP, practice manager, administrators, nurse and healthcare assistant) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 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

Safe track record and learning

There was a system in place for reporting and recording significant events. However, there was no significant incident policy providing guidance, illustrative example of incidents and outlining how they should be managed. We spoke to staff who told us that they would raise concerns directly with the practice manager or a member of the clinical team and trusted they would be addressed immediately. Whilst they prioritised issues they were not able to recognise incidents that may be deemed clinically significant. For example, a patient discharged from hospital without sufficient medicine was recorded as a complaint.

There had been three significant incidents recorded within the past 12 months. The incidents related to the unexpected deterioration of a patient's health, diabetes diagnosis and delays in clinical referrals. All incidents had been recorded by the GP who had reflected on the event independently of any discussion and/or oversight by other clinicians. Not all of the three incidents had been appropriately documented, with an absence of explanation of the events and outcome. However the practice told us what actions they had taken. There was evidence of learning from incidents but an absence of documentation to show how this had been shared with others in the practice or externally. No analysis had been conducted to check that learning had been embedded into practice. The practice did not conduct a thorough analysis of the significant events to identify trends.

We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. (The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice). The practice told us that they shared the alerts with their clinical team. They said that a member of the administrative staff conducted searches on the patient record system to identify if any patients may potentially be adversely affected by the alert. The list was then shared with the clinical team and the clinicians were required to sign to confirm they had read and actioned the alert appropriately. The practice manager reviewed this to ensure all clinicians had signed receipt of the information. However, the practice did not revisit the searches of the patient records to ensure appropriate action had been taken in response to the patient safety alerts.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe.

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. Administrative staff had undertaken safeguarding training. Policies and guidance material were accessible to staff outlining who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP responsible for safeguarding. The GP provided reports where necessary for other agencies. We found the practice clinical staff knew how to report concerns but had not received training updates on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role. However, not all had received a Disclosure and Barring Service (DBS) check and there was no risk assessment in place as to why one was not required. (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).
- The practice appeared clean and tidy. The practice had a range of policies and procedures such as the management of needle stick injuries, body spillages and hand washing. The healthcare assistant was the appointed infection control lead. However, they had not received additional training to undertake the specialist role and were not overseen by a clinician. They had not conducted an annual infection prevention control audit.
- The practice told us they commissioned external cleaning services to clean the practice. They maintained and retained their daily cleaning records. However, these were not available to the practice and they could not evidence when, where and how items of equipment, furniture or rooms had last been cleaned.
- There were insufficiently robust arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe (including obtaining, prescribing, recording, handling,

storing, security and disposal). We found most patients in receipt of high risk medicines had been appropriately reviewed through regularly monthly blood tests. The practice told us a process for the management of repeat prescriptions was in place but it had been inconsistently followed, evidenced in practice meeting minutes from March 2016.

- We reviewed the practice prescribing support plan of 2015-2016 produced in partnership with the Basildon and Brentwood Clinical Commissioning Group. It required a medicines audit to be completed on the prescribing of diabetic medicines by March 2016. The practice confirmed they had not conducted the audit. However, they told us they had liaised with the local prescribing team pharmacist and patients regarding their medicines.
- Blank prescription forms and pads were registered and securely stored. There were systems in place to monitor their use.
- We checked the Patient Group Directions adopted by the practice to allow their practice nurse to administer medicines in line with legislation. We checked the files and found these had not been consistently approved by an authorised person for the administration of childhood vaccinations.
- The practice had been accepting receipt of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) from patients who no longer required them. They told us they were concerned that patients may stockpile medicines and wanted to provide an easy and accessible means of patients safely and appropriately disposing of them. A register of stock had been maintained by the practice recording the transferral of them to a member of the local pharmacy team for destruction. However they were stored insecurely. The practice terminated this practice on the day of our inspection and all controlled drugs were removed from the premises. Notices were displayed for the information of patients to let them know where they may safely return medicines to and all staff were informed of the reasons the practice had been discontinued.
- We reviewed three personnel files for members of the clinical and administrative team. We found some recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body. However, we found none of the staff files including a clinical member of staff had received checks under the current Disclosure and Barring Service and a risk assessment was not in place to identify why this was not required for the particular members of staff.

Monitoring risks to patients

Some risks to patients had been identified, assessed and mitigated.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and information displayed throughout the premises including the staff room. The practice had recently commissioned a holistic assessment of practice risks including, people, contracts, patients and public. This was incomplete.
- The practice had conducted a fire risk assessment. Regular checks had been conducted of fire exits and equipment in August 2015. All electrical equipment had been checked to ensure the equipment was safe to use in July 2015 and clinical equipment was checked to ensure it was working properly October 2015.
- The practice did not have an environmental risk assessment or a risk assessment in place to monitor safety of the premises such as control of substances hazardous to health. The provider believed their cleaning contractor held such an assessment.
- The practice had not conducted a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, they believed they were a low risk and had a legionella testing certificate dated 13 January 2015.
- There were insufficient arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We spoke to staff who told us they would cover during their colleague's planned and unplanned absence. However, we found staff had not been trained or adequately supported to perform aspects of the practice manager role when they were absent or on leave. This had led to delays in responding to issues. When the principal GP was absent, responsibilities were transferred to the locum GPs. The practice had found this at times, resulted in delays in the review and actioning of patient test results. The practice nurse worked Wednesdays and an additional

half day floating session per week. In her absence the GPs told us they employ a locum practice nurse or referred patients to the HUB clinic for cervical screenings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to 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 support training and there were emergency medicines available to the clinical team. All the medicines we checked were in date and stored securely.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Key practice personnel had access to laptops to enable them to work remotely. However, their alternative premises were located in the Dipple Medical Centre thereby providing little resilience in the event that access to the main building was restricted.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They also used GP note book (medical advice and information programme) to assist them in assessments. The practice did not have defined and established systems in place to ensure all clinical staff were up to date with changes in guidance. There was an expectation that the locum clinicians (GPs and practice nurse) maintained their own knowledge base. The practice did not monitor adherence to the guidelines through appraisals, supervisions or audits.

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 practice achieved 82% of the total points available during 2014 to 2015. The practice had an exception reporting of 6.4% which was above the local average by 0.5% and the national average of 2.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF (or other national) clinical targets during the period 2014 to 2015. There was large variation within the data in the following clinical areas of practice;

- The practice's performance was lower than the local and national averages for their assessment and monitoring of diabetic patients. They had lower averages for the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less. The practice achieved 0.9% in comparison to the local average of 9.3% and the national average of 12%.
- The percentage of patients on the diabetic register, with a record of a foot examination and risk classification within the preceding 12 months was lower than the local and national averages. The practice achieved 66% in comparison with the local average of 74% and the national average of 78%. The practice was unaware of this and told us they reviewed all clinical templates and that these patients may benefit from greater clinical scrutiny and revising of clinical practice. They also told us they believed all examinations had been conducted and the poor results may have been attributable to irregularities with data entries.
- The practice had achieved below local and national averages for the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness. The practice achieved 75% in comparison to the local average of 88% and the national average of 90%. The practice told us they were unaware of their underperformance in COPD. They told us they had spent considerable time with members of the nursing team regarding spirometry training, but had not reviewed their clinical practice.
- The practice was found to be prescribing higher than the local and national averages for the daily quantities of hypnotic medicines per specific therapeutic group Age-sex related prescribing unit. The practice told us there were two potential historical explanations. They said that a previous member of their clinical team had been an above average prescriber of hypnotics and they had inherited a patient list with high dependency on this medicine. They invited patients for medicine reviews but accepted there was high dependency on the medicines by some of their patients.
- The practice achieved below the local and national average for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months. For example, the practice achieved 64% in comparison to the local average of 89% and the national average of 90%. The practice was unaware of the performance in this clinical area.

In summary we found that the practice were generally unaware of their low performance in relation to QOF and had no plans in place for improvement.

The practice had above the local and national average for accident and emergency attendances for ambulatory care sensitive conditions (15.74 per 1,000 of the population). (Ambulatory care sensitive conditions are those which it is possible to prevent and reduce the need for hospital

admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension). The local average was 11.88 per 1,000 of the population and the national average 14.6%. The practice told us they had not reviewed the attendance of their patients at accident and emergency to identify trends such as frequent attenders where intervention plans could have been put in place to avoid the need for attendance at A& E.

There was little evidence of quality improvement including clinical audit. The practice produced a single cycle clinical audit for dermoscopy. This was conducted in December 2015 for the assessment of serious of pigmented legions. The audit reviewed seven patients and found that of the seven referred to dermatologists, one had malignant features which had been appropriately identified. The practice told us they had completed an audit on Methotrexate (a high risk medicine). This was not available on the day of our inspection.

Effective staffing

We looked at whether the staff had the skills, knowledge and experience to deliver effective care and treatment and found that;.

- The practice had a comprehensive induction programme for locum GPs. This included information on what was expected from them in their role and contact details of partner services and referral pathways. It also covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We checked training records for two newly appointed staff and saw they had undertaken customer care, complaints and conflict resolutions training. However, we found members of the nursing team last received training in basic asthma in 2005 and spirometry in 2012.
- We found the practice did not maintain staff training records to demonstrate their nursing team (the practice nurse and healthcare assistant) had undertaken update training relevant to their roles. For example, Staff administering vaccines and taking samples for the cervical screening programme told us they had received specific training which had included an assessment of competence but were unable to provide evidence on the day of the inspection.
- All administrative staff were awaiting their appraisals scheduled to be conducted in July 2016. The practice manager had sent appraisal notifications to the administrative team to reflect on their performance. The practice manager had conducted her initial review of their performance and development needs but these were to be discussed. The appraisals addressed a range of skills and competences such as the quality and accuracy of their work, professionalism and training and development needs. However, the practice manager had not been appraised since 1999. Neither the practice nurse nor the healthcare assistant had evidence of an appraisal on their personnel file including evidence towards the nurses professional revalidation.
- Staff received general awareness training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of eLearning training.

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 investigation and test results. The practice also made use of special notes on the patient record system to facilitate sharing of clinical information with out of hours services.

The practice worked closely with partner health and social care services. Where appropriate they ensured that the preferences of patients nearing the end of their lives had been completed and recorded. These were evidenced on the patient care plan which was duly shared with the other professionals.

The practice did not conduct multidisciplinary meetings for patients with complex needs but tasked partner agencies and other healthcare providers through their patient record system. Occasionally patients were discussed during practice meetings. Minutes of the meeting were shared amongst the clinical team for those absent from the discussions.

Consent to care and treatment

Staff sought verbal and written patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the

Inadequate

Are services effective?

(for example, treatment is effective)

Mental Capacity Act 2005. 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 recorded the outcome of the assessment. The practice did not monitor the obtaining and recording of consent.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. The practice healthcare assistant conducted initial health checks for patients and identified those patients who may benefit from receiving advice on their diet, smoking and alcohol cessation and were signposted to relevant services.

The practice reported a similar to the local and national average for the prevalence of cancer cases within their patient population. However their screening of patients was low. Data from the National Cancer Intelligence Network showed;

The practice's uptake for the cervical screening programme for 25- 64year old women was 69%, which was lower than the local average of 75% and the national average of 74%.

The practice had below the local and national screening rates for persons averaged between 60-69 years for bowel cancer in the last 30 months. They had achieved 47% compared to the local and national average of 58%. The practice also had below the local and national average for their screening rates for persons 60-69 years of age screened for bowel cancer within 6 months of invitation. The practice average was 42% compared with the local average 54% and the national average 55%.

The practice had below the local and national averages for their screening of female patients aged 50-70 years for breast cancer in the last 6 months. The practice had screened 59% in comparison with the local average of 69% and the national average of 72%. Their rates for screening the same patient group within 6 months of the invitation were also low. They achieved 43% as opposed to the local average of 71% and the national average of 73%.

The practice acknowledged that they had below the local and national averages for patients attending national cancer screening programmes. They had not actively followed up on non attendance to determine whether the patient wished to reschedule or required additional information to enable them to make an informed choice.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 98% and five year olds from 96% to 100%.

Patients had access to health assessments and checks.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. We found disposable 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. We spoke to reception staff who told us they knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

All of the 60 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.

The practice were part of a wider Dipple Medical Centre patient participation group (PPG). The practice manager regularly attended their meetings but no patients from the practice attended the forum. The practice told us they had previously tried to encourage patients to participate and advertised the PPG but this had proved to be ineffective.

Results from the national GP patient survey, published in January 2016 showed patients felt they received a good service from the nurse but rated their experience of the GP below the local and national average. For example:

- 72% of respondents said the GP was good at listening to them compared to the local average of 85% and the national average of 89%.
- 72% of respondents said the GP gave them enough time compared to the local average of 84% and the national average of 87%.
- 85% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 67% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average 80% and the national average of 85%.
- 89% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average 90% and the national average of 91%.
- 79% of respondents said they found the receptionists at the practice helpful compared to the local average of 85% and the national average of 87%.

The practice had not formally discussed or responded to the national GP patient survey findings. There had been no specific changes introduced to improve performance in the areas that were below local and national satisfaction ratings.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey, published in January 2016 told us patients reported lower levels of satisfaction with their GP than the practice nursing team. For example:

- 71% of respondents said the last GP they saw was good at explaining tests and treatments compared to the local average of 82% and the national average of 86%.
- 67% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average 76% and the national average of 82%.
- 88% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the local average 85% and the national average of 85%.

The findings had not been discussed or responded to in order to improve satisfaction with patients' experience of the GPs.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers (1.8% of the practice list). On registering with the practice the patients who were carers were informed that they were entitled to flu vaccinations. Yearly reminders

Requires improvement

Are services caring?

were not sent to carers. Written information was also available to carers and useful information on the range of services and benefits available to them were displayed on the waiting area notice boards.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. The practice supported patients and provided advice and guidance in relation to bereavement processes including signposting them to support services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice identified and understood the needs of its local population. However, they told us of the continuing challenges of meeting patient demand for their service. They provided a range of services to meet their patient needs. For example;

- The practice offered daily telephone consultations with patients able to speak to their own GP.
- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- There were longer appointments available for people who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for all patients, with priority access given to children and those with serious medical conditions.
- Phlebotomy was provided by their practice healthcare assistant.
- Immunisations and cervical screenings were conducted on a Wednesday with the practice nurse.
- Patients were also able to access the GP hub service provided through the Basildon and Brentwood clinical commissioning Group. This enables patients to access and book GP, practice nurse and healthcare assistant appointment Monday to Friday 6.30pm to 8pm and Saturday and Sunday 8am to 8pm.
- They offered onsite counselling (talking therapies) for patients. They also provided financial advice and signposting for support services.
- The midwife attended the practice on Monday mornings.
- Patients were able to access a social prescribing initiative and a health, social and financial advisory service.
- The practice worked with the community care coordinator to assess the patients' needs especially on being discharged from hospital or where patients health had deteriorated, promoting independence.
- A community mental health nurse attended the practice on a Thursday to administer mental health medicines to patients requiring the treatment.
- Staff told us that translation services were available on the phone for patients who did not have English as a first language.

The practice had received 47 responses to the NHS Friends and Family Test in April 2016. Patients' comments included reference to a lack of appointments, no baby changing facilities and nothing for children to do within the waiting area. The practice considered the patients' concerns and responded by releasing more appointments, introducing baby changing facilities and placing children's furniture in the waiting area with colouring activities.

Access to the service

The practice was open between 8am to 6.30pm Monday, Tuesday, Wednesday, Thursday and Friday. Extended hours surgery operated on a Wednesday until 7.30pm. Appointments were from 8am to 1pm and 4.30pm to either 6.30pm or 7.30pm depending on the day. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

The practice nurse who conducted all immunisations and cervical screenings worked Wednesday 9am to 7.30pm. The healthcare assistant worked daily Monday to Friday. The Mental Health community nurse attended the practice on a Thursday morning to administer medicines to patients with poor mental health.

Results from the national GP patient survey, published in January 2016 reflected that patients showed lower levels of satisfaction with their access to the service than the local and national averages.

- 63% of respondents were very satisfied or fairly satisfied with the practice's opening hours compared to the local average of 77% and the national average of 78%. Local average?
- 53% of respondents said they could get through easily to the practice by phone compared to the local average of 72% and the national average of 73%.

Comment cards completed by patients told us that some patients experienced difficulties getting an appointment, reflecting the findings of the national GP survey. The practice had not made specific changes to their staffing or call management in response to the feedback. We checked

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

the next available appointment with members of the clinical team. An appointment was available with the lead GP and the practice nurse on the day of the inspection and the following morning with the healthcare assistant.

The practice told us they reported high levels of non-attendance by patients despite sending text reminders and calling some patients on the phone the day prior to the appointment. In May 2016 patients failed to attend 77 appointments amounting to 14 hours of clinical time underutilised. However, during 2015 the failure to attend appointments ranged between 59 to 108.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. They had a complaints policy and procedures that were in line with recognised guidance and contractual obligations for GPs in England. It advised patients that they may make written or verbal complaint and have access to advocacy services. Patients were also informed of their right to appeal the outcome of the practice investigation if dissatisfied. The practice manager was the designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system.

The practice manager told us they tried to resolve concerns at the time of reporting. The practice had received eight complaints in the last year. We looked at three complaints. Two related to staff conduct and the third an administration issue. We saw all complaints had been acknowledged, investigated and responded to. However, the practice had not stated whether they had upheld the complaint or not. We checked practice meeting minutes and found that these included reference to the complaints but lacked detail regarding the incidents and outcomes. Lessons learnt were identified and verbally disseminated amongst the practice team.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice staff told us they were committed to providing good accessible care. However, there was no clear statement of purpose, published values or business strategy to inform staff about the development of the service.

Governance arrangements

There were ineffective governance systems in place at the practice. Risks to patients and staff were not being identified and there was a lack of quality improvement in place to identify where the practice might improve. There was also no strategy in place for improvement.

Risks had not been identified nor acted on in relation to infection, prevention and control, medicines management, learning from significant events, recruitment checks, DBS checks for chaperones, appropriate authority for nurses carrying out immunisations on children, the supervision and appraisal of staff and the quality of the care and treatment received by patients.

Clinical roles were defined; the GPs had areas of interests such as gynaecology, diabetes, minor surgery and joint injections, the healthcare assistant lead on health reviews and phlebotomy and the practice nurse lead on screenings and immunisations. However, there was an absence of documented clinical oversight to ensure staff were suitably qualified and competent to undertake the role and responsibilities assigned.

The practice lacked policies relating to the safe and efficient management of the practice. For example, there was no significant incidents policy and no policy defining how patients who failed to attend appointments would be managed.

Practice management meetings were held monthly. We reviewed the meeting minutes from March 2016 and April 2016. They covered a broad range of housekeeping issues such as complaints, recording and transferral of information, resourcing, management of appointments and any other business. However, the minutes lacked details of who had attended the meeting, actions had not assigned including dates for completion in both meetings.

We found an absence of understanding of the value of auditing clinical and administrative processes to inform the service. For example the practice had high non-attendance by patients for clinical appointments but no analysis had been conducted to identify trends. They also had high accident and emergency attendance rates by their patients. Medicines audits they had been advised to conduct had not been started and were intended to improve the management of diabetic patients.

Leadership and culture

We found the practice lacked leadership and an awareness of the overall performance of the team and service to deliver good, safe care to patients. There was a lack of responsibility displayed by the leaders of the practice who were either not recognising or taking appropriate action to drive the performance of the practice.

However, staff spoke highly of their colleagues both amongst the administrative and clinical team. They said they were polite, engaging and approachable. The provider was aware of and staff told us they shared concerns in accordance with 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 practice manager worked three days a week and staff told us they found them to be friendly and supportive. However, sometimes they experienced delays in issues being resolved awaiting their return to work the following week. There was also confusion as to who was undertaking what roles and responsibilities in the practice manager's absence.

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

The practice had tried to engage with their patients and encourage their attendance at their patient participation group meetings. However, despite displaying material they had received no sustained interest in the group. The practice manager regularly attended the joint PPG group that consisted of representative from the four surgeries base at the Dipple Medical Centre. However the practice had no patient representative from the surgery.

The practice did review patient comments as part of the NHS Friends and Family Test and made changes to improve the patient's experience of the service. The practice also

Are services well-led?

Inadequate

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

advertised changes so patients were aware they did listen and care about their concerns. However, they had not reviewed and responded to poor satisfaction rates in their GP national patient survey.

The practice manager spoke regularly informally with staff, Staff told us they felt appreciated and valued by both staff and patients. They were happy to support one another and would raise concerns both informally in person and during practice meetings as evident in the meeting minutes. Staff told us of events arranged and paid for by the practice in which they showed their appreciation for their commitment and work.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Members of the practice clinical team had not had appropriate safeguarding training. **Regulation 13 (1) HSCA 2008 (Regulated Activities) 2014 - Staffing (include safeguarding training)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The practice had not conducted DBS checks for members of their clinical team and staff who performed chaperone duties. **Regulation 19 (3) HSCA 2008 (Regulated Activities) 2014 - Fit and Proper persons**

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 The practice had not appropriately authorised Patient Group Directions for nurses to administer vaccinations to children. **Regulation 12(1) HSCA 2008 (Regulated Activities) 2014 - Safe care and treatment**

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 Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance The practice had insufficient systems and processes in place to operate safely and effectively. There was an absence of established safe recruitment processes to ensure clinical staff and those conducting DBS had undertaken appropriate DBS checks. There was an absence of systems to ensure staff had been appropriately inducted, supervised or trained in safeguarding and identified and responded to significant incidents. There was an absence of effective systems in place to repond the concerns raised by patients. Patients reported difficulties accessing GP appointments. They had high non-attendance rates by patients but had not addressed this, nor conducted analysis of their patient's attendance at out of hours, accident and emergency or walk in services to understand and improve patient access to their services. There was an absence of systems to assess, monitor and improve performance. The practice had below the local and national average for clinical areas (QOF). The practice had Low cancer screening rates with no follow up by the practice. They had an absence of clinical audit to inform practice improvements. The practice had not assessed, monitored or mitigated risks to the health and safety of service users. They had not conducted an environmental, hazardous substances or legionella risk assessment. The practice had not

This section is primarily information for the provider

Enforcement actions

undertaken an annual IPC assessment that incorporated minor surgery. Daily cleaning schedules were not maintained to evidence when where and how equipment and rooms had been cleaned.

The practice had failed to actively assess, monitor and improve their management of medicines. They had not complied with the medicine management team action plan requiring a diabetic audit to be conducted by March 2016. The practice was an outlier for some prescribing practices.

Regulation 17 (1) HSCA 2008 (Regulated Activities) 2014 - Good Governance