

# The Meads Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Meads Medical Centre on 3 December 2015. Overall the practice is rated as requires improvement.

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

- There was a lack of formal governance arrangements. Risks to patients and staff were not always identified, assessed and well managed.
- The practice had begun to make some improvements to their overarching governance framework which would support the delivery of good quality care.
- There was an effective system in place for reporting and recording significant events.
- Appropriate recruitment checks on key staff had not been undertaken prior to their employment.

- Staff felt well supported but had not always received training appropriate to their roles. Further training needs had not always been identified and planned. Some staff had not received an induction or regular appraisal of their performance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patient feedback showed that patients did not always feel satisfied with how they could access care and treatment.
- Patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day with a paramedic practitioner.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

# Summary of findings

- The practice had sought some feedback from staff and patients, which it had acted on. However patient feedback via the national GP patient survey rated the practice considerably lower than others in several areas.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure all necessary and relevant checks are undertaken for all staff prior to employment.
- Ensure criminal records checks via the Disclosure and Barring Service are undertaken for all staff who are assessed as requiring a check, such as staff who act as chaperones.
- Ensure there are formal governance arrangements in place, including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that all patient identifiable information is held securely within the practice.
- Ensure rehearsals of fire evacuation procedures are undertaken.
- Ensure staff undertake training to enable them to undertake their role, including training in basic life support, the safeguarding of children and vulnerable adults, health and safety, fire safety, chaperoning, the Mental Capacity Act 2005 and infection control.
- Ensure that staff undertaking home visits to patients receive appropriate support and training.
- Ensure all staff to receive induction, regular supervision and appraisal.
- Ensure the hepatitis B status of all appropriate staff is established and that staff receive booster immunisations where required.
- Ensure staff have access to all required policies and procedures to support their role.
- Ensure improvements are made to patient access to the practice by telephone, their experience of making an appointment and waiting to be seen after their appointment time.

The provider should:

- Implement processes to establish a register of patients prescribed disease modifying antirheumatic drugs (DMARDs) in order to ensure their regular and ongoing review.
- Ensure cleaning schedules are agreed with external cleaning contractors.
- Provide written information within the practice to signpost carers to voluntary and support organisations.
- Continue to review patient feedback, particularly from the national GP survey in order to ensure continuous improvement relating to how patients felt they were treated by GPs and nurses and receptionists.
- Ensure clinical audits are used to promote continuous improvement and improve patient outcomes.

On the basis of some of the concerns identified at this inspection we are taking enforcement action. Where a practice is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected within six months after the report is published. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services.

Inadequate



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- However, risks to staff, patients and visitors were not always formally assessed and monitored. A number of risks to staff and patients had not been identified by the practice. For example some staff undertaking home visits to patients had not received appropriate training and had not undergone appropriate checks such as criminal records checks via the Disclosure and Barring Service (DBS). The practice had not assessed the risks to staff or patients in undertaking such home visits.
- Appropriate recruitment checks on staff had not been undertaken prior to their employment. The practice held no records for some staff who had been employed on a temporary basis.
- The practice had policies in place to keep people safe and safeguarded from abuse. However, staff had not received training in the safeguarding of children and vulnerable adults.
- Some staff who acted as chaperones had not received training to support this role and had not been subject to a criminal records check via the DBS.
- Some patient identifiable information was not held securely within the practice.
- There were some health and safety policies in place. However, staff had not received up to date training in health and safety or fire safety procedures. The practice had not recently undertaken a rehearsal of their fire evacuation procedures.
- Emergency procedures were in place to respond to medical emergencies. However staff had not received up to date training in basic life support.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained. However, the practice could not demonstrate that all staff had up to date hepatitis B immunisations.

### Are services effective?

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

Requires improvement



# Summary of findings

- Data showed patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated some quality improvement, however the number of audits available was limited.
- Staff had not always received training in key areas. For example, some staff had not received up to date training in basic life support, fire safety, information governance, child and adult safeguarding and the Mental Capacity Act 2005. Where staff told us they had completed training in some areas, record keeping was poor.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. For example nurses had received up to date training to support patients with asthma and diabetes.
- Staff had not always had an annual appraisal or agreed a personal development plan.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

## Are services caring?

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

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, the practice was rated slightly below local and national averages for its satisfaction scores on consultations with doctors and nurses within the national GP patient survey.
- We saw that staff treated patients with kindness and respect and maintained confidentiality. However, patients rated the practice below local and national averages within the national GP patient survey when asked how helpful they found receptionists within the practice.
- Information for patients about the services available was easy to understand and accessible.

**Requires improvement**



## Are services responsive to people's needs?

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

**Requires improvement**



# Summary of findings

- The practice 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.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day with a paramedic practitioner. Patient feedback via the national GP patient survey rated the practice considerably lower than others for access to care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. There was evidence that learning from complaints had been shared with staff.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had some degree of vision but the strategy for the practice was not clearly defined.
- There was a clear leadership structure and staff felt supported by management. The practice had a newly appointed practice manager.
- There was a lack of formal governance arrangements. However, the practice had begun to make improvements to their overarching governance framework which would support the delivery of good quality care.
- The practice had some policies and procedures to govern activity. However, these had been implemented in the weeks prior to our inspection and were not yet embedded. Some policies had not yet been developed, such as a whistleblowing policy and information governance policy.
- There were some arrangements for identifying, recording and managing risks. However, the practice had not identified or managed a number of apparent risks to staff and patients.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice was unable to demonstrate that staff had undertaken inductions, training in key areas and had received regular performance reviews.
- Staff had not been subject to appropriate recruitment checks.
- There was limited evidence of clinical and internal audit which was used to monitor quality and to make improvements.

**Requires improvement**



# Summary of findings

- The practice had sought some feedback from staff and patients, which it acted on. The patient participation group was active. However, the practice had not been successful in ensuring patient needs were met. Patient feedback via the national GP patient survey rated the practice considerably lower than others for access to care and treatment and ways in which they were treated by staff.
- The practice had recently developed a practice improvement plan prior to our inspection visit which had been agreed by the GP partners. The improvement plan had identified some of the key areas of concern highlighted within our inspection visit and other areas which had been more promptly addressed.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as inadequate for providing safe services and requires improvement for providing effective, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice worked closely with community teams to offer proactive, personalised care to meet the needs of the older people in its population. Older patients with complex care needs, for example, dementia and end of life care and those at risk of hospital admission, all had personalised care plans that were shared with local organisations to facilitate the continuity of care. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice provided ear syringing and micro suction especially before hearing aid appointments. An ophthalmology review service, analogous to eye casualty, enabled older patients to access a service with shorter waiting times and easier travelling.

Requires improvement



### People with long term conditions

The provider was rated as inadequate for providing safe services and requires improvement for providing effective, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice. Nursing staff held key roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

The provider was rated as inadequate for providing safe services and requires improvement for providing effective, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice. The practice employed three paramedic practitioners who provided a daily

Requires improvement





# Summary of findings

urgent care clinic which ran from 9.00am to 5.30pm. This enabled patients to be seen at short notice and outside of school hours. We saw good examples of joint working with midwives and health visitors. 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 good for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. A full range of contraceptive services including coils and implants was available.

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

The provider was rated as inadequate for providing safe services and requires improvement for providing effective, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice. The needs of the working age population, those recently retired and students had been identified. Extended hours appointments were available on one evening up to 8pm and on two mornings from 7.30am each week. Patients were also able to access telephone consultations and urgent care clinics daily. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group. Text messages were used to remind patients about pending and missed appointments and for health promotion such as flu immunizations and smoking status. Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as inadequate for providing safe services and requires improvement for providing effective, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments and carried out annual health checks for patients with a learning disability. They provided outreach annual review clinics to patients in residential care settings, such as one local facility for adults with learning disabilities. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. The practice provided information to ensure that vulnerable patients knew how to access various support groups and voluntary organisations. Patients without a permanent address

**Requires improvement**



# Summary of findings

were enabled to register at the practice. Staff had some knowledge of how to recognise signs of abuse in children and vulnerable adults. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, some staff had not undertaken formal training in the safeguarding of children and vulnerable adults.

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

The provider was rated as inadequate for providing safe services and requires improvement for providing effective, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice. Patients with severe mental health needs had care plans in place and received annual physical health checks. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Patients were referred promptly to local memory assessment services and to community mental health services. The practice provided information to patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had 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.

**Requires improvement**



# Summary of findings

## What people who use the service say

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 26 comment cards and we also spoke with six patients on the day of the inspection which included members of the Patient Participation Group (PPG).

We reviewed the 26 patient CQC comment cards received. 18 of those were positive about the service experienced and 8 cards provided examples of areas where improvements could be made. Patients said they felt the practice offered a good service and that the GPs and nurses were helpful, caring and treated them with dignity and respect. Patients who were less satisfied with the practice described difficulty in obtaining a routine appointment with a GP and long waits to be seen after their appointment time. The six patients we spoke with on the day of our inspection told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients we spoke with also told us they experienced long waits to be seen after their appointment time and found it difficult to access the practice by phone and to obtain a routine appointment with a GP. However, they told us that urgent appointments were usually available with a paramedic practitioner. Two patients we spoke with had travelled to the practice on the morning of our inspection in order to book an urgent appointment, as they found it difficult to get through to the practice by phone.

We reviewed recent GP national survey data available for the practice on patient satisfaction. The national GP patient survey results published in July 2015 showed the practice achieved lower than the local and national averages. There were 110 responses which represented a response rate of 43%.

- 48% found it easy to get through to this practice by phone compared with a CCG average of 70% and a national average of 73%.
- 67% found the receptionists at this practice helpful compared with a CCG average of 87% and a national average of 87%.
- 45% described their experience of making an appointment as good, with a CCG average of 75% and a national average of 73%.
- 66% were able to get an appointment to see or speak to someone the last time they tried, with a CCG average of 90% and a national average of 85%.
- 69% of patients described their overall experience of the practice as good, with a CCG average of 88% and a national average of 85%.
- 48% of patients said would recommend the practice to someone new to the area, with a CCG average of 82% and a national average of 78%.

## Areas for improvement

### Action the service MUST take to improve

- Ensure all necessary and relevant checks are undertaken for all staff prior to employment.
- Ensure criminal records checks via the Disclosure and Barring Service are undertaken for all staff who are assessed as requiring a check, such as staff who act as chaperones.
- Ensure there are formal governance arrangements in place, including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that all patient identifiable information is held securely within the practice.
- Ensure rehearsals of fire evacuation procedures are undertaken.
- Ensure staff undertake training to enable them to undertake their role, including training in basic life support, the safeguarding of children and vulnerable adults, health and safety, fire safety, chaperoning, the Mental Capacity Act 2005 and infection control.
- Ensure that staff undertaking home visits to patients receive appropriate support and training.

# Summary of findings

- Ensure all staff to receive induction, regular supervision and appraisal.
  - Ensure the hepatitis B status of all appropriate staff is established and that staff receive booster immunisations where required.
  - Ensure staff have access to all required policies and procedures to support their role.
  - Ensure improvements are made to patient access to the practice by telephone, their experience of making an appointment and waiting to be seen after their appointment time.
- Action the service SHOULD take to improve**
- Implement processes to establish a register of patients prescribed disease modifying antirheumatic drugs (DMARDs) in order to ensure their regular and ongoing review.
  - Ensure cleaning schedules are agreed with external cleaning contractors.
  - Provide written information within the practice to signpost carers to voluntary and support organisations.
  - Continue to review patient feedback, particularly from the national GP survey in order to ensure continuous improvement relating to how patients felt they were treated by GPs and nurses and receptionists.
  - Ensure clinical audits are used to promote continuous improvement and improve patient outcomes.

# The Meads Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Meads Medical Centre

The Meads Medical Centre offers general medical services to approximately 8,450 registered patients. The practice delivers services to a slightly higher number of patients who are aged 65 years and over, when compared with the CCG and national average. Care is provided to patients living in residential and nursing home facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average.

Care and treatment is delivered by two GP partners, three salaried GPs and one GP who provides services under a temporary contract on one day per week. Five of the GPs are female and one is male. The practice employs three practice nurses, two healthcare assistants and three paramedic practitioners. GPs, nurses and paramedics are supported by the practice manager, an assistant practice manager and a team of reception and administration staff.

We reviewed details of the practice registration held with the Care Quality Commission and noted that five GP partners were listed. The GP partners told us that two of the GPs listed as partners currently worked as salaried GPs within the practice and the third was no longer employed

at the practice. None of the three GPs listed in error as partners had ever held partnership positions within the practice. The GP partners were unable to explain the reasons for this inaccurate partnership registration.

The practice is open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments are offered from 7.30am on two mornings each week and on one evening until 8.00pm.

Services are provided from:

Bell Farm Road, Uckfield, East Sussex, TN22 1BA.

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

## Why we carried out this inspection

We inspected this service as part of our 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.

# Detailed findings

## 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 3 December 2015. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, paramedic practitioners and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following one incident the practice had reviewed its processes to ensure patients subject to varicella exposure in pregnancy were appropriately managed in line with NICE guidance.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had a lack of clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- Some arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. There was a lead member of staff for safeguarding. GPs were trained to level 3 in the safeguarding of children. However, some GPs, including the safeguarding lead had not undertaken training in the safeguarding of vulnerable adults. Other staff within the practice had also not received training in the safeguarding of children and vulnerable adults. Where staff told us they had previously received training we were unable to see evidence to support this.
- Notices were on display in consulting rooms to advise patients that staff would act as chaperones, if required. However, some reception staff who acted as chaperones

had not received training for the role and had not been subject to a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had not undertaken a risk assessment to support the decision not to undertake DBS checks.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One practice nurse had recently been appointed as the infection control lead. There was an infection control policy and protocol in place which had been very recently implemented and was not yet embedded. An infection control audit had been undertaken two days prior to our inspection. Therefore actions required to address any improvements identified had not yet been completed. The practice had determined the need to agree daily cleaning schedules with the external cleaning provider in order to address and manage some occasional underperformance.
- Nurses told us they had received training in infection control although the practice was unable to provide training records to confirm this. We noted that the practice did not hold records to confirm the hepatitis B status of nurses, healthcare assistants, GPs or paramedics working within the practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice implemented a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. Reviews were undertaken for patients on repeat medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use. The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of these directions. Electronic prescribing



## Are services safe?

services were scheduled to be put in place from January 2016 which would enable patients to request repeat prescriptions and have them sent directly to a pharmacy of their choice.

- We checked medicines stored in treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed that fridge temperature checks were carried out daily which ensured medicines were stored at appropriate temperatures. Processes were in place to check medicines were within their expiry date and suitable for use. This included recorded checks of stock and expiry dates. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- We examined personnel records and found that the practice had not ensured that appropriate recruitment checks were undertaken prior to employment. The practice had a recruitment policy which set out the standards it should follow when recruiting clinical and non-clinical staff. However this policy had been developed on 26 November 2015 and the practice could not demonstrate that they had followed appropriate processes prior to this date.
- The practice had recruited staff without checks being undertaken and was unable therefore to ensure that fit and proper persons had been employed and to ensure the safe care and treatment of patients. For example, we saw that the practice had employed a paramedic practitioner in May 2015. The practice was unable to demonstrate they had obtained references, a DBS check or evidence of professional indemnity and role specific training for this staff member. The practice had also recently employed a GP on a temporary contract for one day each week. The practice was unable to demonstrate they had carried out any checks prior to recruitment of the GP and held no records at all on this staff member. Nurses told us the practice had recently employed a locum practice nurse to provide additional cover during staff sickness. The nurse had been involved in cervical screening of patients. The practice was unable to demonstrate that any checks had been undertaken prior to the nurse's employment and held no records relating to her identity.

- We noted that nursing, administration and paramedic staff had not been subject to criminal records checks via the Disclosure and Barring Service (DBS). The practice was unable to confirm professional indemnity cover for some staff members, including the paramedic practitioners. We saw that one nurse had not been covered by the practice indemnity policy and the practice took steps to rectify this at the time of our inspection. The practice was unable to demonstrate that they had confirmed the annual status of professional registration of nurses employed within the practice.

### Monitoring risks to patients

Risks to patients and staff were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which had been implemented on the day prior to our inspection and was therefore not embedded. The practice had recently used an external supplier to carry out a comprehensive fire risk assessment of the premises. However, regular fire drills had not been carried out and staff had not received up to date health and safety or fire safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had also undertaken other risk assessments to monitor safety of the premises such as the risk of exposure to legionella bacteria.
- The practice told us that they placed a strong emphasis on providing support to patients who were unable to visit the practice and who required home visits. GPs, nurses, healthcare assistants and a member of the administration team provided home visits in order to provide a range of services, such as long term condition reviews, flu vaccinations and completion of 'Healthy Living Review' questionnaires. However, the practice had not undertaken risk assessments associated with these visits in order to identify and minimise the risks to staff and patients. Staff undertaking home visits had not been subject to criminal records checks via the DBS and other required recruitment checks. Some had not received training in the safeguarding of vulnerable adults. We noted that an administrator undertook home visits alone, to complete 'Healthy Living Reviews'. The



## Are services safe?

practice told us that this was a clinical commissioning group initiative to assess patients in their own homes and covered physical, psychological and social aspects of health. We saw that the template for the review included an assessment of the patients' understanding of when and how to take their prescribed medicines, health promotion advice and an assessment of mobility issues and hazards within the home. The practice was unable to demonstrate that the administrator had received appropriate training or had been assessed as competent to undertake this role.

- There were some arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. However, the practice told us they had experienced a challenging and turbulent period in the 12 months prior to our inspection and had faced difficulties in maintaining staffing levels. The practice had experienced multiple periods of prolonged sick leave, maternity leave and compassionate leave. Nurses told us that reviews of long term conditions were behind schedule due to significant unplanned absences within the nurse team. A new practice manager had been appointed two months prior to our inspection and a salaried GP had recently been recruited to the practice. Reception and administration staff told us that the appointment of the salaried GP had improved appointment availability for patients.
- Risks associated with the security of patient identifiable and confidential information were not well assessed by the practice. We observed that the practice had wall mounted correspondence trays outside each clinical

and consulting room. The trays enabled administrative and reception staff to leave correspondence for the nurse or GP working within the room. Due to the open layout of the practice patients and visitors were able to walk past the rooms and potentially remove correspondence from the trays. On the day of our inspection we noted that correspondence within the trays included prescriptions and clinic schedules containing patient identifiable information and minutes of multidisciplinary team meetings which contained confidential information relating to patients.

### **Arrangements to deal with emergencies and major incidents**

The practice had some arrangements in place to respond to emergencies and major incidents, however staff had not received appropriate up to date basic life support training.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 96.2% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable with the national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination within the preceding 12 months was 88.9%, compared with a national average of 88.3%; the percentage of patients with diabetes whose last measured cholesterol was 5 mmol/l or less was 75.9% compared with a national average of 80.53%.
- Performance for mental health related indicators were slightly lower than the national average. For example: 84.1% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.47% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 84.1% compared with a national average of 89.55%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 73.9% compared with a national average of 84.01%.

We saw limited evidence of clinical audits which had been completed and which demonstrated quality improvement. The practice participated in some applicable local audits and national benchmarking. Findings were used by the practice to improve services. For example, the practice had reviewed updated guidance in relation to monitoring patients who were prescribed one particular Disease Modifying Antirheumatic Drug (DMARDs). The practice had carried out a completed audit cycle to review the monitoring of these patients within the practice. They had implemented improvements to monitoring processes and achieved increased levels of monitoring as a result of the audit. However, we noted that the practice did not maintain a register of patients who were prescribed DMARDs and therefore were not able to monitor individually required review dates for those patients.

### Effective staffing

Staff had some of the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not undertaken training in key areas and staff training records were incomplete.

- The practice had a comprehensive induction programme and checklist for newly appointed members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality, as well as role specific duties and competencies. We noted that supporting policies and documents had been reviewed in November 2015. However, we were unable to see evidence of completed induction records for staff who had been recently recruited.
- The practice was able to demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice nurses and healthcare assistants told us that the practice was supportive of ongoing training and

# Are services effective?

## (for example, treatment is effective)

continuous professional development. Nurses had received initial high level training and ongoing updated training to support the management of patients with, for example, asthma and diabetes.

- There were some systems for identifying the learning needs of staff through a system of appraisals, meetings and reviews of practice development needs. However, we found that some staff had not had an appraisal within the last 12 months. We noted that the practice manager had identified the need to carry out appraisals within the practice improvement plan and had planned to complete these by March 2016.
- We reviewed staff training records and saw that some staff were not up to date with training in key areas. For example, some staff had not received up to date training in basic life support, fire safety, information governance, child and adult safeguarding and the Mental Capacity Act 2005. Where staff told us they had completed training in some areas, there were no training records to confirm this.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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

### Consent to care and treatment

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

### Health promotion and prevention

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. Patients were then signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 75.9%, which was lower than the national average of 81.83%. There was a policy to offer telephone reminders for patients 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 clinical commissioning group and national averages. Flu vaccination rates for patients aged 65 and over and for patients in the defined clinical risk groups were comparable with the national average.

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.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Members of staff were courteous and helpful to patients both attending the reception desk and on the telephone and people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff informed us that it was policy not to discuss patients at the desk and to ensure that paperwork was not left on display. They also told us that if a patient wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed GP national survey data for July 2015 available for the practice on patient satisfaction. The evidence from the survey showed patients were fairly satisfied with how they were treated by GPs and nurses and this was with compassion, dignity and respect. The practice was rated slightly below local and national averages for its satisfaction scores on consultations with doctors and nurses. We noted that patients rated the practice below local and national averages when asked how helpful they found receptionists within the practice. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 67% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

We received 26 patient CQC comment cards. 18 of those were positive about the service experienced and 8 cards provided examples of areas where improvements could be made. However, overall patients said they felt the practice offered a good service and GPs and nurses were helpful, caring and treated them with dignity and respect. We also spoke with six patients on the day of our inspection. They told us they were treated compassionately by the practice and said their dignity and privacy was respected.

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

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular meetings to discuss patients on the scheme and care plans were regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

We noted that the practice's QOF performance of 84% was above the national average for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a documented comprehensive care plan on file, agreed between individuals, their family and/or carers as appropriate, with the national average being 77.2%.

## Are services caring?

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

The results of the national GP survey showed that 84% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with a CCG average of 90% and a national average of 85%. We noted that 93% of patients said the nurses were also good at treating them with care and concern compared with a CCG average of 93% and a national average of 90%. The patients we spoke with on the day of our inspection and the comment cards we received told us that they thought that staff responded compassionately when they needed help and provided support when required.

The practice held a register of patients who were carers and new carers were encouraged to register with the practice. The practice computer system then alerted GPs and nurses if a patient was also a carer. However, we saw no evidence of written information which was available for carers to ensure they understood the various avenues of support available to them. There were no notices in the patient waiting room which signposted patients to support groups and organisations for carers.

# 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 offered extended hours appointments on two mornings and one evening each week for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- The practice provided care and support to patients with a learning disability living in a nearby residential facility.
- Home visits were available for older patients and other patients who found it difficult to attend the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Urgent care clinics run by paramedic practitioners were available to patients throughout the day on five days each week.
- The practice was located in spacious and easily accessible, purpose built premises. There were disabled facilities and translation services available.
- The practice supported a number of patients with venous leg ulcers and worked in conjunction with the tissue viability nurse to provide optimum care to these patients.
- The practice provided ear syringing and micro suction especially before hearing aid appointments.
- An ophthalmology review service within the practice, analogous to eye casualty, enabled older patients to access a service with shorter waiting times and easier travelling.
- Text messages were used to remind patients about pending and missed appointments and for health promotion such as flu immunizations and smoking status.
- The practice worked closely with multidisciplinary teams to manage the care of patients at high risk of unplanned hospital admission and those receiving end of life care.

### Access to the service

The practice was open between 8.30am and 6.30pm from Monday to Friday. Extended hours appointments were available on one evening up to 8pm and two mornings from 7.30am each week. In addition to pre-bookable appointments urgent appointments were also available for people that needed them. The practice had recently employed three paramedic practitioners who provided urgent care appointments and telephone triage appointments on a daily basis.

Some patients we spoke with and CQC comment cards we received told us they experienced difficulty in accessing the practice by telephone at peak times during the day and in obtaining a routine appointment with a GP. However, patients told us they were usually able to obtain an urgent same-day appointment when they needed one and that urgent appointments were usually available with a paramedic practitioner. Some patients we spoke with and comments we reviewed from patients indicated that patients were not always happy to be seen by a paramedic practitioner rather than a GP. However, some patients told us that this had greatly improved their access to urgent same day appointments.

Patients we spoke with told us they often experienced a long wait to be seen after their appointment time. Two patients we spoke with on the day of our inspection had been waiting for over 40 minutes beyond their appointment time.

Results from the national GP patient survey reflected the feedback we received from patients and showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 48% patients said they could get through easily to the surgery by phone compared with the CCG average of 70% and the national average of 73%.
- 45% patients described their experience of making an appointment as good compared with the CCG average 75% and the national average 73%.
- 32% patients said they usually waited 15 minutes or less after their appointment time compared with the CCG average of 62% and the national average of 65%.

### Listening and learning from concerns and complaints



# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a 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. The practice manager was the designated responsible person who handled complaints within the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and via a complaints leaflet held at reception. A prominent notice was displayed within the reception area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with told us that they had ever made a complaint.

We looked at the complaints received by the practice within the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. We noted that lessons learned from individual complaints had been acted upon. The practice held regular meetings where complaints were discussed and relevant learning was disseminated to staff. We saw evidence of actions taken in response to complaints raised. For example, the practice had provided feedback and further training and support to paramedics following inappropriate advice provided to one patient whose condition was mis-diagnosed and who went on to require hospital admission.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However, the strategy for the practice was not clearly defined. We found details of the aims and objectives and values in their statement of purpose. The practice aims and objectives included to provide the best quality services possible within a well-equipped and safe environment whilst continuously improving services to meet the needs of patients by encouraging dialogue through the patient participation group (PPG) and via patient feedback.

However, the GP partners acknowledged the impact that a challenging and turbulent period in the 12 months prior to our inspection had had upon the vision for the practice. The practice had experienced multiple periods of prolonged sick leave, maternity leave and compassionate leave. A new practice manager had been appointed two months prior to our inspection and a salaried GP had recently been recruited to the practice.

The practice manager told us they had focused upon achieving financial stability within the practice since their appointment two months previously, as well as developing a more cohesive staff team and ensuring the practice listened to the views and feedback of patients. The practice manager had developed a practice improvement plan prior to our inspection visit which had been agreed by the GP partners. The improvement plan had identified some of the key areas of concern highlighted within our inspection visit and other areas which had been more promptly addressed.

### Governance arrangements

The practice had begun to make improvements to their overarching governance framework which would support the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies had been implemented during the weeks prior to our inspection and were available to all staff. However these were not yet embedded and some policies had not yet been developed, such as a whistleblowing policy and information governance policy.

- There was a comprehensive understanding of the performance of the practice
- There was limited evidence of clinical and internal audit which was used to monitor quality and to make improvements.

There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had very recently employed an external advisor to undertake a fire risk assessment of the premises. However, the practice had not identified or managed a number of apparent risks to staff and patients.

### Leadership, openness and transparency

The partners were visible in the practice and staff told us that they were approachable and took the time to listen to members of staff. The newly appointed practice manager had engaged effectively with staff and GP partners to implement change and support improvements.

The practice had developed a clear leadership structure which included named members of staff in lead roles. For example, there was a lead GP for medicines management and one GP partner was the lead for child and adult safeguarding. Staff were aware of the leadership structure within the practice and felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff had become involved in discussions about how to run and develop the practice, and the practice manager and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice employed three apprentices who worked in the reception and administration teams. We spoke with one apprentice who told us they attended weekly team meetings and were encouraged to suggest items for the agenda. The apprentice was able to provide an example of an occasion when they had made suggestions to improve the patient registration process which had been implemented.



# Are services well-led?

Requires improvement 

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. However, the practice had not been successful in ensuring patient needs were met in response to feedback. Patient feedback via the national GP patient survey rated the practice considerably lower than others for access to care and treatment and ways in which they were treated by staff.

- The practice 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. We spoke with members of the group who told us they were well supported by the practice. PPG meetings were attended by the practice manager and a GP partner. The PPG had very recently helped to develop an information board within the reception and waiting area which provided

information about the group and encouraged other patients to join and to provide feedback about the practice. In response to patient feedback, the practice had implemented an improved telephone system and had employed three paramedic practitioners to facilitate a daily urgent care clinic in order to improve patient access to urgent appointments.

- Staff were involved in discussions about how to run and develop the practice, and the partners and the practice manager had encouraged staff to identify opportunities to improve the service delivered. For example, staff had recently made suggestions to improve upon information available to patients within the waiting room. Staff spoke positively about the practice and were motivated to succeed and to continue to improve.

## **Continuous improvement**

The practice had begun to develop a focus upon improvement at all levels. A practice improvement plan had been put in place prior to our inspection. We saw evidence of improvements made to some areas of the practice and the practice had recognised some of the other areas for improvement. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the 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 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>We found that the registered provider had not ensured that care or treatment achieved service users' preferences and ensured their needs were met.</p> <p>This was in breach of regulation 9 (1) (b) (c) (2) (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider had not ensured that effective systems were in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are healthcare associated.</p> <p>This was in breach of regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>We found that the registered provider had not ensured that systems and processes were established and operated effectively to prevent abuse of service users. Staff had not received training in the safeguarding of children and vulnerable adults.</p> <p>This was in breach of regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the registered provider had not always assessed, monitored and mitigated the risks relating to the health safety and welfare of service users and staff.

We found that the registered provider had not always assessed, monitored and improved the quality and safety of services provided.

We found that the registered provider had not always maintained records which are necessary to be kept in relation to the management of the regulated activity.

This was in breach of regulation 17 (1) (2) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found that the registered provider had not always ensured that staff received appropriate training, supervision and appraisal as necessary to enable them to carry out the duties they were employed to perform.

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

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.</p> <p>We found that the registered provider had not always ensured that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.</p> <p>This was in breach of regulation 12 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that the registered provider had not ensured that persons employed for the purposes of carrying on a regulated activity were of good character and had the necessary qualifications, competence, skills and experience necessary for the work to be performed.</p> <p>We found that the registered provider had not ensured that recruitment procedures were established and operated effectively to ensure that persons employed met the required conditions.</p> <p>We found that the registered provider had not ensured that information specified in Schedule 3 was available in relation to each person employed.</p> <p>This was in breach of regulation 19 (1) (a) (b) (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>