

# The New Parkfield 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 The New Parkfields Surgery on 15 December 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, learning from reviews and investigations were not shared widely to ensure improvements were made.
- Risks to patients were generally well managed although some alerts relating to patient safety were not acted upon to keep patients safe
- Data showed patient outcomes were similar to the locality and nationally.
- Although some reviews of processes had been carried out and changes and improvements made, there was some confusion amongst staff about managing incoming mail and test results and issues identified

had not been resolved. This could result in care or treatment being delayed for some patients, for example, recommendations made by hospital consultants for a change in prescribed medicines.

- Medicines audits were conducted by the Clinical Commissioning Group (CCG) pharmacy lead, however, a recommendation made by them in relation to some medicines had not been acted upon
- Patients told us they were treated with compassion, dignity and respect.
- Information about services was available in the reception area
- Urgent appointments were usually available on the day they were requested, and there were extended appointment times available on two evenings each week. There were longer appointments for older people and those with complex needs.
- The practice had a number of policies and procedures to govern activity, and many had been recently reviewed but some were overdue. The practice had plans to complete this work in 2016

# Summary of findings

- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Establish and strengthen formal governance arrangements to enable the provider to assess and monitor risks and the quality of the service provision
- Assess risks to patients and take the necessary action to mitigate this.
- Clarify the leadership structure, ensuring there is leadership capacity to deliver all improvements

The areas where the provider should make improvement are:

- Reviewing processes for reporting, acting on and learning from significant events, and ensure that all staff are aware of what constitutes a significant event.
- Carry out fire drills at the required intervals and conduct a fire risk assessment.
- Review disabled access to the premises and the patient toilet facilities

**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 requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report significant events but some staff did not fully understand what was meant by a significant event. Not all staff were aware of how to report or record a significant event.
- Incidents and events were not always thoroughly investigated and documented and lessons learned were not communicated widely enough to support improvement. Risks to patients were assessed but the systems and processes to address these risks were not implemented effectively to ensure patients were kept safe.
- There was a process for managing incoming correspondence including test results but this was inconsistent
- Fire drills had not been carried out in accordance with fire legislation and the provider could not supply us with a copy of their fire risk assessment. The practice staff told us that one was planned for January 2016.

**Requires improvement**



### Are services effective?

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

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had received inductions and recently recruited staff had received a comprehensive induction. One new clinical staff member we reviewed had received a very comprehensive educational package that included robust and supportive mentorship.
- Medicines management reviews had been conducted by the CCG pharmacy team however, recommended actions had not been carried out by practice staff
- Staff had the skills, knowledge and experience to deliver effective care and treatment and were committed and motivated to do this.

**Requires improvement**



# Summary of findings

- There was evidence of appraisals and personal development plans for all staff. The practice were supportive with ongoing staff development and training, and ensured clinicians had access to appropriate clinical update programmes
- There was evidence of working with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- We did not see any two-cycle clinical audits that were conducted with a view to driving improvement in patient care or with demonstrable improvements in patient outcomes. However, there were a number of clinical reviews performed.
- Processes had been reviewed for managing correspondence but these were not working consistently
- National patient alerts were shared with staff but not acted upon

## Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice well for several aspects of care, and in particular, patients told us that they had confidence in their GP and nurse and that they were good at listening to them.

Patients told us they were treated with compassion, dignity and respect but that the practice could be better at involving them in decisions about their care and treatment, and explaining tests and treatments to them. For example, 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%) and 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)

Information for patients about the services available was easy to understand and accessible.

We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Receptionists gave good examples of how they went the extra mile for patients who were vulnerable.

Staff told us that the GP's often spent extra time with patients who needed it

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. For example,

Good



# Summary of findings

- The practice had employed a care coordinator to ensure that vulnerable patients received a package of health and social care that was appropriate to their needs quickly
- They had arranged for someone from the Citizens Advice Bureaux (CAB) to be available at the practice so that patients could get help with filling out forms and advice on social issues.
- The practice provided counselling services for those who would benefit from this via the psychotherapy counselling service provided by the CCG.
- They had an open door policy for asylum seekers and regularly treated homeless people in the area
- The practice treated people with drug and alcohol problems and were able to refer them to services that could provide appropriate help.

Patients said via comment cards that they found it easy to make an appointment with a GP and had access to urgent appointments on the day, however, they told us they sometimes had to wait a long time to see their preferred GP. This view was supported by responses in the national patient survey.

The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff involved but not shared widely with practice staff

## Are services well-led?

The practice is rated as requires improvement for being well-led. The GP partners had ideas about future services and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a leadership structure and most staff felt supported by management but there was a lack of clarity in respect of the lead roles for GPs

There was no succession plan in place, however, GP's did participate in some meetings and locums who were regularly used were familiar with the practice policies. The practice had a number of policies and procedures to govern activity, but some of these were being reviewed and one that we looked at was being managed inconsistently.

The practice proactively sought feedback from patients and had an active patient participation group (PPG).

**Requires improvement**



# Summary of findings

All staff had received regular performance reviews and had development plans and most attended staff meetings, although these had not been very consistent during the preceeding 12 months.

Meetings occurred but there was some inconsistency and they were not inclusive enough to enable effective communication across the practice. Learning from significant events and complaints was not shared widely with the practice and community team

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for being safe, effective and well led. The evidence which led to this rating applies to all population groups including this one.

It provided proactive, personalised care to meet the needs of the older people in its population, was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

The practice had a population of older people similar to the CCG average. They provided proactive health reviews including a review of prescribed medicines, which was done in conjunction with the CCG pharmacy lead. Each patient over 75 years had a named GP and their personalised care plans.

The practice held regular meetings with the multidisciplinary team and care coordinators to discuss patients with complex needs, which included older people.

The CCG pharmacist lead performed audits on the medicines prescribed by the practice and kept the practice informed of their prescribing data each year. This enabled the practice to review medicines prescribed for their older population.

Home visits were offered to older patients who were unable to attend the surgery for acute medical problems as well as chronic disease management. Influenza vaccinations were provided to patients who could not or would not leave their home.

The practice provided primary medical care services to patients in two residential homes and visited these patients on a fortnightly basis providing annual reviews where required as well as urgent visits when needed

Longer appointments were available for older people who needed them.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for being safe, effective and well led. The evidence which led to this rating applies to all population groups including this one.

There was a named GP for patients with long term conditions assisted by the nursing staff, who had roles in chronic disease

**Requires improvement**





# Summary of findings

management, for example in asthma and coronary heart disease, and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

All patients with long-term conditions had a structured annual review to check that their health and medicines needs were being met, and individual care plans were developed as appropriate. For those people with the most complex needs, clinicians worked with the community matron and other relevant health and care professionals to deliver a multidisciplinary package of care. For example the community respiratory team and the heart failure team. Joint appointments with the GP and nurse could be offered to patients with diabetes. The practice also had plans in place to increase the service offered by the nursing team in 2016 by attending further training for chronic disease management and amending the model of care provided to enable a more streamlined service.

The practice had improved its achievement for QOF in respect of patients with long term conditions from the previous year and results were comparable to CCG and national average for 2014/15

## Families, children and young people

The practice is rated as requires improvement for being safe, effective and well led. The evidence which led to this rating applies to all population groups including this one.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

The practice worked with an attached midwife who saw patients at the practice and an attached health visitor who provided a clinic at the surgery twice a week. The practice staff told us they liaised regularly with the midwifery and health visitor team regarding patients and were able to alert them to any concerns regarding a child through the practice's computer system.

The practice held a register of patients where safeguarding concerns had been identified and meetings took place every four months to discuss patients on the register and included relevant professionals such as the GP lead for safeguarding, care coordinator, practice manager, health visitor and social worker. The GP lead and health visitor met every six weeks to review the register and progress.

**Requires improvement**



# Summary of findings

New born babies were offered an eight week check at the practice and there was a recall system in place to invite babies and children for immunisations. This was achieved through the use of letters, text messaging and contacting the parent or guardian by telephone to follow up on any missed appointments.

The practice provided contraception advice and the fitting of coils and implants.

Sexual advice was provided where needed, and ensured confidentiality to young people under 16 years in line with Fraser guidance. Fraser guidance is a set of guidelines issued by the Department of Health (DOH) in 2014 that assists GP's in deciding whether giving sexual advice to a young person in the absence of a parent or guardian (and therefore without parental consent) was in the young person's best interest

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Appointments were available outside of school hours and the premises were suitable for children and babies.

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for being safe, effective and well led. The evidence which led to this rating applies to all population groups including this one.

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. For example, NHS health checks were offered as well as well man checks

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, screening for cervical and bowel cancers were provided at the practice and a system was in place to check on the uptake of invitations for these checks.

Annual health reviews were offered to young people if needed, and screening for cervical cancer was provided. The practice had provided screening for 84% of its relevant population which was similar to the CCG average and 2% higher than the national average

The practice provided travel clinics for people who needed health advice and vaccinations prior to travelling abroad

**Requires improvement**



# Summary of findings

Extended appointment times were available on a Monday and Tuesday evenings until 7.30pm with a GP and healthcare assistant (HCA) available. Telephone consultations were also available where a patient could book an appointment to speak with a GP over the telephone

The practice promoted a healthy life style, and provided leaflets and information where patients could get further support and in the reception area.

There was also information available to support people with a newly diagnosed condition as well as support for general health concerns.

Patients who were taking regular medications were able to make use of the practice's Electronic Prescribing Service where patients prescriptions were sent directly to a pharmacy of their choice.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for being safe, effective and well led. The evidence which led to this rating applies to all population groups including this one.

All patients who had learning disabilities and those who were vulnerable for other reasons were offered an annual review.

Staff were alert to recognising signs of abuse, were all up to date with their safeguarding training and were aware of what to do and who to contact regarding safeguarding concerns

The practice had signed up for the dementia screening enhanced service which encouraged them to identify patients at risk of dementia and offer an assessment opportunistically.

The practice liaised regularly with the community matron and was able to alert her to concerns about patients by telephone, text messaging and through the practice's computer system. The community matron attended monthly community support team (CST) meetings with a multi-disciplinary team to discuss patients needs in the local area. The team included a GP, care coordinator, mental health team and social care team where required. We were told that these meetings had been running effectively for a long time.

There was a triage system provided for urgent appointments so that patients who were most at risk could be prioritised.

There was a system in place to direct patients with alcohol concerns to an organisation to help them and patients who misused substances were treated at the practice and referred onwards where required. They also treated homeless people from the area, and their open list enabled them to accept asylum seekers.

Requires improvement



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for being safe, effective and well led. The evidence which led to this rating applies to all population groups including this one.

QOF data reported an achievement of 100% for mental health related indicators which was 3% above the CCG average and 7% higher than the average for England. However, their exception reporting rate was 31% which was 10% higher than the nation average for exception reporting. 96% of people on the practice mental health register had received an annual physical health check, and 75% of people with dementia had also received a check within the preceding 12 months. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia and carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various types of support, including counselling services and we saw information about this available in the reception. There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Most staff had received training on how to care for people with mental health needs, including awareness of dementia. The practice provided a dementia risk assessment as one of its enhanced services and proactively sought to assess patients thought to be at risk of dementia.

The practice worked with the community support team to assess and plan care for patients who needed this and the care coordinator worked with the relevant members of this team to plan care, including mental health team and social care team where required.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. 364 survey forms were distributed and 122 were returned, producing a 34% response rate. Results as follows;

- 64% of patients found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 90% of patients found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 92% of patients said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 69% of patients described their experience of making an appointment as good (CCG average 74%, national average 73%).

- 66% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 69%, national average 75%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were almost all positive about the standard of care received. Patients told us that they generally found the practice provided an excellent service with doctors and nurses who really cared about them.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were generally approachable, committed and very caring. They also told us that reception staff were usually very helpful. One area for improvement that patients and the PPG identified to us is that there was currently little support for bereaved relatives.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Establish and strengthen formal governance arrangements to enable the provider to assess and monitor risks and the quality of the service provision
- Assess risks to patients and take the necessary action to mitigate this.
- Clarify the leadership structure, ensuring there is leadership capacity to deliver all improvements

### Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Reviewing processes for reporting, acting on and learning from significant events, and ensure that all staff are aware of what constitutes a significant event.
- Carry out fire drills at the required intervals and conduct a fire risk assessment.
- Review disabled access to the premises and the patient toilet facilities.

# The New Parkfield Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The New Parkfield Surgery

The New Parkfields Surgery is located in Alveston, Southern Derbyshire in purpose built premises. It's population live in an area which is 33% more deprived than the national average, which means that people living there tend to have a greater need for health services.

Another practice in the area has recently closed which has meant that the number of patients using the service is increasing. The practice currently has 6792 patients registered for their services.

The practice is run by a partnership of two GP's who are male and there are two other GP's who are female. There is a vacancy for one further GP and the practice are actively recruiting to fill this position. In the meantime, a number of locum GP's are regularly used to ensure there are enough GP sessions to meet the population needs.

Within the clinical team there are two Practice Nurses and one Health Care Assistant (HCA) who are all female and are able to offer specific appointments for chronic illness management, minor illness treatment, vaccinations, immunisations and wound care. There is currently a vacancy for an additional Practice Nurse and an Advanced Nurse Practitioner (ANP). The ANP role is actively being recruited

to enable the practice to run sessions where the highly skilled ANP will be able to assess and treat patients with minor ailments, as well as other activities designed to improve the availability for GP's to prioritise their activity more effectively.

The practice liaises with the community nursing team to provide support for all its population groups.

The clinicians are supported by a team of managers, administration team and reception team. There has been a number of changes to key roles within the preceding 12 months, including the practice manager and a practice nurse. They have also recruited a business manager and a care coordinator. The management team have worked closely with the partners to bring about changes and improvements to the way the practice is run, and there are plans in place to continue this work through 2016.

The practice is open between 08.00 am and 6.30 pm Monday to Friday. Appointments are available from 08.30 am to 11.30 am every morning and 2 pm to 6pm daily. Extended hours surgeries were offered at 6 pm to 7.30 pm on Mondays and Tuesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people who need them on the same day. Telephone consultations with a GP are available by appointment and routine appointments can be booked online.

When the practice is closed patients are directed to Derbyshire Health United (DHU) via the 111 service.

The practice has a General Medical Services (GMS) contract and provides the following regulated activities;

- Diagnostic and screening procedures
- Treatment of disease, disorder and injury
- Family planning
- Surgical procedures
- Maternity and midwifery services

# Detailed findings

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

- Spoke with a range of staff (GP Partners, Locum GP, Practice manager, assistant practice manager, care coordinator, practice nurses, administration and reception staff, community matron, and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People 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.



# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events.

Staff we spoke to told us they would inform the practice manager if an incident occurred and some were aware of how to complete a recording form which was available on the practice's computer system. However, some non clinical staff told us that they did not know how to record an event but said they felt able to approach the practice manager or other practice staff to report it. The staff we spoke to had a limited knowledge of what a significant event was and referred to significant events as being when something went wrong.

We saw that the practice had recorded seven significant events during 2015 and the practice told us that they carried out an analysis of the significant events twice each year. We saw minutes of one meeting in September 2015 where these had been discussed and actions recorded to prevent the same things happening again. However, the learning from the events was not widely communicated to staff. This view was supported by staff we spoke to on the day who told us that learning was shared with them if it was relevant to their role or they were directly involved, but they had no awareness of any learning from other significant events within the practice as a whole. This included attached staff. Some non clinical staff had no awareness of any learning from significant events.

There were systems in place to manage safety incidents and alerts. However, we reviewed national patient safety alerts and looked to see whether these had been acted upon. We looked at a medicines alert that was issued in January 2015 and found eight patients were still taking the medicine. We inspected the records of three patients whom the alert related to and for two of the three patients we did not find any documented evidence that they had been reviewed to check whether the medicine remained appropriate for them. The action template relating to the alert was available but had not been reviewed or completed. We were therefore not assured there was a systematic approach to managing the process for following up National Patient Safety Alerts and ensure learning from safety alerts was shared to make sure action was taken to improve safety in the practice.

### Overview of safety systems and processes

Safeguarding arrangements were in place to protect children and adults from abuse that reflected relevant legislation and local requirements. We spoke to staff who demonstrated they understood their responsibilities for safeguarding and all had received training relevant to their role. There was a practice safeguarding policy in place which outlined how to report concerns if any staff member observed or became aware of a potential or actual safeguarding issue. There was a lead GP with responsibility for safeguarding, and meetings took place every four months to discuss and review safeguarding cases. The meetings included the GP safeguarding lead, the practice manager, assistant practice manager, care coordinator and a social worker. The GPs also liaised regularly with the health visiting team regarding any safeguarding issues.

There was an alert on the computer system to identify those deemed to be at risk.

A notice was displayed in the waiting and consulting rooms advising patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We spoke with staff who acted as chaperones and they were able to give a clear account of their role. The practice told us that plans were in place to train additional non clinical staff to act as a chaperone.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) lead and had formally held this role for less than three months. During this time she had completed an audit of the infection prevention and control measures operating within the practice and produced an action plan that enabled some changes to be made immediately. For example;

- All treatment and consulting rooms were de-cluttered and non-essential equipment removed.
- Dressings were removed from rooms to a central location and were stored for ease of identification and access



## Are services safe?

- The cold chain process was reviewed, policy updated and all staff educated on what to do.

We saw from the action plan that some actions had already been implemented and that there were plans for other changes to enable improvements to patient safety.

We saw that staff had received training on infection prevention and control during their induction and that the IPC nurse lead planned to enhance their learning and to include observation of handwashing technique for all staff. The IPC nurse lead had clear ideas for improvements within the practice, and was supported by the GP partners to make appropriate changes. However, the nurse did not have access to a direct IPC link nurse within the local area where best practice could be discussed.

The temperatures of the vaccines fridges were appropriately monitored and recorded and we saw that vaccines were appropriately stored and were in date.

The arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe.

The CCG pharmacy team had identified a concern regarding the management of repeat prescriptions. A protocol was in place for managing the repeat prescriptions which ensured review occurred at appropriate intervals and medications were only added or issued by clinicians. This process was verified with the prescription clerk who described her activity in line with the protocol. There was a lack of clarity regarding review dates and number of issues allowed before being reviewed. However, we were assured that this process was managed by a named individual and was part of the ongoing process for identifying patients with long term conditions who required regular medicines reviews.

Blank prescriptions were being managed within the surgery correctly, logged on receipt and on transfer to clinical rooms. The bulk boxes were stored securely and clinical rooms were locked to ensure prescriptions remain secure.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Some risks to patients were assessed and managed.

There were procedures in place for monitoring and managing risks to patient and staff safety and a health and safety policy was used to inform practice. There was a sign in the waiting room alerting patients of a weekly fire drill, however, the practice had no records of fire drills within the last 12 months and no fire risk assessments had been carried out during 2015. We referred these matters to the Fire Safety Officer for their views. The practice told us that they had plans in place within the next month for a full fire risk assessment and a health and safety assessment of the premises. Both of these were scheduled to take place on the same day and we saw evidence of correspondence to support this. We saw in training records that all staff had received training on health and safety and fire safety.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw records of weekly checks for equipment and were told that some equipment that was used by nurses was cleaned before and after every use.

The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. These were managed by an external company.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice told us that were actively recruiting a further GP and a practice nurse. They had recently recruited a practice manager, a business manager, a practice nurse, a care coordinator and administration staff.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

## Are services safe?

- All staff received annual basic life support training
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

- 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 fit for use.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice routinely used National Institute for Health and Care Excellence (NICE) best practice guidance and other national and locally agreed guidelines and protocols as part of their consultations with patients.

The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines and had acted on results. For example; An audit showed that the practice was higher than the CCG average for prescribing benzodiazepine. Benzodiazepine is a medicine used to treat short term anxiety or sleeping disorders. The practice worked collaboratively with pharmacy colleagues to reduce the amount of prescriptions issued which resulted in a significant reduction in benzodiazepine prescribing which was evidenced on national and CCG benchmarking documents.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The latest published results for 2014-15 demonstrated the practice had achieved 94% of the total number of points available, with 12% exception reporting overall (compared to a CCG figure of 11%) although the exception reporting rate for individual disease areas such as respiratory disease was more than 20%. The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement when recalled by the practice for reviews. The relatively high exception reporting rate for respiratory disease was attributed to the fact that many of these patients were being treated by specialists in hospital and that patients did not appreciate the value of attending for an annual review. The practice told us that they were planning to conduct an audit on exception reporting in 2016 with the aim of improving these figures.

Data from 2014-15 showed that the practice had achieved 100% of available points for;

- Asthma (CCG 99% and national 97%)
- Mental health (CCG 97% and national 93%)

However, the exception reporting rate for both of these outcomes was over 20% which was 17-30% higher than the CCG and national average

They had achieved results similar to the CCG and national averages as follows;

- 94% for Chronic kidney disease (CCG 96% and national 95%)
- 96% for dementia (CCG 98% and national 94%)
- 81% for diabetes (CCG 93% and national 89%)
- 67% for osteoporosis (CCG 93% and national 82%)
- 83% for peripheral arterial disease (CCG 98% and national 97%)
- 91% for secondary prevention of coronary heart disease (CCG 96% and national 95%)
- 93% for stroke and transient ischaemic attack (CCG 98% and national 97%)

The practice had carried out medicines audits in collaboration with the CCG pharmacy team but were unable to show us any other clinical audits that had been conducted over two cycles. However, they had conducted a number of reviews of processes. For example on patient recall system and on the coordination of palliative patients which demonstrated that these patients received the same consistent coordinated care, led by the GP partner with responsibility for care coordination.

We saw a clinical review which showed that they had met the referral criteria for 21 of the 23 patients referred with bowel cancer.

We did not see any documented evidence of sharing the learning outcomes from the reviews with any practice staff or attached staff who may have been involved in the care reviewed.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had recently changed their skill mix arrangements in response to the current national GP recruitment difficulties. There was a vacancy for one GP, one Advanced Nurse Practitioner (ANP) and one practice nurse which were being actively recruited to. There was an intention to recruit an ANP with specific skills to 'see and treat' patients in order to provide this

# Are services effective?

## (for example, treatment is effective)

additional service to selected patients and to assist with the workload of the GP's. The practice had two practice nurses who were able to review patients with long term conditions, who would otherwise have seen a GP and one HCA who was trained to provide a number of basic treatments and investigations. One practice nurse held a senior educational position locally and contributed to the development of other nurses, mentorship, infection prevention and control and revision of some clinical policies.

The practice had systems in place to ensure all clinical staff were kept up to date and were particularly supportive of nurses to enhance their practice. For example; they had recently funded a comprehensive course for a nurse to train to run a minor illness clinic within the practice. This had included more than 50 hours of supervised support by the GP's to enable the nurse to complete the course and mentorship.

The practice had supported a newly recruited HCA to learn a number of new skills including blood pressure monitoring, conducting an electro-cardiogram (ECG) completing basic dressings and administering influenza vaccination and vitamin B12 injections. We saw that a comprehensive education and mentoring programme was in place.

A care coordinator had been recently recruited for one day each week to assist with coordinating care for vulnerable patients and those with complex needs. The position was funded by the practice. The practice had taken this step to improve the outcomes of it's population which included a large number of socially deprived people who were vulnerable or had complex needs.

The practice were effective in coordinating care for patients at the end of their life and held a palliative care meeting every two months which was attended by a GP, care coordinator and various members of the community care team

There was an active appraisal system in operation at the practice, and all staff had received their appraisal in the preceding 12 months. We saw that personal development plans were written to meet the needs of individuals and staff told us that they were supported to undertake training to meet personal learning needs to develop their roles and enhance the scope of their work. For example, the practice nurse informed us that the practice was very keen to

support the development of the nursing team and that time was set aside three times each year where the practice closed in the afternoon so that staff could attend development and training.

The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. A new workbook was being developed by the IPC nurse Lead to assist new starters.

We saw that training records were updated on the practice intranet system and included safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

### **Coordinating patient care and information sharing**

The practice had some systems, processes and practices in place to keep people safe, and some processes had been recently reviewed and introduced. We saw that processes that were recently introduced were being adhered to by staff. However, at the time of our visit, some had not been in place long enough for us to conclude that they were fully embedded.

The practice had reviewed its process for handling incoming mail including test results and histology reports. We were told that most mail was electronic and initially sorted by administration staff and coded so that GPs could review them each day and action them accordingly. The practice processes enabled certain administration staff to action test results that were normal and these were filed in the patients record without them being seen and reviewed by a clinician. For example; blood test results that were within a pre-determined range for individual patients.

When paper letters arrived, these were scanned and added to the system within 48 hours. The practice had a buddy system in place whereby each GP had a second GP available to review their test results and correspondence when they were absent.

We reviewed minutes of meetings and saw that there had been issues and concerns raised with managing the process, as highlighted by an independent audit in September. This had highlighted that a large amount of correspondence was outstanding for more than one week

# Are services effective?

## (for example, treatment is effective)

at the time of the audit and, the issues related to managing the process had not been resolved. However, on the day of our inspection we saw that there was no correspondence waiting for more than one day to be actioned

The practice received correspondence from the Out Of Hours service electronically and letters seen the same day by a GP.

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care plans, medical records and test results. Care plans were observed for patients with a long term condition, learning disability, mental health and carers. All relevant information was shared with other health professionals through various multi-disciplinary meetings. Staff we spoke with told us that some meetings had previously been held inconsistently, but that this had improved over the last few months.

Staff worked together and with other health and social care services to meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. These meetings included a practice GP, care coordinator and community health services representatives including district nurse and health visitor and where necessary with social services and the community mental health team. Care plans were routinely reviewed and updated. District nurses visited the practice twice each week and had access to GP's where needed. Community staff told us that they were able to approach any of the GP or nurses at the practice when required but that communications in general could be improved.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. This included use of the Mental Capacity Act 2005, and providing care for children and young adults. They followed guidelines, as set out by the Department of Health (DOH) to assist GP's in deciding whether or not to give sexual health advice to young people without parental consent.

The process for seeking consent was monitored through records to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients were then signposted to the relevant service.

Access to a counsellor was available by appointment, smoking cessation advice was available from a local support group and the practice had arranged for a person from the Citizens Advice Bureau (CAB) to be available at the practice for one day each week to help patients with filling out forms and social issues.

The practice had a system for ensuring results were received electronically for every sample sent as part of the cervical screening programme. The results were reviewed by GP's and practice nurses along with other test results, however, we found that there was sometimes a delay in reviewing results for up to a week. The practice's uptake for the cervical screening programme was 84%, which was slightly above the CCG average and better than the national average of 82%. There was a policy to offer reminders for patients via text who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 92% to 97% compared to CCG average of 91% to 98%. Flu vaccination rates for the over 65s were 77%, and at risk groups 54%. These were also comparable to CCG and national averages. (CCG 73% and national 52%)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. This included people with long term conditions and those who were vulnerable for other reasons.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Throughout the inspection, we found that patient care and a genuine desire to do the best for patients was the primary focus of the practice team at all levels. This was integral to the practice team's everyday work.

We saw that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and people were treated with dignity and respect. Reception staff we spoke with told us that they had received customer care training and that they did whatever they could to help patients and always happy to go that extra mile. For example; they had collected a prescription from the local pharmacy for a patient whilst they waited for a taxi, and they had delivered medicines to patients where the patient needed the medicine urgently or for vulnerable and older patients.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. However, we noticed that conversations between patients and with reception staff could be overheard in the small waiting room.

Almost all of the 27 patient CQC comment cards we received were positive about the service and care they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, three of the comments also described the appointment system as unsatisfactory as they had to wait for several weeks to see their preferred GP, although they were able to see another GP before then. One comment was related to staff attitude and one related to clinical care provided by the practice.

We also spoke with one member of the patient participation group. They also told us that there were eight people in the group and held meetings every other month. They were involved in the annual patient survey and had

regular communication with practice staff. They told us that the practice had made some changes based on PPG feedback. For example; a clock was purchased for the waiting room and notice boards were re-arranged. A disabled space had also been marked out in the car park.

Results from the national GP patient survey showed that the practice was lower than the CCG and national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 87%.
- 78% of patients said the GP gave them enough time (CCG average 88%, national average 87%).
- 89% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 74% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 90% of patients said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

However, the comment cards we reviewed and the patients we spoke to on the day indicated they were very happy with the service they received overall.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with and comment cards told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients generally felt that their GP's could do better at explaining tests to them and involving them in their care. Results were lower than local and national averages. For example:



## Are services caring?

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)

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 and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified a number of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. However, The Patient Participation Group had highlighted that bereavement services could be improved.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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 population lived in an area of high social deprivation and a high number of patients had complex health needs or were vulnerable for other reasons.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- People with a learning disability were offered an annual health review and were given longer appointments
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions or an urgent need. The practice told us that they never turned any patients away who presented with an urgent need.
- A triage system was in place to prioritise the most urgent needs of patients
- The practice had hearing loop and translation services available.
- The practice had a large population with a diagnosis of dementia and had signed up for the dementia screening enhanced service which enabled them to identify patients at risk of dementia and offer an assessment opportunistically. All patients on the dementia register were offered an annual health review and individual case reviews were discussed at multidisciplinary meetings where required.
- The practice provided access to a counsellor on the premises where this was required.
- Access to the Citizens Advice Bureau (CAB) was provided to help patients with filling out forms and to receive advice with other issues.
- A care coordinator was employed by the practice to assist in the timely coordination of health and social care for high risk patients and those who were vulnerable.
- The practice had links with a local organisation to refer patients with alcohol problems

- The practice treated homeless people from the area.
- They had an open patient list so accept Asylum seekers.
- The practice treated patients who were suffering with drug abuse problems and referred where required.

### Access to the service

The practice was open between 8 am and 6.30 pm Monday to Friday. Appointments were from 08.30 to 11.30 every morning and 2 pm to 6pm daily. Extended hours surgeries were offered at 6 pm to 7.30 pm on Mondays and Tuesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them on the same day. Telephone consultations with a GP were available by appointment and routine appointments were bookable online.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them, but that they often had to wait a long time to see their preferred GP.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 69% patients described their experience of making an appointment as good (CCG average 74%, national average 73%).
- 66% patients said they usually waited 15 minutes or less after their appointment time (CCG average 69%, national average 65%).

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system, For example, there was a poster displayed in reception area.



## Are services responsive to people's needs? (for example, to feedback?)

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. The practice was open and transparent with dealing with the complaint and made a genuine apology to the patients where required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, where there was a misunderstanding about a prescription requested over the telephone, staff were told that they should verbally repeat the information back to the patient to check that they had heard correctly.

The practice maintained a record of the complaints they received and what action had been taken to address the issue. However, from the records we looked at, it was unclear whether any change to practice was followed up and we were unable to see whether the learning was shared with particular staff groups or with the practice more widely.

# 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 appeared motivated and committed to delivering high quality care and promote good outcomes for patients. However, they were unable to provide evidence of a clear vision, strategy or plan for the future of the practice and staff we spoke with did not know of any formal practice strategy or vision. The clinical staff were able to describe plans to recruit a new practice nurse, a GP and an advanced nurse practitioner.

When a previous practice manager left the practice this year, the practice sought a new practice manager and a business support manager with experience in managing challenging practices. The team had undergone a number of staff changes during the preceeding year and the aim was to bring management stability to the practice. We saw that a number of changes had been made since the recruitment of the practice manager, business support manager and practice nurse. This included reviewing and amending policies and protocols

The practice were actively trying to recruit one full time GP and were using locum GPs regularly to fill the gap. There were two other GPs working at the practice but we did not see any evidence of collaborative working or any succession planning. There was no evidence of a formal organisational structure. For example, there were no GP leads for key areas of practice such as medicines management, QOF or long term conditions management.

### Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of a strategy and good quality care. There was a general lack of systems in place to support governance. However, there were some procedures in place that staff understood and adhered to, and others were undergoing a review.

Although the staffing structure in place was limited and unclear with regard to lead roles, there were some staff we spoke with who had recently taken on responsibility for a lead role, however there was limited access to colleagues with more experience in this area. For example. The

practice nurse who was the IPC lead was being supported by the GP's and practice manager to make relevant changes, but there were no professional links in place with a local IPC team.

Other staff we spoke with who did not have a lead role told us that they were aware of their own roles and responsibilities

Practice specific policies were available to all staff on the practice's computer system and some were being reviewed and updated at the time of our visit.

The GP partners and managers had a comprehensive understanding of the performance of the practice. However, the practice staff we spoke with had little or no awareness of the practice's performance, and in particular they told us that lessons learned following significant events and from complaints was not shared with them routinely.

A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements was limited to medicines management reviews conducted by the CCG pharmacy team. However, reviews of clinical processes were conducted by the practice and the information used to inform change or to check that processes were being followed. Records of learning shared was not available.

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were inconsistent and records of changes made were limited. For example;

- There was no systematic approach to managing the process for following up National Patient Safety Alerts, and records we looked at showed that patients had not had their medication reviewed following an alert related to them.
- A review of a process for managing incoming correspondence, (including test results and urgent correspondence) identified issues with the process but had not been resolved within the last three months.
- Patients were continuing to be prescribed a particular painkilling medicine that was against CCG guidelines.

### Leadership, openness and transparency

The partners in the practice have the experience and capability to run the practice and ensure quality care. Even

# Are services well-led?

Requires improvement 

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

though there was a shortfall in GP hours, they were able to provide compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents, although these were not always followed up or documented and lessons learned were not shared widely.

When there were unexpected or unintended safety incidents or complaints, the practice gave affected people truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence and an analysis of significant events was discussed twice each year at a meeting that included a GP, practice manager, practice nurse and other staff where relevant.

Although there was no clear staffing structure in place for lead roles, staff were clear that the GP partners and the practice manager provided leadership for the practice and all the staff we spoke with felt generally supported by the management team

Meetings were held to share information and provide support, although staff we spoke to told us that these were sometimes inconsistent and not always documented.

We were told by the practice that the following meetings took place;

- A management meeting took place fortnightly which was attended by the GP partners, practice manager, assistant practice manager and business support .
- A nurse meeting took place monthly which was attended by the practice manager, nurses, HCA and ANP
- A clinical meeting took place every 3 months and was attended by the GP partners, practice manager and nurse manager

- A significant events meeting took place every six months and was attended by the practice manager, GP, nurse manager and other practice staff were invited as required
- Reception/administration team meetings took place every four months and was attended by receptionists, administration staff, practice manager and assistant practice manager.

Staff told us that meetings had become more regular since new managers were recruited recently and felt confident that concerns and issues raised in their team meetings were being acted upon more often.

We noted that there was an opportunity for development one to two times each year where the practice closed in the afternoon to allow staff to attend.

Staff said they felt respected, valued and supported by the partners and management in the practice. However, staff were not actively involved in discussions about how to run and develop the practice, and some did not feel encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, changes to the notices boards in the waiting area, and purchasing a clock for the waiting area.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not fully ensure that care and treatment was provided in a safe way for service users by</p> <ul style="list-style-type: none"><li>• Ensuring effective action was taken in relation to National Patient Safety Alerts to ensure individual patients were not placed at risk of harm</li><li>• Ensuring there was a system in place to undertake completed clinical audit cycles to improve the service delivered and patient health</li><li>• Ensuring the systems and processes for reviewing, coding and acting on incoming mail and test results was undertaken in a timely manner and had appropriate oversight from a clinician to ensure patients' health and wellbeing.</li></ul> <p>Regulation 12 (2) (b)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to enable them to identify, assess and mitigate risks by</p> <ul style="list-style-type: none"><li>• Establishing an effective system for sharing lessons learned from significant events and</li><li>• Establishing an effective system for acting on recommendations from the CCG pharmacy lead.</li></ul> <p>Regulation 17(1)&amp;(2)(b)</p>