

Waddesdon Surgery

Quality Report

Goss Avenue
Waddesdon
Aylesbury
Buckinghamshire
HP18 0LY

Tel: 01296 658585

Website: www.waddesdonsurgery.nhs.uk

Date of inspection visit: 17 December 2014

Date of publication: 19/03/2015

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	12
Background to Waddesdon Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

Waddesdon Surgery is a semi-rural dispensing practice providing primary care services to patients resident in Waddesdon and the surrounding villages Monday to Friday. The practice has a patient population of approximately 5,272 of which the highest proportion are of working age.

We undertook a scheduled, announced inspection on 17 December 2014. Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and GP specialist advisor. Additional inspection team members were a practice manager specialist advisor and expert by experience.

The overall rating for Waddesdon Surgery was requires improvement.

Our key findings were as follows:

- Patient safety was not given a sufficient priority.
- There was a limited use of systems to record and report safety concerns.

- Some staff were not clear on how to raise safeguarding concerns.
- Staff undertaking chaperone duties did not have training or criminal records checks.
- Patients were able to get an urgent appointment when they needed it. Patients were able to get a routine appointment with a GP usually within two days.
- Patients were able to book an appointment up to a month in advance which helped with planning work commitments.
- Patients were highly satisfied with the care they received.
- Patients told us and we observed staff were caring and treated patients with kindness and respect.
- The practice worked with the multidisciplinary team to support patients and their families with long term conditions and life limiting illness.
- Vulnerable patients with long term conditions had care plans in place to enable care to be delivered at home and to avoid hospital admissions.
- Staff explained and involved patients in treatment decisions.

Summary of findings

- The practice had the appropriate equipment, medicines and procedures to manage foreseeable patient emergencies.
- Feedback was not routinely sought from patients in order to improve and change the service.
- The practice did not have a patient participation group.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider **must**:

- Ensure records of staff recruitment checks are accurate and complete.
- Undertake Disclosure and Barring checks or risk assessments for all new staff and those undertaking chaperone duties.
- Ensure there are suitable arrangements to protect patients from the risk of abuse.
- Ensure there is a system to monitor nursing staff are registered with the relevant professional body when recruited and at appropriate intervals thereafter.
- Maintain accurate records of staff training.
- Maintain accurate records of all meetings regarding patient care and treatment.
- Ensure the process for recording and reporting significant events is systematic. .
- Ensure all policies and procedures are up to date and accessible to staff and patients.

- Ensure risk assessments are undertaken to protect patients and staff from risk. For example, the practice environment.
- Ensure there are processes to assess and monitor the quality of the services provided for example, environmental cleaning and stock control.
- Ensure there is a complaints policy/procedure in line with recognised guidance and contractual obligations for GPs in England available for patients.
- Ensure there is a medicines management system for all processes including the security of prescriptions in line with national guidelines.

In addition the provider **should**:

- Adapt the reception/waiting area to enable patient privacy and confidentiality to be maintained.
- Undertake a risk assessment to evaluate the support patients with a disability may require.
- Follow up outstanding actions from the infection control audit.
- Ensure patient information is kept secure in all practice areas.
- Ensure staff have an annual documented appraisal and personal development plan.

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 and improvements must be made. Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example, the practice did not keep recruitment records or evidence to check the professional registration status of staff. Nurses and staff undertaking chaperone duties had not had criminal records checks via the Disclosure and Barring Service. There was insufficient information about safety because the appropriate records such as staff training, practice meetings and dispensing errors were not kept or monitored. Risk assessments were not undertaken with regard to medicines, equipment, premises and the vetting of staff. The system for recording and reporting significant events was not followed by all staff. The procedures for managing repeat prescriptions were in line with national guidance. However standard operating procedures for medicines management were not updated. The staff we spoke with told us they had safeguarding training. They were able to recognise the signs of abuse in children and vulnerable adults. However, they were not confident about the procedures for reporting safeguarding concerns. They did not have easy access to the practice safeguarding policy as guidance for managing safeguarding concerns. We saw some patient records were not kept secure. Rooms were not locked when not in use. The practice had the necessary equipment and medicines to manage foreseeable medical emergencies.

Inadequate



Are services effective?

The practice is rated as good for providing effective services. We reviewed some patient records with the GPs because QoF data (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures) showed patient outcomes were below average for the clinical commissioning group. The patient records we look at were comprehensively completed. Care plans for patients with long term conditions were detailed and provided sufficient information to support care and treatment. There were completed audits of patient outcomes and we saw evidence that audit was driving improvement in performance to improve patient outcomes. Staff applied national guidance. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. Patients with long term

Good



Summary of findings

conditions were assessed and care was planned and delivered in line with current legislation. Multidisciplinary working was evidenced in the management of patients with life limiting illness and children and families at risk.

Staff told us although they did not have an annual appraisal the practice supported them to undertake the necessary training to undertake their roles.

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, care and respect and they were involved in decisions about their care and treatment. We saw staff spoke with patients with kindness and respect. The practice supported patients at end of life and their families by offering regular home visits and the facility to contact the GPs mobile phone. When families had suffered a bereavement, their usual GP contacted them.

Patients had access to counselling and psychological services via practice referrals.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Feedback from patients reported that access to a named GP and continuity of care was available, and urgent appointments were usually available the same day. The practice fulfilled its contracted NHS England opening hours. The practice did not offer late or early appointments for patients who worked. 74% of patients were satisfied with practice opening hours (GP Patient Survey 2014) which was just below the CCG average. The practice had not assessed the premises to evaluate it's suitability for patients with a disability. All the patient facilities were on the ground level. Patients who required assistance to access the building were known to the practice and staff described the arrangements to assist them. However, the reception and dispensary hatches were not at a height suitable for wheelchair users. The practice did not provide resources for patients with hearing and visual difficulties. There was not a complaints policy or procedure as guidance for patients and staff. At the time of the inspection the practice did not undertake their own patient survey or have a Patient Participation Group to collect patient feedback about the services provided. This is an NHS requirement from April 2015 and we were told there were plans underway to have this service in place.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led. The practice had a vision and strategy for future care planning. The philosophy and values of the practice were shared by staff. Staff enjoyed working at the practice and felt well supported. However, the practice did not have the systems in place to assess, monitor and manage risks to patients and staff. Policies and procedures to govern activity, were not regularly reviewed, updated or readily available to staff. Quality and safety were not the top priority for the leadership at the practice. Governance meetings were held however, records of these meetings were not recorded. The practice had not proactively sought feedback from patients and did not have a patient participation group (PPG). Staff told us they had not received regular performance reviews.

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 provider was rated as good for caring and effective overall and this included this population group. However, the provider was rated as requires improvement for responsive and well-led and inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice provided person centred care to meet the needs of the older patients in its population and had a range of enhanced services, for example in end of life care and reducing admissions to hospital. All patients had a named GP. The practice was responsive to the needs of older patients, including offering home visits and rapid access appointments for those with enhanced needs. The practice offered flu immunisations and annual health checks.

Requires improvement



People with long term conditions

The provider was rated as good for caring and effective overall and this included this population group. However, the provider was rated as requires improvement for responsive and well-led and inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. Patients had a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Quality data demonstrated the monitoring of patients with long term conditions did not compare favourably with the local or national average. However, patients with end of life care needs and their families were well supported by the practice.

Requires improvement



Families, children and young people

The provider was rated as good for caring and effective overall and this included this population group. However, the provider was rated as requires improvement for responsive and well-led and inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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 patients who had a high number of A&E attendances. Overall rates for all standard childhood immunisations were the same or above the clinical commissioning group average.

Requires improvement



Summary of findings

Patients told us that children and young patients were treated in an age-appropriate way. 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 and health visitors. Emergency processes were in place and referrals were made for children and pregnant women whose health deteriorated suddenly.

Working age people (including those recently retired and students)

The provider was rated as good for caring and effective overall and this included this population group. However, the provider was rated as requires improvement for responsive and well-led and inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. The age profile of patients at the practice was mainly those of working age. Although the practice did not offer extended opening hours for appointments from Monday to Friday patients could book appointments online and access telephone consultations. Health promotion advice was offered online and in the practice. The practice had a blood pressure monitoring machine available for patients to use without having to make an appointment to see the GP or nurse. Phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability however, they did not have care plans to support their care needs.

The practice did not use the electronic records system to highlight vulnerable adults as information for staff.

The practice regularly worked with members of the multi-disciplinary team in the case management of vulnerable patients. However, practice staff we spoke with were not confident about reporting safeguarding concerns. Staff were not aware of the safeguarding policy.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients with dementia). All patients with dementia had been reviewed within the preceding 12 months. However, patients experiencing poor mental health did not have plans of care. Quality data demonstrated the

Requires improvement



Summary of findings

practice did not compare favourably with other practices in the assessment of depression and the regular monitoring of patients for the side effects of certain medicines used in the treatment of mental health conditions.

Summary of findings

What people who use the service say

On the day of the inspection we spoke with 12 patients attending the practice. We looked at 21 patient comment cards, and the GP National Patient Survey 2013/2014.

Patients we spoke with and patient comments cards we looked at demonstrated patients were overall highly satisfied with the care and treatment received. They described all staff as dedicated, caring and supportive. This was supported by feedback from the GP National Patient Survey 2013/2014 which indicated 88% of the practice respondents said the last GP they saw treated them with care and concern. 92% of respondents described their experience of the practice as fairly good or very good. Overall patients we spoke with felt their privacy and dignity were respected by staff although two patients commented there was not an area to have a confidential conversation.

All of the patient feedback told us patients were able to see or speak to a GP if their appointment was urgent on the day of need. The practice were usually able to offer

routine appointments within two days. However, patients requesting to see the GP of their choice had a longer wait of up to a week. Patients appreciated they were able to book appointments up to a month in advance which helped with planning work commitments. Patients we spoke with were not aware of the complaint process. They expressed confidence in the practice to address concerns when they were raised.

Patients' feedback told us patients were included in their care decisions, able to ask questions of all staff and had treatment explained so they could make informed choices. This was supported by feedback from the GP National Patient Survey 2013/14 which indicated 90% of patients said the last GP they saw was good at involving them in decisions and 85% said the last GP they saw was good at explaining tests and treatments.

Patients told us they were satisfied with the cleanliness of the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure records of staff recruitment checks are accurate and complete.
- Undertake Disclosure and Barring checks or risk assessments for all new staff and those undertaking chaperone duties.
- Ensure there are suitable arrangements to protect patients from the risk of abuse.
- Ensure patients and staff are protected from the risk of acquiring an infection.
- Ensure there is a system to monitor nursing staff are registered with the relevant professional body when recruited and at appropriate intervals thereafter.
- Maintain accurate records of staff training.
- Maintain accurate records of all meetings regarding patient care and treatment.
- Ensure the process for recording and reporting significant events is systematic. .
- Ensure all policies and procedures are up to date and accessible to staff and patients.

- Ensure risk assessments are undertaken to protect patients and staff from risk. For example, the practice environment.
- Ensure there are processes to assess and monitor the quality of the services provided for example, environmental cleaning and stock control.
- Ensure there is a complaints policy/procedure in line with recognised guidance and contractual obligations for GPs in England available for patients.

Ensure there is a medicines management system for all processes including the security of prescriptions in line with national guidelines.

Action the service **SHOULD** take to improve

- Adapt the reception/waiting area to enable patient privacy and confidentiality to be maintained.
- Undertake a risk assessment to evaluate the support patients with a disability may require.
- Follow up outstanding actions from the infection control audit.

Summary of findings

- Ensure patient information is kept secure in all practice areas.
- Ensure staff have an annual documented appraisal and personal development plan.

Waddesdon Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and GP specialist advisor. Additional inspection team members were a practice manager specialist advisor inspector and expert by experience.

Background to Waddesdon Surgery

As part of the inspection we visited the practice at Goss Avenue, Waddesdon, Aylesbury, Buckinghamshire, HP18 0LY.

Waddesdon Surgery is a small semi-rural dispensing practice providing primary care services to patients resident in the village of Waddesdon, Buckinghamshire. The practice is purpose built with most patient services located on the ground floor of the building. The practice has a patient population of approximately 5,272 of which the highest proportion are of working age.

The practice has two male GP partners who work full time. They employ two GPs, two practice nurses a practice manager, and reception/administration staff.

The CQC intelligent monitoring placed the practice in band one. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands,

with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Primary care services are provided by the practice Monday to Friday during working hours (8.30am -1pm and 2pm - 6.30pm). The practice has opted out of the Out of Hours primary care provision. This is provided by another Out of Hours provider.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 patients' needs?
- Is it well-led?

Detailed findings

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

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

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations, such as the Aylesbury Vale Clinical Commissioning Group and the local Healthwatch to share what they knew.

We carried out an announced inspection on the 17 December 2014. During the inspection we spoke with two GPs, the practice manager, two nursing staff and administration staff. We spoke with 12 patients who used the service. We looked at patient surveys and comment cards. We observed how staff talked with patients.

We looked at those practice documents that were available such as policies, meeting minutes and quality assurance data as evidence to support what patients told us.

Detailed find

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.

Are services safe?

Our findings

Safe track record

The practice used some information to identify risks and improve patient safety. For example, the reporting of significant adverse events and patient safety alerts. The practice manager was registered for the receipt of national patient safety alerts and was responsible for distributing them to practice staff. There was no register of the alerts or a system to record whether staff had read them. However, staff we asked were able to recall examples of alerts and how they were managed. For example, we saw evidence of how a medicine recall had been managed safely. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Learning and improvement from safety incidents

We found the practice system in place for reporting, recording and monitoring significant events was not standardised across all practice areas. The reporting and recording of significant events regarding clinical care were the responsibility of the GPs and nursing staff. The review of significant events was a standing item on the practice meeting agenda and a dedicated meeting was held monthly to review actions from past significant events and complaints. We saw there had been two significant events recorded in 2014. The records of the events were detailed and demonstrated how improvements could be made. The reporting and recording of administrative and dispensing incidents were the responsibility of the practice manager. We found dispensing incidents were not reviewed by the GPs. For example a dispensing incident reported by dispensing staff in October 2014 which had not been reviewed at the significant event meetings. Dispensing staff told us they had addressed the incident themselves. A record was not kept of the actions taken.

Reliable safety systems and processes including safeguarding

The practice did not have all the necessary systems to manage and review risks to vulnerable children, young patients and adults. The practice did not keep staff training records to demonstrate staff had received relevant role specific training on safeguarding. We saw the certificate of one GP which demonstrated they had attended level three safeguarding training. Staff knew how to recognise signs of

abuse in older patients, vulnerable adults and children. Two of the four clinical staff we spoke with were not clear about who the safeguarding lead although a GP held this responsibility. Staff said they would report concerns to one of the GPs or practice manager. These staff did not know how to contact the relevant external agencies out of normal working hours. Contact details of relevant external agencies were not readily available and staff were not able to locate the safeguarding policy on the practice intranet. There were a number of different safeguarding documents with no version control to inform staff of the most up to date policy.

There was not a system to highlight vulnerable adults on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attend appointments. For example, child subject to child protection plans. GPs and nurses told us they regularly met with the health visitor to discuss patients at risks and their families. The nurses confirmed children who had not attended for immunisations were also discussed at the meetings. The practice did not keep records of these meetings to confirm they took place.

Chaperone services were available. However, the practice did not have a chaperone policy. Patient information regarding access to a chaperone was not visible in the waiting room noticeboard or in consulting rooms. Staff undertaking chaperone duties had not had criminal records checks via the Disclosure and Barring Service.

Medicines management

The practice did not have adequate systems to protect patients from risk. We checked medicines stored in the treatment rooms and medicine refrigerators. We noted the medicines refrigerator kept in the staff room was not locked and the treatment rooms were not locked when left unoccupied during the working day. Practice records demonstrated medicines were kept at the required temperatures.

Processes were in place to check medicines in the dispensary, refrigerators and for use in an emergency were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We saw records that noted the actions taken in response to a review of prescribing data. For example, a review of patients taking medicines for urinary incontinence and type two diabetes. We saw records of practice meetings

Are services safe?

that noted the actions taken in response to a review of prescribing data. For example, patterns of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice.

We observed the practical procedure for repeat prescribing was in line with national guidance. Overall the procedure complied with the legal framework and covered all required areas. For example, how changes to patients' repeat medicines were managed. This helped to ensure patient's repeat prescriptions were still appropriate and necessary. However, the documented standard operating procedures developed as guidance for staff were not regularly updated. There were a number of copies of procedures some of which differed in content. Amendments to procedures were handwritten and were not signed as authorisation. We noted repeat prescriptions were not always signed before medicines were dispensed. Staff told us this had been risk assessed and the GPs signed them on the day of issue.

Blank prescription forms were not handled in accordance with national guidance as these were not tracked through the practice.

The practice had established a service for patients to pick up their dispensed prescriptions at the practice and other locations. We saw they had systems in place to monitor how these medicines were collected at the practice. However, patients were also able to collect medicines at two shops located in other villages. The medicines were dispensed and then sent onto the shops for patients to collect. There had not been a risk assessment or a system to monitor whether staff working at the shops stored medicines securely or gave them to patients safely. The shop staff were given a checklist to follow when handling medicines however, they had not had training. There was an informal audit system of medicines handled by the shops which included the money collected when prescriptions were collected and any returned medicines.

Dispensing staff training records were not regularly updated which showed all members of staff involved in the dispensing process had received appropriate training and had regular checks of their competence. The practice had commenced a monthly record of staff training and supervision as evidence for new staff training requirements. However, these had not been completed since July 2014.

The practice held stocks of controlled drugs (medicines that required extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures which set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard. Keys were held securely and only accessible to nominated staff. Records demonstrated there were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

We found the directions for the administration of vaccines by nurses were completed in line with legal requirements and national guidance. For example, the correct authorisation of staff to use the patient group direction. (Patient Group Directions (PGDs) are documents permitting the supply of prescription-only medicines (POMs) to groups of patients, without individual prescriptions. Nurses using PGDs should be sufficiently trained to be able to supply and administer POMs.)

Nurses told us were up to date with training to administer vaccines.

Cleanliness and infection control

Overall we observed the premises to be clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

However, we saw blades on electric fans in the waiting area and ventilation grills were dusty. Cleaning of the building was undertaken by external contractors. We noted there was no formal contract outlining the roles and responsibilities of the contractors. There were no cleaning schedules to list what was required or provide a record of cleaning. The practice manager used a book to request specific cleaning requests which was signed by the contractors when completed.

The practice had a lead for infection control. The clinical commissioning group lead had undertaken an infection control audit in June 2014. The overall score was 91% which indicated compliance with the audit standards. The clinical areas demonstrated partial compliance with the audit standards. A number of recommendations referred to changes in the fixtures, fittings and furnishings of the practice. There was not an action plan to address these

Are services safe?

changes. We saw actions for other changes had been reviewed in December 2014. On the day of the inspection we found some of the changes had been made for example, disposable curtains had been changed and waste bins had been replaced and were appropriately positioned. Other recommendations such as the recording of staff infection prevention control training and the replacement of out of date stock had not been actioned.

Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was a needle stick/sharps injury policy for staff.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Hand washing sinks in the treatment room were not in line with national guidance.

There was no policy on the management of legionella and a risk assessment had not been undertaken. Water temperature checks had not been carried out as part of managing legionella risk.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. Records demonstrated there was regular maintenance and calibration of medical equipment such as electronic blood pressure recording machines and weighing scales. There was not a schedule for portable electrical testing (PAT) of the appropriate equipment. We saw some equipment PAT checks were out of date.

Staffing and recruitment

The practice did not have a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff records we looked at did not contain evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications were not complete. The practice did not have records to demonstrate that any staff had a criminal records check via the Disclosure and Barring Service (DBS). The practice did not have records of nursing staff professional registration status.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice did not have systems, processes and policies in place to manage and monitor all foreseeable risks to patients, staff and visitors to the practice. The practice did not have a health and safety policy. Health and safety information was not displayed for staff to see and there was not an identified health and safety representative.

Risk assessments for example, control of substances hazardous to health and legionella assessment had not been completed.

Arrangements to deal with emergencies and major incidents

We saw that staff were able to identify and respond to changing health risks to patients such as deteriorating health and well-being or medical emergencies. For example, we saw from a significant event review a patient with a low blood clotting rate was admitted to hospital as an immediate admission when symptoms and urgent blood results highlighted a problem during a routine consultation.

The practice had arrangements in place to manage foreseeable emergencies. Staff told us they had received training in basic life support in 2014. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The notes from one significant event record demonstrated a patient requiring urgent medical care was admitted the day his medical risk was identified.

Are services safe?

Recommendations for changes to practice were made. For example, how medicine alerts are followed and the schedule of blood tests for patients taking high risk medicines.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. We noted there was not a system to ensure the medicines and equipment were checked in the absence of the person responsible for monitoring them.

There was not a business continuity plan in place to enable relevant staff to deal with a range of emergencies that may have impacted on the daily operation of the practice. We were told that in the event of an emergency staff were to contact the person on call. Staff had access to staff contact details.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed staff were up to date with fire training and that they practised regular fire drills.

Risks associated with service and staffing changes (both planned and unplanned) were not logged or clearly identified.

Are services effective?

(for example, treatment is effective)

Our findings

The GPs and nursing staff we spoke with could explain the reasons for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE). We saw audit data and patient reviews which demonstrated best practice guidance had been used. For example, the prescribing of medicines for urinary incontinence and diabetes. We found from our discussions with the GPs and nurses and review of patient records that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Patients with complex needs had multidisciplinary care plans documented in their case notes. We saw examples of completed care plans demonstrating they had been shared with and signed by the patient. GPs met every four weeks with community nurses to review the most vulnerable patients with chronic long term conditions who were most at risk of admission to hospital. We were told by the GPs patients were reviewed within three days of discharge from hospital. In addition the GPs had a system to review the health needs of frail patients over 75 years of age. This resulted in the development of care plans for patients with certain conditions and the identification of carers who may have required support.

The practice nurses told us they had begun to specialise in the monitoring and support for patients with long term conditions such as diabetes and chronic respiratory conditions. We saw patients had regular reviews of care.

The senior GP partner showed us data from the local CCG of the practice's performance for antibiotic prescribing, which was comparable to similar practices. The practice delivered an enhanced service (locally developed service over and above the essential/additional services normally provided to patients) to co-ordinate and manage the care of frail older patients and those with long term conditions to avoid unplanned admissions to hospital.

The practice demonstrated their achievement of the enhanced service by regular meetings with other health care providers such as the community nurses and the development of patient care plans for the most vulnerable patients.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data demonstrated the practice was not in line with referral rates to some hospital based services. We saw the practice had audited their referral rates to general surgery, dermatology and ear nose and throat services. The audit resulted in changes to practice which included peer review of referrals and the increased use of patient pathways. A re audit demonstrated changes in practice had resulted in a decrease of referrals in line with other practices in the locality.

All GPs we spoke with used national standards for the referral of patients with suspected cancer. Evidence from the National Cancer Intelligence Network data (2012/13) demonstrated the percentage of patients referred as suspected cancer and then diagnosed with cancer was above the clinical commissioning group average.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for patients

Doctors in the surgery undertook some minor surgical procedures such as excision of some cysts and joint injections. However, at the time of the inspection they were not registered by the Care Quality Commission to undertake this activity.

Staff across the practice had roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager to support the practice to carry out clinical audits.

The practice showed us seven clinical audits had been undertaken in the last 18 to 24 months. All of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, reviews of patients prescribed a certain

Are services effective?

(for example, treatment is effective)

method of contraception. Some clinical audits were linked to medicines management information such as the prescribing of certain medicines for diabetes. Another audit resulted from the reporting of a significant event.

We reviewed some patient records with the GPs because QoF data showed patient outcomes were below average for the clinical commissioning group. The practice was an outlier for a number of the QOF clinical targets. For example, the monitoring of patients experiencing mental health conditions, diabetes and asthma. The GPs told us recording the data to demonstrate the achievement of QOF performance indicators had not been consistent and this was reflected in their results. The patient records we look at were comprehensively completed. Care plans for patients with long term conditions were detailed and provided sufficient information to support care and treatment. The practice had achieved and implemented the Gold Standards Framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

Practice staffing included GPs, nursing, managerial and administrative staff. Staff told us they were up to date with attending mandatory courses such as annual basic life support. However, we were not able to confirm this as the practice did not keep records of staff training or nurses professional registration requirements. All GPs were up to date with their yearly continuing professional development requirements and all either have 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).

Staff told us they did not have regular annual performance appraisals although they were supported by the practice to undertake the necessary training to undertake their roles.

Practice nurses were expected to perform defined duties and told us they had completed the necessary training to administration of vaccines and cervical cytology. Those with extended roles were also able to demonstrate that they had appropriate training to fulfil these roles. For example, the completion of spirometry (spirometry is the measurement of a patients respiratory status) training to monitor and support patients with chronic respiratory disease.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service via secure fax, electronically and by post. Staff we spoke with understood their role and responsibilities in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. We saw records to confirm this. The GP who saw these documents and results was responsible for the action required.

The practice held multidisciplinary team meetings regularly to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses and health visitors. Records of the meetings were not documented. Practice staff and members of the multi-disciplinary team we spoke with said they remained updated with changes of patient care because communicated informally as well as formally.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, through the Choose and Book system. (The

Are services effective?

(for example, treatment is effective)

Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

For emergency patients, there was a policy of providing a printed copy of a summary record for the patient to take with them to A&E. One GP showed us how straightforward this task was using the electronic patient record system, and highlighted the importance of this communication with A&E. The practice has also signed up to the electronic Summary Care Record and planned to have this fully operational by 2015. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw did not see evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Consent to care and treatment

Staff we spoke with were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. The nurses and GPs we spoke with about the subject were aware of their responsibilities in applying the principles to their practice. They gave examples of how patients should be supported to make their own decisions. For example, staff stressed the importance of knowing their patients, how they spent time explaining treatments and how they checked patients' understood what was said. They told us how they involved carers with the patient's permission. Nurses referred patients back to a GP when they refused treatment which nurses considered to be in the patient's best interest. Staff demonstrated a clear understanding of Gillick competencies. (These help GPs and nurses to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). The practice recorded consent for minor surgery on the patients' electronic record.

Patient records demonstrated that patients with learning disabilities, dementia and experiencing mental health

issues did not have plans of care which would have enabled them to become involved in their support decisions. We saw the practice had an action plan to develop 15 care plans for patients with mental health issues.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

It was practice policy to offer a health check with the health care assistant / practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. GPs and nurses told us they used their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering smoking cessation advice to smokers or referral to psychological support for patients who were stressed or anxious.

The practice offered NHS Health Checks to all its patients aged 40-75. Health promotion advice was offered online and in the practice. The practice had a blood pressure monitoring machine available for patients to use without having to make an appointment to see the GP or nurse. We were told the GPs followed up patients with results out with normal blood pressure range.

The practice's performance for cervical smear uptake was 83.9%, which was slightly better than others in the CCG area and the national average. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who do not attend annually. There was a named nurse responsible for following up patients who did not attend screening. Performance for national mammography and bowel cancer screening in the area was slightly above average for the CCG (79.2% and 60.3% respectively)

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all childhood immunisations was above similar or above average for the clinical commissioning group. Children who did not attend for their immunisations were followed up by the practice and discussed with the health visitor and nursery nurse if they were considered at risk.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GP National Patient Survey (2014). The evidence demonstrated patients were satisfied with how they were treated and that this was with kindness, compassion and respect. For example, data from the GP National Patient Survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good. The practice was also above average for its satisfaction scores on consultations with doctors and nurses with 96% of practice respondents saying the GP was good at listening to them and 93% saying the GP gave them enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 21 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with 12 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were discreet when speaking with patients and understood the need to keep confidential information private. However, conversations at reception could be overheard in the waiting area and by patients waiting for medicines at the dispensary. The practice told us they were aware of the issue however, they did not have an action plan to address them.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients'

privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the GP National Patient Survey (2014) showed 87% of practice respondents said the GP involved them in care decisions and 97% felt the GP was good at explaining treatment and results. Both these results were above the national and local average.

Patients we spoke with on the day of our inspection 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 they wished to receive. Patient interviews confirmed these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 93% patients said the GPs were good at listening to them and 90% said the GPs treated them with care and concern. 99% of patients reported they had confidence and trust in their GP. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information.

Notices in the patient waiting room and patient website also signposted patients to a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We saw written information for carers to enable them to understand the various avenues of support available to them. One of the

Are services caring?

practice nurses told us they had undertaken a course in cognitive behavioural therapy (a psychological intervention) and applied the principles to support patients to manage certain emotional issues. Patients had access to psychological services based at the practice.

The GPs told us there were a number of patients at end of life. They explained the support they provided which included regular home visits and the facility to contact the GPs mobile phone. When families had suffered bereavement, their usual GP contacted them.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available to carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice required improvement in their responsiveness to patients' needs. Overall the needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. For example, the flexibility and access to GP and nurse appointments and the dispensary provision. However, the practice did not have a transparent system to encourage patients to raise concerns and suggestions in order to improve the services provided. Patient feedback demonstrated they had no complaints about the services provided.

Tackling inequity and promoting equality

The practice was purpose built with all patients services on the ground floor. The practice waiting area was large enough to accommodate patients using wheelchairs and prams and enabled easy access to the treatment and consultation rooms. There was variable height seating available in the waiting room. Accessible toilet facilities including baby changing facilities were available in the reception area. However, the phlebotomist room was too small for the provision of a couch for patients needing to lie down. The reception desk and dispensary hatch were too high to enable face to face communication for patients using wheelchairs. The doors to the practice were not automated and there was not a doorbell for patients to summon help. The practice told us they were aware of the issues but did not have an action plan to address them. However, staff told us they knew the needs of their patients and provided the necessary support to enable access to the building.

The practice had access to online and telephone translation services. There was a facility for patients to listen to the information on the practice website. There was not an induction hearing loop system in the practice for patients with hearing difficulties.

Access to the service

Appointments were available from 8.30 am to 11.30am and 2pm – 6pm on weekdays. The practice was closed for an hour for lunch. During this time patients could ring the practice and were directed to an emergency number if their need was urgent. The practice was closed at weekends and

did not offer extended opening times during the week for patients not able to attend out with normal working hours. However, patients were able to book appointments on line and access a GP telephone consultation. Patients could request a text message reminder for appointments.

Information about the practice opening times was not available to patients on the practice website although it was in the practice leaflet. However, there was information about how to request urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed or requested them and those with long-term conditions. This also included appointments with a named GP or nurse.

Overall patients were satisfied with the appointments system with 74% of patients were satisfied with practice opening hours (GP Patient Survey 2014) which was just below the CCG average.

Patients confirmed they could see a doctor on the same day if their appointment was urgent. Generally they could access a non-urgent appointment within two days although there was sometimes a wait of up to a week to see the doctor of their choice. Patients were also able to book appointments up to a month in advance which we were told enabled them to plan work arrangements.

Patients and staff told us home visits and longer appointments were available when needed. Each GP had their own patient list to enable continuity of care. Appointments were available outside of school hours for children and young patients.

There was an online booking system and text message reminder for appointments. Telephone consultations were available for patients unable to attend the practice. There was health advice on the practice website and links to other health providers.

Are services responsive to people's needs?

(for example, to feedback?)

We were told the practice met monthly with the multi professional team to review the care of patients with long term conditions and end of life care needs. Records were not kept of the meetings.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. However, there was not a complaints policy. There was a designated responsible person who handled all complaints in the practice. The practice manager told us there had been one formal complaint recorded within the

last 18 months. We saw the complaint was managed appropriately. We were told Informal concerns were addressed by staff with the patient at the time. A record of the outcomes was not kept.

We could not see saw information available to help patients understand the complaints system. Although patients we spoke with were not aware of the process to follow if they wished to make a complaint none of them said they had ever needed to make a complaint about the practice. They told us they were confident the practice would deal with any concerns appropriately.

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 vision and values emphasised being a personal, friendly, patient centred practice. This was reflected in staff values and patient feedback. Staff we spoke with gave examples of how knowing their patients, enabled them to provide effective care and treatment which met patients' individual needs. Patients we spoke with described receiving holistic, personalised care by staff at the practice. The practice had a business plan to take into account future staff changes for example, the retirement of the senior partner.

Governance arrangements

There was a leadership structure with named members of staff in some lead roles. For example, there was a lead nurse for infection control and a GP was the lead for safeguarding. However, we found the governance arrangements were not always clear to staff. For example, the system for reporting and managing significant medicines incidents. The staff we spoke with had different perceptions regarding their roles and responsibilities. As a result one significant incident had not been discussed and learning and improvements to practice had not been made. We saw there was not a plan to delegate responsibilities for monitoring some practices for example, emergency equipment in the event of staff absence, stock control, cleaning procedures and staff mandatory training. Some staff we spoke with were not clear about the designated practice safeguarding lead.

We found the practice had not registered with the Care Quality Commission for some regulated activities they were undertaking. For example, GPs performed some minor surgical procedures such as excision of some cysts and joint injections. Occasionally they removed Intrauterine devices (IUD-coils) as part of family planning.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed that for 2013/2014 it was not performing in line with local and national standards. The GPs explained there had been problems in the consistent recording of data and they had an action plan to address the issues.

The GPs had undertaken clinical audits which it used to monitor quality and systems to identify where action should be taken. However, there was not a programme of clinical audit. There was not a strategy to share results with other members of the practice team.

The practice did not have arrangements for identifying, recording and managing some risks. There was not a risk log and risk assessments such as the management of the dispensing of medicines in outlying villages and the control of substances hazardous to health (COSHH) had not been carried out. Staff recruitment processes were not consistently completed. There had not been a risk assessment to determine which staff required security checks via the Disclosure and Barring Service.

Staff told us they enjoyed working at the practice, were well supported and knew who to go to in the practice with any concerns. However, records were not kept of staff meetings as a resource for staff unable to attend meetings. We found not all staff had a documented annual appraisal and personal development plan to support their learning and development needs.

Leadership, openness and transparency

The practice held staff meetings every month although records of the meetings were not regularly kept. Information sharing was an informal process which reflected the size of the practice and the philosophy of teamwork.

The practice manager was responsible for human resource policies and procedures. There were a limited number of policies as hard copies available to look at which had not been updated or had more than one version. Some policies for example, complaints and recruitment were not in place. Medicines standard operating procedures had not been updated. The practice manager told us staff were not able to access policies kept on the practice intranet. On the day of the inspection staff we asked were not aware of the safeguarding policy, its content or how to access it.

Records of meetings were not regularly kept as a resource for staff unable to attend.

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

The practice had feedback from patients via the GP National Patient Survey. There was not an action plan in place to respond to patient comments and suggestions.

Are services well-led?

Requires improvement 

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

The practice did not have a patient participation group (PPG) although there were plans to start one in 2015. The practice did not undertake its own patient survey.

Staff told us they were able to give feedback and discussed any concerns or issues within their teams and the wider practice team. Overall staff told us they felt involved and engaged in their team and the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

Evidence gathered throughout our inspection through staff interviews, records and policy reviews indicated management did not always lead through learning. There was inconsistent recording of meeting minutes which would have acted as a resource for staff unable to attend the meetings.

Policies and procedures were not regularly updated or available to staff. Significant events meetings were not consistently recorded and findings were not available to staff unable to attend the meetings. Risk assessments were not completed so that staff were aware of the risks to staff and patients.

The practice did not have a transparent system to inform patients of the complaints process. Complaints, concerns and suggestions were not regularly recorded as a means to improve the service.

Nursing staff told us they were able to remain updated with mandatory training requirements for example, immunisations and basic life support. Some staff told us they did not have an appraisal or performance review on annual basis.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The provider was in breach of Regulation 21(a)(b)(c) Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Regulation.

Patients who used the service and others were not protected because the provider did not keep appropriate records of the recruitment process or ensure staff employed were registered with the relevant professional body.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

The provider was in breach of regulation 19(1)(2)(a)(b) Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Regulation. The provider did not have a system for identifying, receiving, handling and responding appropriately to complaints and comments made by service users.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The provider was in breach of regulation 10(1)(a)(b) 2(b)(1) Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Regulation.

Patients were not protected from risk because the provider did not regularly assess and monitor the quality of the services provided in the carrying on of the

This section is primarily information for the provider

Compliance actions

regulated activity. Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The provider was in breach of regulation 20(1)(a)(b)(11)(2)(a)

Patients were not protected against the risks of unsafe or inappropriate care because accurate records were not maintained in relation to their care and treatment.

In relation to persons employed for the purposes of carrying on the regulated activity.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

The provider was in breach of regulation 13 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Regulation.

Patients were not protected against the risks associated with the management of medicines by means of making appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

This section is primarily information for the provider

Compliance actions

The provider was in breach of regulation 11(1) (a) (b) Health & Social Care Act 2008. (Regulated Activities) Regulations 2010 Regulation.

The registered person failed to make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse, prevent it before it occurs and responding appropriately to any allegation of identified abuse.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.