Rishton and Great Harwood Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rishton and Great Harwood Surgery on 7 September 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months, with conditions imposed on the provider's registration. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Rishton and Great Harwood Surgery on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 23 May 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- There were improved systems around recognising, recording and learning from significant events.
- The practice had improved and embedded its systems to minimise risks to patient safety, although some further improvements around the documentation of recognised risks and thorough completion of mitigating actions was still required in some cases.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. We saw that there was improved managerial oversight of staff training.
- Patients were consistently and strongly positive about access to appointments at the practice.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Communication channels in the practice, both internally between clinicians and non-clinical staff, and externally with other health and social care providers had improved.

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

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

In addition, the practice should:

- Ensure consultation notes written into patient records contain sufficient detail to accurately record what took place during the appointment.
- Implement actions to encourage the uptake of breast cancer screening.

I am taking this service out of special measures and removing the conditions we had previously imposed on the provider's registration. This recognises the significant improvements made to the quality of care provided by the service.

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?

Good

At our previous inspection on 7 September 2016, we rated the practice as inadequate for providing safe services as the practice's governance arrangements were insufficient to appropriately mitigate risks to patients. There was limited evidence of learning from significant events and systems to ensure patients taking high risk medication were reviewed and appropriately managed and to ensure appropriate management of vulnerable patients were inadequate. These arrangements had improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing safe services.

- Improvements had been made to the systems with which the practice monitored patients taking high risk medication and shared information regarding vulnerable patients with other agencies.
- Appropriate safeguarding training had been completed by the majority of staff.
- There was now a system in place for identifying, recording and learning from significant events. We saw that patients were notified when things went wrong with care and treatment.
- Risks to patients and staff were more comprehensively managed.
- The premises were observed to be clean and tidy and we saw that regular infection prevention and control audits had been completed.
- All staff had either had a check completed through the disclosure and barring service (DBS) or a DBS check had been applied for and was being processed at the time of inspection. However, while action was taken to mitigate any risks identified as a result, the rationale for this action had not been documented as a risk assessment.
- Staff told us that rota planning had improved to ensure they were aware of their shifts at least a month in advance, which facilitated appropriate staff being on duty to meet patient needs.

Are services effective?

Good

At our previous inspection on 7 September 2016, we rated the practice as inadequate for providing effective services as the practice's systems to ensure staff received appropriate training and

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to maintain effective communication channels with other agencies were not sufficient. These arrangements had improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated some quality improvement.
- Engagement with other providers of health and social care had improved and we saw that multidisciplinary team meetings were held regularly.
- Staff had the skills and knowledge to deliver effective care and treatment. We saw that staff training was more proactively managed.
- There was evidence of appraisals and personal development plans for most staff.
- GP consultation notes contained in the patient record did not always contain sufficient detail to accurately document what had taken place during an appointment.

Are services caring?

Good

At our previous inspection on 7 September 2016, we rated the practice as requires improvement for providing caring services as the practice's systems to ensure patient information was treated confidentially were not sufficient. These arrangements had improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect.
- Electronic tasks were used on the practice's computer system, rather than paper notes being used to pass on messages and requests, meaning patient and information confidentiality had improved.

Are services responsive to people's needs?

Good

At our previous inspection on 7 September 2016, we rated the practice as requires improvement for providing responsive services as the practice's systems to ensure complaints were satisfactorily

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handled and learning identified as a result were not sufficient. These arrangements had improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients praised the available access at the practice. They said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- The complaints policy had been reviewed and updated and included the management of verbal complaints.
- One complaint had been received since our previous visit and we found it was handled satisfactorily.

Are services well-led?

Requires improvement

At our previous inspection on 7 September 2016, we rated the practice as inadequate for providing well led services as there was a lack of leadership capacity. There were gaps in the practice's governance structure and associated documentation. These arrangements had improved when we undertook a follow up inspection on 23 May 2017, although some further improvements were still needed. The practice is now rated as requires improvement for providing well led services.

- The practice had a clear vision and had worked to embed its mission statement amongst its staff by including it as part of the pre-appraisal questionnaire template.
- The staffing structure had been clarified in that staff felt their roles were more clearly defined.
- Staff had received performance reviews and appraisals. Staff told us they felt more supported in their roles.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- An overarching governance framework was in place to support the delivery of good quality care. While this included arrangements to monitor and improve quality and identify risk, we did find some gaps; for example some policy

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documentation contained out of date information or was not practice specific. Also, we found some examples where key risks had been identified but documentation relating to these risks and their mitigation had not been created.

- Communication channels both internally within the practice and externally had been improved.

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

Good

The practice is rated as good for the care of older people.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and home visits were facilitated via the over 75s nurse employed by the CCG. Urgent appointments were available for those with enhanced needs.
- Patients over the age of 75 were offered a care plan.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- The GP led on the management of all patients with long term conditions in the practice.
- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than the local and national averages.
- Longer appointments and home visits were available when needed.
- These patients had a named GP and were offered structured annual review to check their health and medicines needs were being met.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- There were now systems in place to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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- We found that joint working arrangements with health visitors had improved, with the local health visitor invited to face to face meetings with the GP on a monthly basis.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were offered two evenings per week for those patients who could not attend during normal working hours.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- There was evidence that the practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. There were numerous information leaflets and posters displayed in the waiting room.
- Non-clinical staff told us they knew how to recognise signs of abuse in vulnerable adults and children. They demonstrated they were aware of their responsibilities in conversation regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Previous gaps in documented training in this area were completed.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100% compared to the CCG average of 85% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 100% compared to the CCG average of 88% and national average of 89%.
- The practice worked regularly with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above national averages. A total of 328 survey forms were distributed and 100 were returned. This represented a response rate of 30.5% and 8.5% of the practice's patient list.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 54 comment cards, 48 of which were wholly positive about the care and treatment received at the practice. Two of the cards made both positive and negative comments, while four described care that had not met the expectations of the patients. Negative comments related to the manner of clinical staff and their listening skills. The positive comments described friendly and caring staff and were highly complementary about the availability of appointments.

During our visit we also spoke with two patients who were also members of the practice's patient participation group. They were highly complementary of the service offered by the practice and told us they were extremely happy with the care and treatment they received. They also gave highly positive feedback about the practice's appointment availability and gave us examples of how the GPs had proactively ensured they received the medical treatment they required by liaising with secondary care providers.

Areas for improvement

Action the service MUST take to improve

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service SHOULD take to improve

In addition, the practice should:

- Ensure consultation notes written into patient records contain sufficient detail to accurately record what took place during the appointment.
- Implement actions to encourage the uptake of breast cancer screening.

Rishton and Great Harwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team also included a GP specialist adviser.

Background to Rishton and Great Harwood Surgery

Rishton and Great Harwood Surgery offers services from both a main surgery in Rishton as well as a branch surgery in Great Harwood Health Centre in Great Harwood. Patients can access services at either premises. The inspection visit took place at the main Rishton surgery, which is housed in a terraced commercial property on the high street of the town.

The practice delivers primary medical services to a patient population of 1075 under a general medical services (GMS) contract with NHS England. The practice caters for a higher proportion of patients experiencing a long standing health condition, 65%, compared to the local average of 58% and national average of 54%. The average life expectancy of the practice population is higher than the local average, but lower than the national average for both males and females (78 years for males, compared to the local average of 77 years and national average of 79 years. For females, 82 years, compared to the local average of 81 and national average of 83 years). The age distribution of the practice population closely mirrors the local and national averages.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is a partnership, with one male partner GP working full time and one female partner GP who works one afternoon per week. The practice does not employ any practice nurses, but patients can access appointments with nurses whose posts are funded by the Clinical Commissioning Group (CCG). These nurses run clinics based at Great Harwood Health Centre, which is the same building that houses the practice's branch surgery. The GPs are supported by non-clinical staff consisting of two part time senior administrators and six receptionists. The practice is also supported for half a day per week by the CCG's advanced locality pharmacist. The practice has been supported on a part time basis by a newly appointed practice manager since February 2017.

The practice is open between 8:00am and 6:00pm Monday to Friday, apart from Wednesday and Friday when extended hours are offered until 7:00pm, and Thursday when it closes for the afternoon at 12:30pm. Appointments are from 9:00am to 5:30pm each day, although surgeries are split between the main and branch surgeries. Extended hours surgeries are offered until 7:00pm on Wednesdays and Fridays. When the practice is closed, patients are able to access out of hour's services offered locally by the provider East Lancashire Medical Services.

The practice had previously been inspected on 23 September 2015, when a full comprehensive inspection was completed. This visit resulted in a Warning Notice being served against the provider on 26 October 2015. The

Detailed findings

Notice advised the provider that the practice was failing to meet the required standards relating to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment.

On 17 June 2016 we carried out a focussed inspection of the Rishton site to check the provider had taken the required action in relation to the Warning notice which we issued on 26 October 2015. At this inspection we found that some improvements had been made, but that some concerns also remained.

A further full comprehensive inspection visit was completed on 7 September 2016 which resulted in the practice being rated inadequate overall, with inadequate ratings for the key questions of safe, effective and well led and requires improvement ratings for the key questions of caring and responsive. As a result the practice was placed into special measures and conditions were imposed on the provider's registration due to breaches to regulations 12 (safe care and treatment), 17 (good governance) and 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we carried out this inspection

We undertook our previous comprehensive inspection of Rishton and Great Harwood Surgery on 7 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective and well led services, and as requiring improvement for providing caring and responsive services. The practice was placed into special measures for a period of six months.

We also imposed condition's on the provider's registration due to breaches to regulations 12 (safe care and treatment), 17 (good governance) and 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in order to facilitate improvements being made. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Rishton and Great Harwood Surgery on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Rishton and Great Harwood Surgery on 23 May 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the clinical commissioning group to share what they knew. We carried out an announced visit on 23 May 2017. During our visit we:

- Spoke with a range of staff including the lead GP, practice manager and three reception and administrative staff, and spoke with patients who used the service.
- Observed how staff interacted with patients.
- 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)

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- 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.

Good

Are services safe?

Our findings

At our previous inspection on 7 September 2016, we rated the practice as inadequate for providing safe services as the practice's governance arrangements were insufficient to appropriately mitigate risks to patients. There was limited evidence of learning from significant events and systems to ensure patients taking high risk medication were reviewed and appropriately managed and to ensure appropriate management of vulnerable patients were inadequate. These arrangements had improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our previous inspection in September 2016 we found limited evidence that there was a system in place to implement appropriate learning following significant events. We found the practice had improved this in May 2017.

There was now a system for reporting and recording significant events.

- Staff told us they would inform the GP or practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the four documented significant events recorded since our previous visit, we looked at three examples in detail and found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, truthful information and were told about any actions to improve processes to prevent the same thing happening again. We did note that following an incident relating to childhood vaccinations, the letters distributed to parents informing them of an incident did not include an apology, but the GP informed us the practice was still in the process of investigating this event.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. We also saw that the practice had implemented an improved systematic approach to documenting the receipt, dissemination and any action taken following a patient safety alert being distributed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following the contact details of a support organisation being given to the wrong patient by mistake, we saw that immediate action was taken to rectify this once the error had been identified. The patient was offered a verbal apology and all staff were reminded about the need for greater scrutiny and patient identification checks at the following staff meeting. We saw that this discussion was documented in staff meeting minutes and staff had signed to say they were present.
- Reception staff were also able to discuss with us in detail the learning identified following an electrical fault with a paper shredder in the practice. This shredder had been replaced immediately and staff were aware of the importance of the inclusion of such equipment in the annual portable appliance testing regime for ensuring electrical equipment was safe to use.

Overview of safety systems and process

Following our inspection in September 2016 we were concerned that the practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example we found gaps in the practice's arrangements around safeguarding and patients taking high risk medicines were not always being appropriately monitored. However, we found these arrangements had improved during our most recent inspection in May 2017:

- Arrangements for safeguarding had been improved and reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the lead member of staff for safeguarding. We saw that safeguarding concerns were now being coded appropriately into the patient records and alerts on the patient record system were being used to facilitate effective management of this vulnerable group. The practice had set up regular meetings with the local

health visitor following our previous inspection in order to ensure information was shared effectively and in a timely manner. We saw meeting minutes evidencing that the health visitor had attended monthly meetings for the three months immediately following our last inspection. However, they had been unable to attend more recent meetings they had been invited to.

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had either received a Disclosure and Barring Service (DBS) check (DBS

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The lead GP was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and most staff had now received up to date training. Regular IPC audits were now undertaken and while we saw evidence that action was taken to address any improvements identified as a result, the documentation did not always reflect this. That is, action points identified as part of the audit were not always signed off as completed.

The arrangements for managing medicines had improved, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. We saw that a more systematic approach to the review of high risk medication had been adopted by the practice and records we reviewed confirmed this system to be effective in ensuring patients taking such medication were monitored appropriately. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We noted the practice now utilised electronic tasks on the computer system to manage acute prescription requests, rather than the paper notes used previously; therefore improving the security of patient information and minimising the risk of errors occurring. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were appropriate systems to monitor their use.

We reviewed the personnel files of all employees of the practice and found appropriate recruitment checks had been undertaken prior to employment for the two most recently employed receptionists. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, and qualifications. No new permanent members of staff had been recruited since our previous inspection, but we viewed the personnel file of a locum GP who had been employed recently and again found appropriate pre-employment checks had been completed, including references, appropriate checks DBS and appropriate registrations with profession bodies.

Our inspection in September 2016 found that not all reception staff had undergone checks through DBS, despite extended periods of lone working and an expectation that they may be asked to carry out chaperone duties. However, at our most recent inspection we found that the practice had addressed this and checks were in place or had been applied for for all staff. The practice manager explained to us how risks were mitigated on receipt of the DBS checks should they contain information that required action; for example altering shift patterns of staff to ensure minimal contact with patients. However, at the time of our visit this action had not been documented as part of a risk assessment. The practice provided us with a copy of this risk assessment ten days after the inspection.

Monitoring risks to patients

Our September 2016 inspection highlighted ongoing gaps in the effective assessment and management of risks. However, the practice had made improvements by May 2017 and there were now procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan.

Good

Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We saw that the practice maintained an asset register to manage this and ensure all equipment was checked as necessary.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Previously we had found that when risks had been identified, mitigating action had not always been completed. For example, a lone working risk assessment had identified that staff required training around conflict resolution. This training had not been completed when we inspected in September 2016. However, training records viewed during our May 2017 visit confirmed this had been undertaken by most staff.
- There were improved arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. In September 2016 staff had told us about a lack of clarity around working patterns, with shifts frequently changing at the last minute. There was now a rota system to ensure enough staff were on duty to meet the needs of patients which was planned at least a month in advance. Reception and administration staff told us their working patterns were now more regular and predictable.

Arrangements to deal with emergencies and major incidents

The practice had improved its arrangements to respond to emergencies and major incidents since our inspection in September 2016.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received basic life support training in the previous 12 months and there were emergency medicines available in the GP's consultation room.
- The practice had a defibrillator available on the premises and an oxygen cylinder with both adult and paediatric masks. A first aid kit and accident book were available, and all staff we asked were now aware of the location of the accident book.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had an appropriate business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and external contractors.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 7 September 2016, we rated the practice as inadequate for providing effective services as the practice's systems to ensure staff received appropriate training and to maintain effective communication channels with other agencies were not sufficient. These arrangements had improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

The GP told us how he accessed information in order to ensure patient's needs were assessed and care delivered in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example the GP was able to discuss recent update training he had attended around diabetic care. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.8% of the total number of points available, compared with the clinical commissioning group (CCG) average of 96.5% and national average of 95.3%. The practice had reported an exception rate of 7.7% for the clinical domains (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), compared to the CCG average of 11.5% and national average of 9.8%.

This practice had improved on its performance from the previous year and was now a positive outlier for a number of QOF clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than the local and national averages. For example:
  - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 95% compared to the clinical commissioning group (CCG) average of 81% and national average of 78% (exception reporting rate 30%, compared to the local average of 17% and national average of 13%).
  - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 95%, compared to the CCG average of 82% and national average of 78% (exception reporting rate 7%, compared to the local average of 11% and national average of 9%).
  - The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 94% compared to the CCG average of 84% and national average of 80% (exception reporting rate 11%, compared to the local average of 14% and national average of 13%).
- Performance for mental health related indicators was higher than the local and national averages. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 100% compared to the CCG average of 88% and national average of 89% (exception reporting rate 0%, compared to the local average of 12% and national average of 13%).
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% compared to the CCG average of 90% and national average of 89% (exception reporting rate 0%, compared to the local average of 9% and national average of 10%).
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100% compared to the CCG average of 85% and national average of 84% (exception reporting rate 0%, compared to the local average of 5% and national average of 7%).

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 97% compared to the CCG average of 84% and national average of 83% (exception reporting rate 1%, compared to the local average of 4% and national average of 4%).
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 93%, compared to the CCG average of 77% and national average of 76% (exception reporting rate 1%, compared to the local average of 10% and national average of 8%).
- The percentage of patients with chronic obstructive pulmonary disease who had a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 100%, compared to the CCG average of 91% and national average of 90% (exception reporting rate 0%, compared to the local average of 9% and national average of 12%).

There was evidence of quality improvement including clinical audit.

- We had seen four audits undertaken in the last year when we had inspected in September 2016, two of these had been completed clinical audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Findings had been used by the practice to improve services. For example, action taken as a result of a recent asthma audit included inviting patients in for consultations to educate them on how to best use their inhalers. The practice demonstrated, through monitoring the numbers of patients who were 'high-users' of their reliever inhalers (those that needed more than 12 prescriptions within a 12 month period) that this education improved the control of these patient's asthma. The number of patients requiring 12 prescriptions or more fell from seven to three.

While we did not see any new examples of completed two cycle audit during our May 2017 visit, we saw that new audit activity had been initiated and that information about patients' outcomes was used to make improvements. For example, the lead GP was utilising a new test available to primary care to measure faecal calprotectin (a substance that is released into the intestine when the intestine is inflamed. Its presence can indicate an inflammatory bowel disease such a Crohn's disease or ulcerative colitis). Of the 10 patients the GP had tested over the previous 12 months, three had returned abnormal results. All three had been referred on to the gastroenterology department for further investigation. The GP planned to re-audit next year to monitor how this test impacted on diagnosis.

Effective staffing

In September 2016 we were not assured that all staff had the skills, knowledge and experience to deliver effective care and treatment. However, we saw in May 2017 that improvements had been made.

- We had previously found the practice induction programme for newly appointed staff had not been sufficient. The practice had not recruited further permanent members of staff since our last visit. However, we saw that the practice's locum induction pack had been updated and included appropriate information. The practice manager discussed with us how any new non-clinical staff members would be adequately supported and receive timely training on areas such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- In light of the practice not employing a practice nurse, the GPs took responsibility for administering vaccines. Both GPs had attended an immunisation and vaccination update training course in March 2017.
- Appraisals had been undertaken by the practice manager since our previous visit in September 2016 in order to identify the learning needs of staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All but one of the staff had received an appraisal since our previous inspection. Outcomes from the appraisal meetings, for

Good

Are services effective?

(for example, treatment is effective)

example, included one of the receptionists being offered training to become a health care assistant in the near future, and another to be put on a team management training course over the next year.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We saw that staff training was now being more proactively managed in the practice

Coordinating patient care and information sharing

In September 2016 we found the information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. However, in May 2017 we saw that this had improved.

- We found that reception staff now routinely documented telephone contacts in the patient record.
- The practice had improved its systems for sharing information with other services in a timely way, for example when requests were received for information from health visitors.
- We did however note that GP consultation records did not always contain sufficient detail to accurately document what had taken place during an appointment.

We now saw that the GPs and practice staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings now took place with other health care professionals every three months when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought 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 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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and national average of 81%. The practice's patients accessed the cervical screening appointments offered by the CCG commissioned treatment room service in Great Harwood Health Centre, the building where the practice's branch surgery was located.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, uptake rates for these screening programmes were slightly lower than local and national averages. For example 49% of patients aged 60-69 had attended for bowel cancer screening within 6 months of being invited, compared to the CCG average of 54% and national average of 56%. The percentage of female patients aged 50-70 who had been screened for breast cancer within 6 months of invitation was 40%, compared to the CCG average of 73% and national average of 74%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates published for the period 1 April 2015 until 31 March 2016 for the vaccinations given were low compared to CCG and national averages. For example, performance for the vaccines given to under two year olds failed to achieve the 90% target for any indicator and equated to a score of 8.2 (out of a possible score of 10), compared to the national average of 9.1. The percentage uptake for MMR vaccinations given to five year olds was variable, and ranged from 62% to 100%, compared to the

Good

Are services effective?

(for example, treatment is effective)

CCG range of 76% to 96% and nationally 88% to 94%. Practice staff told us they felt these uptake rates had improved more recently, and they sent us data following the inspection in an effort to verify this. However, it was not possible to discern from the information provided what the practice's current uptake rates were as it included a list of vaccinations given and the dates they were administered; it did not indicate the total number of patients eligible to have received the vaccines.

The practice shared an audit it had undertaken on childhood immunisations in August 2016 which had not been shared with us during our previous inspection. This audit identified issues with the immunisations given to 12 out of 30 children. Issues identified included missed immunisations or inappropriate immunisations administered, as well as gaps in record keeping. The practice had shared this information with the CCG in March 2017 and we saw that the practice was now working closely with the local immunisation and vaccination team to address the problems. Actions recently implemented by the practice to improve systems around childhood immunisations and vaccinations included:

- The GPs had attended childhood immunisation and vaccination update training in March 2017.
- Protocol had been updated to ensure that the GP administering the vaccines updated the patient record, rather than a member of the administrative team in order to improve the accuracy of records.
- The practice had implemented an improved recall system to ensure children would not be missed in the future and patients affected had been contacted.

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

Good

Are services caring?

Our findings

At our previous inspection on 7 September 2016, we rated the practice as requires improvement for providing caring services as the practice's systems to ensure patient information was treated confidentially were not sufficient. These arrangements had improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The practice had improved its protocols to maintain the confidentiality of patient identifiable information. In September 2016 we found that the practice used templates printed on reused paper for receptionists to populate with patient details when patients were making a request, for example for an acute prescription. These slips of paper were then handed between reception staff and GP. As well as representing a method of communication that did not leave an appropriate audit trail, we found that these re-used pieces of paper also had patient identifiable information on the reverse side relating to other patients. We saw that these slips were not routinely shredded, instead placed in domestic waste bins. This was no longer the case in May 2017; the practice instead used electronic tasks for this purpose on the practice's computer system.

We received 54 comment cards, 48 of which were wholly positive about the care and treatment received at the practice. Two of the cards made both positive and negative comments, while four described care that had not met the expectations of the patients. Negative comments related to the manner of clinical staff and their listening skills. The positive comments described friendly and caring staff and were highly complementary about the service offered.

During our visit we also spoke with two patients who were also members of the practice's patient participation group. They were also highly complementary of the service offered by the practice and told us they were extremely happy with the care and treatment they received. They said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Examples were given where the GP had gone over and above the level of care expected by the patients to ensure they received the appropriate treatment.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- However, 6% said that the GP was poor at listening to them, compared to the CCG average of 4% and national average of 4%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had

Good

Are services caring?

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and mostly aligned with these views, however we did note that two of the comment cards referenced that patients did not always feel listened to by the clinician.

We saw that care plans were documented for vulnerable patients, and the two patients we spoke with during the visit informed us that the GP would quickly make contact with them had they attended an out of hours setting or accident and emergency in order to check their health needs had been met.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- However, 8% of patients said the last GP they saw was poor at explaining tests and treatments compared to the CCG average of 4% and national average of 3%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 7 September 2016, we rated the practice as requires improvement for providing responsive services as the practice's systems to ensure complaints were satisfactorily handled and learning identified as a result were not sufficient. These arrangements had improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on a Wednesday and Friday evening until 7.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GPs were supported with these visits by the over 75s nurse who visited patients registered with a number of practices within the locality.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All treatment and consultation rooms were situated on the ground floor in the main surgery premises.
- Text message reminders were sent to patients to promote attendance at appointments if they had a mobile telephone number registered with the practice.
- The practice had a mobile telephone which facilitated direct contact with the GP for medical advice over the telephone should a patient not be able to attend the surgery in person.

Access to the service

The practice was open between 8:00am and 6:00pm Monday to Friday, apart from Wednesday and Friday when extended hours were offered until 7:00pm, and Thursday when it closed for the afternoon at 12:30pm. Appointments were offered from 9:00am to 5:30pm each day, although surgeries were split between the main and branch surgeries. Extended hours surgeries were offered until 7:00pm on Wednesdays and Fridays. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.
- 99% of patients said the last time they wanted to see or speak to a GP or nurse at the practice they were able to get an appointment, compared to the CCG average of 74% and national average of 76%.

Patients we spoke with and those who completed comment cards highly praised the availability of appointments at the practice. People told us on the day of the inspection that they were always able to get appointments when they needed them, with the GP always willing to extend scheduled surgeries in order to ensure all patients were seen. We corroborated this when we viewed the practice's appointment system and found that routine appointments remained available for the day of our inspection.

The practice had a system for the GP to assess:

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

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

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our previous inspection in September 2016 found gaps in the practice's management of complaints. The practice had since updated its complaints policy which was in line with recognised guidance and contractual obligations for GPs in England. This updated policy now included details of how the practice would manage verbal complaints, as well as those made in writing. There was a designated responsible person who handled all complaints in the practice and we saw that information was available to help patients understand the complaints system, such as posters and a complaints leaflet available in the waiting area.

There was one documented complaint since our previous visit which we reviewed and found it had been satisfactorily handled. It had been dealt with in as timely a manner as possible given the practice had not had access to the patient's most up to date address on receipt of the complaint and we saw that correspondence with the complainant was open and transparent in nature with a written apology offered.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 7 September 2016, we rated the practice as inadequate for providing well led services as there was a lack of leadership capacity. There were gaps in the practice's governance structure and associated documentation. These arrangements had improved when we undertook a follow up inspection on 23 May 2017, although some further improvements still needed to be made. The practice is now rated as requires improvement for providing well led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was included on the pre-appraisal questionnaire template to ensure staff knew and understood the values. Staff again told us how they were proud of the personalised care they were able to offer as they had the chance to get to know the patient population well.
- The practice had invested in and prioritised improvement to ensure it became compliant with the regulations of the Health and Social Care Act.

Governance arrangements

Our inspection in September 2016 highlighted significant concerns around the governance arrangements at the practice. While we found in May 2017 that these arrangements had improved, further improvement was required.

- There was a staffing structure in place. The roles and responsibilities of the reception and administrative staff had been clarified since our previous visit.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- All policy and procedure documents in the practice had been reviewed and updated. These were available on the practice's shared drive and staff we spoke with were aware of how to access them. However, we found some policies that were not fully practice specific. This issue was identified at the previous inspection. For example the infection control manual, dated as being reviewed in March 2017, referred to transporting specimens between two other GP practices . During our inspection staff informed us that they had no responsibility for handling specimens provided by patients as all specimens were returned to the treatment room at Great Harwood Health Centre. We found examples of policy duplication; for example there was both a safeguarding children policy and a child protection policy. We also found evidence that the practice was not complying fully with its own policies and procedures. For example the safeguarding children policy stated that GPs should undertake between four and six hours safeguarding training each year; the lead GP confirmed to us this had not been done.
- Some policies still contained information which was out of date. For example, the safeguarding children policy made reference to criminal records background checks and the independent safeguarding authority, both of which have since been replaced by the disclosure and barring service.
- We saw that arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had improved since September 2016. However, risk assessment documentation had not always been maintained appropriately, for example in relation to information contained in DBS checks, and mitigating actions not always followed through, such as allowing another practice's influenza vaccines be stored without being quarantined in the vaccine fridge and allowing them to expire.
- We viewed patient records of consultations that lacked sufficient detail to accurately and fully document what had taken place during the appointment.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- We saw that systems and processes around medicines management were not always thoroughly implemented. For example we did found a batch of 10 influenza vaccines in the practice's vaccine fridge which had expired at the end of April 2017. Practice staff informed us they were aware of these and that they had been delivered to the practice by mistake. The practice for which they had been intended had then refused to take receipt of them. The practice gave us assurance that these vaccines had been appropriately disposed of immediately following the inspection.

Are services well-led?

Requires improvement

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

Leadership and culture

Staff we spoke to were unanimous in their assertion that the culture of the practice had improved since our previous visit. Staff told us the practice manager was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and in some cases a verbal and written apology. However, we did note the letter distributed to patients affected by the vaccination significant event did not include an apology.
- The practice non-clinical staff now kept written records of verbal interactions as well as written correspondence.

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

- The practice had improved its internal and external communication channels and held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. We saw from meeting minutes that the lead GP now consistently attended staff meetings within the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported. Previous frustrations regarding changes to shift patterns imposed at short notice had been resolved.

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

In September 2016 we found limited engagement with patients with respect to obtaining feedback on services provided. However, in May 2017 we found that the patient participation group (PPG) had been reinstated and regular meetings had been held. The two members of the PPG we spoke with confirmed they were happy with how the practice had been engaging with them. We were told that topics discussed at the most recent meeting included the impending closure of a local out of hours medical service provision and the implications this would have on the practice population.

Feedback from staff was sought through staff meetings, appraisals and discussion. Staff told us they now felt more confident and empowered to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had now begun to put personal development plans in place for all staff and had identified training opportunities for reception staff to increase their knowledge and skills; one staff member was due to undertake training as a healthcare assistant and another staff member was due to undertake training around team leadership.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 How the regulation was not being met: There were not fully sufficient systems or processes in place to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular in relation to risks highlighted as part of the disclosure and barring service checking process. The systems or processes in place to ensure the registered person maintained such records as are necessary to be kept in relation to the management of the regulated activity or activities required improvement. In particular we noted that recently reviewed practice policy documents contained out of date information or information that was not practice specific. **Regulation 17(1)**