

Dr Michael Florin

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to Dr Michael Florin	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a follow up inspection on 29th July 2015 at the GP practice of Dr Michael Florin as a result of the practice currently being in special measure due to continued non-compliance with the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the practice to be inadequate in three of the five domains inspected. However the practice was good at caring for patients but required improvement in the responsive domains. The practice has failed to meet any of the regulatory requirements prescribed after the last inspection in October 2014 and no improvement in meeting the fundamental standards has been made.

Our key findings were as follows:

- The practice had no clear leadership structure, insufficient leadership capacity and no formal governance arrangements in place to support staff to deliver high quality evidence based care to patients accessing the service.
- All areas of the practice were seen to be clean, tidy and well-maintained.

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment, actions identified to address concerns with infection control practice had not been taken and some staff had not received appropriate training for their role.
- Management of medicines within the practice did not follow practice policy, local or national guidelines for the management of vaccines.
- Appointments with both the GP and nurse were available at short notice, with the waiting time for non-urgent appointments generally around 24 hours. All urgent requests were usually addressed within the day either with a telephone consultation or a face to face appointment offered to the patient.
- We received positive comments from patients who requested to speak with us during the visit.
- There were some policies and guidance in place to support the management of the practice but these had not been shared with staff at the time of the inspection.

Importantly, the provider must:

Summary of findings

- The provider must ensure that staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice. They must ensure staff are appropriately trained to take on the roles delegated or expected of them. This must include training to allow staff to carry out effective scanning, summarising of patient records and clinical coding.
- The provider must ensure there are systems in place to review and monitor patients who may be at risk or vulnerable within the practice population.
- The provider must take action to address infection prevention and control to ensure that they comply with the 'Code of Practice for health and social care on the prevention and control of infection and related guidance'. The practice must ensure there is an appropriate policy and staff training in place.
- The provider must take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff.
- The provider must review its systems for assessing and monitoring the quality of the service provision and take steps to ensure risks are managed appropriately.
- The provider must ensure there are formal governance arrangements in place and staff are aware how to implement these to ensure the practice functions in a safe and effective manner.
- The provider must ensure there is a clear strategy for the future of the practice.
- The provider must ensure that all policies and procedures are followed for the safe management and use of medicines which includes ensuring there is an auditable system for reviewing and monitoring the recording of serial numbers on all blank electronic and hand written prescriptions pads held in storage and once allocated to the GP.

This service was placed in special measures in January 2015; this followed five previous CQC inspections where the service was found to be not meeting regulations. Insufficient improvements have been made such that there remains a rating of Inadequate overall for this practice. The domains of Well led, effective and Safe are inadequate and the Responsive domain still requiring improvement. Caring is the only domain which has a rating of Good. As a result of this overall rating of inadequate all population groups remain inadequate. Therefore we are taking action in line with our enforcement procedures.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made.

There were safeguarding procedures in place and staff had received training in safeguarding children and vulnerable adults. We found that information regarding a safeguarding issue had not been recorded on all relevant documentation to allow staff to be aware of the problem.

Medicines management processes were ineffective and policies and procedures were not followed.

There were flow chart processes available to staff detailing how to deal with foreseeable emergencies but staff told us they used 'common sense' to deal with situations.

We found the staff nurse was undertaking the role of telephone triage nurse and had had no recent training to allow her to effectively assess patients' needs over the phone.

No infection control and prevention policy was available to the team at the time of the inspection. The lead for Infection Prevention and Control (IPC) was not aware if there was indeed a policy within the practice. Following an IPC audit by the local NHS Trust in August 2014, actions recommended had still not been completed even though they had been highlighted in previous CQC inspection reports.

There was a policy in place to investigate and learn from incidents that occurred within the practice but this was not fully followed and we did not see any evidence of investigation from any incidents that had occurred.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services as there are areas where improvements should be made.

There was no monitoring of patient outcomes of care and treatment by clinical audit. Therefore the practice could not demonstrate what actions were taken to improve patient outcomes. The practice nurse had produced evidence of collection of data relating to three areas of practice but had not completed an audit cycle with this evidence.

Patients were involved in decision making. We were told by the nurse assessments of care and treatments were in place and support provided to enable people to self-manage their condition. We saw referrals to secondary care were made in a timely manner.

Inadequate



Summary of findings

Consent to treatment was obtained appropriately.

Care and treatments were provided in a clean and well maintained environment. Equipment was in good condition and serviced as required. Staff did not raise any concerns in relation to availability of equipment.

Are services caring?

The practice is rated as good for providing caring services. Data showed patients rated the practice higher than others for several aspect of care.

Patients were complimentary about the service. They told us the staff were respectful, listened to them and were caring. The practice had yet to establish a patient participation group (PPG). We were told there was a list of willing participants but as yet no action had been taken to form this group.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services as there are areas where improvements should be made.

The practice had a clear complaints policy available; however this policy was not fully followed. Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been formally shared with staff.

The practice was seeking the views of patients and had installed a suggestions box but seldom received any suggestions. The practice was taking part in the friends and family test and told us their results were positive.

Telephone triage was available to patients who required on the day appointments when the allocation of urgent appointments had been used. This triage was carried out by the nurse who had had no recent triage or urgent care training.

Patients who worked and elderly patients requiring assistance from relatives who had work commitments were offered appointments with the nurse at times earlier or later in the day to allow them access.

New patients were offered initial health checks within ten days of joining the practice with the nurse.

Immunisation clinics for babies were displayed in the waiting area and letters were sent to all patients who required flu or shingles vaccines offering them appointment times for the clinics.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated as inadequate for providing well-led services and improvements are required.

There was no clear strategy or vision to assist staff to deliver high quality care. There were no formal governance arrangements and staff were not aware of what governance meant to the practice or to the patients registered with them.

There was no systematic programme of clinical audit to monitor quality and systems within the practice.

There was a formal process for identifying, managing and reducing risk however this was not adhered to. Reception staff were self-managing and told us they only disturbed the GP if they could not find a work around for the problem. Reception staff appraisals and development plans were overdue and no date had at the time been set to carry them out. The nurse had completed her appraisal with the GP.

Inadequate



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

This provider is rated as inadequate for providing safe, effective and for well-led services. It is also rated as requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Older people were offered appointments with the nurse at times to suit their ability to access the service. Patients reliant on relatives who worked to escort them to the practice were offered appointments earlier or later in the day although appointment times were limited with the GP between 9 and 5.40pm . Home visits for older people were available on request and flu and shingles vaccines could be administered in the home where needed, Referrals to secondary care were made as soon as the need was identified and all referrals were made by the GP.

Inadequate



People with long term conditions

This provider is rated as inadequate for providing safe, effective and for well-led services. It is also rated as requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice nurse actively reviewed the care and treatment of people with long-term conditions. The practice nurse monitored the needs of this patient group. Referrals to secondary care were made as soon as the need was identified.

Patients with multiple health conditions had all their health reviews completed on the same visit to minimise the number of visits for the patient. The nurse had developed some protocols to assist in the care of this group of patients.

Inadequate



Families, children and young people

This provider is rated as inadequate for providing safe, effective and for well-led services. It is also rated as requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Children requiring an appointment with the GP were always given priority and if appointments were not available they were either added to the end of the clinic or offered an appointment with the nurse if she was available to ensure they were always seen promptly.

Inadequate



Summary of findings

Triage appointments were available with a face to face appointment offered if deemed appropriate. However this triage was carried out by the nurse who had no documented recent training in this role. Referrals to secondary care were made as soon as the need was identified.

Working age people (including those recently retired and students)

This provider is rated as inadequate for providing safe, effective and for well-led services. It is also rated as requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Appointments were only available either earlier or later in the day to assist working patients to access the service with the nurse. The GP surgery times were within working hours of 9am to 5.40pm.

Inadequate



People whose circumstances may make them vulnerable

This provider is rated as inadequate for providing safe, effective and for well-led services. It is also rated as requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Interpreter services were available either planned in advance and an interpreter would attend the appointment with the person or by telephone if the appointment was not pre planned.

The practice could tell us the number of patients with learning disabilities they had within the surgery.

During a review of a sample of patient records we found evidence that information relating a vulnerable person within the practice had not been recorded within the person's electronic notes. There was no flag on the record to inform staff of the person's vulnerable state. Information relating to this person had not been followed up in a timely manner with other health professionals to ensure the patient received care appropriate to their circumstances.

Inadequate



People experiencing poor mental health (including people with dementia)

This provider is rated as inadequate for providing safe, effective and for well-led services. It is also rated as requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



Summary of findings

The nurse informed us it would be the GP who would be responsible for routinely and appropriately referring patients to counselling as well as to mental health services. The GP confirmed this was his role and he was responsible for patients experiencing poor mental health.

Summary of findings

What people who use the service say

We spoke to three patients who requested to speak with the inspectors and collected 42 comments cards during the inspection and all the comments were positive. Patients felt the practice listened to them and they did not struggle to get appointments to see the doctor or nurse. They told us their care was well managed and coordinated and if they needed a referral elsewhere, that they felt this was handled in a timely manner.

Patients commented the environment was now more patient friendly and cleaner.

The national GP patient survey results published on 4 July 2015 showed the practice was performing at or above local and national averages. There were 102 responses and a response rate of 32.6%

- 95.5% find it easy to get through to this surgery by phone compared with a CCG average of 79.3% and a national average of 74.4%.
- 94% find the receptionists at this surgery helpful compared with a CCG average of 88.8% and a national average of 86.9%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.1% and a national average of 85.4%.
- 95.4% say the last appointment they got was convenient compared with a CCG average of 92.6% and a national average of 91.8%.
- 86.5% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73.8%.
- 83.1% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68.3% and a national average of 65.2%.
- 74.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 61.6% and a national average of 57.8%.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure that staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice. They must ensure staff are appropriately trained to take on the roles delegated or expected of them This must include training to allow staff to carry out effective scanning, summarising of patient records and clinical coding.
- The provider must ensure there are systems in place to review and monitor patients who may be at risk or vulnerable within the practice population.
- The provider must take action to address infection prevention and control to ensure that they comply with the 'Code of Practice for health and social care on the prevention and control of infection and related guidance'. The practice must ensure there is an appropriate policy and staff training in place.
- The provider must take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff.
- The provider must review its systems for assessing and monitoring the quality of the service provision and take steps to ensure risks are managed appropriately.
- The provider must ensure there are formal governance arrangements in place and staff are aware how to implement these to ensure the practice functions in a safe and effective manner.
- The provider must ensure there is a clear strategy for the future of the practice.
- The provider must ensure that all policies and procedures are followed for the safe management and use of medicines which includes ensuring there is an auditable system for reviewing and monitoring the recording of serial numbers on all blank electronic and hand written prescriptions pads held in storage and once allocated to the GP.

Dr Michael Florin

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, a practice manager and an additional CQC inspector.

Background to Dr Michael Florin

The GP practice is a single handed practice located on a busy main road in Sale Cheshire. The practice currently has 2318 patients registered. The practice has one part time practice nurse and four part time reception staff.

The practice reception is open 8.00am – 6pm Monday to Friday with appointments available between 9am -11am and 3.30pm – 5.45pm with the GP Monday to Friday and with the nurse Monday and Wednesday she had all day clinics starting at 8.00am with a morning clinic only on Tuesday.

The practice population's largest group is the 18-65 years age group with its smallest being 85+ age groups. 55% of the practice population have long standing conditions and 39.8% have health related problems in daily life. There are currently 7 patients registered with the practice in nursing homes.

7.5% of the practice population are currently unemployed which is higher than CCG average.

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

areas deprivation score is 18.3, with income deprivation affecting older people higher than both CCG and National average at 20% and income deprivation affecting children at 16.0% within the practice. (Based on 2012 statistics)

Male life expectancy within the area is 80 years, while for females it is 84 years.

The GP does not provide out of hours services to his patients. This is provided by Mastercall. The GP practice delivers care as part of The General Medical Services (GMS) contract which is the contract between general practices and NHS England for delivering primary care services to local communities

The GP had achieved 88.8% out of a potential 100% in 2013/14 in the voluntary completion of the quality and outcomes framework system (QoF), Which is a national performance measurement tool submitted to the local Clinical Commissioning Group. (CCG). National average for this is 94.2%

The GP practice had declared non-compliance when it registered with the Care Quality Commission in April 2013. They were inspected on 28th June 2013 with a specialist advisor and found to be compliant with Regulation 22 only. Compliance actions were issued against Regulations 9,15,16,17,19,20,21,23 Warning Notices were issued against Regulations 10,12,13,11,18.of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following submission of a number of action plans a follow up inspection was carried out on 17th March 2014 with a GP Specialist Advisor. The practice was still found to be non-compliant with Regulation 10 only.

A further visit to the practice on 15th September 2014 found the practice remained in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. A decision was made to undertake a more in-depth inspection looking at all domains within the

Detailed findings

new framework of inspection. A further inspection took place in October 2014 under the new framework of inspection. The provider refused to take an active part in the inspection and was found to be overall rated as Inadequate. On the basis of this inspection, the ratings given to this practice, and the concerns identified at four previous inspections, this provider was placed into special measures. This was for a period of six months during which time the provider was expected to improve the practice to meet the required regulations and fundamental standards.

Special measures are designed to ensure a timely and co-ordinated response to practices found to be providing inadequate care that gives them support from NHS England and the Clinical Commissioning Group. Practices can choose to get further peer advice and support from the Royal College of General Practitioners. Being placed into special measures represents a decision made by CQC that a practice has to improve within six months to avoid having its registration cancelled.

Why we carried out this inspection

We carried out a comprehensive follow up inspection of this practice following six months in special measures. This provider had been inspected four times previously under our old methodology and once under the new methodology where we found continued non-compliance with expected standards.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting, we requested a range of information from the provider but failed to receive the information in a timely manner. We asked other organisations to share what they knew. We spoke with the Royal College of GP's representative who had been supporting the GP for a short period of time.

We carried out an announced visit on 29th July 2015.

During our visit we spoke with a range of staff including a nurse, reception staff and the GP. We also spoke with patients who used the service who requested to see the inspectors. We reviewed electronic patient records in line with our guidance for inspection.

Are services safe?

Our findings

Safe Track Record

The practice had limited systems in place to monitor patient safety.

Staff told us they understood their responsibilities to raise concerns with the GP if they felt patient's safety was at risk. They told us they were aware of how to report and record incidents and would ask for support if they needed it.

Systems for handling alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were adhoc. Alerts received into the practice were shared by the GP with the nurse and they told us they would check their patient records and if the alert was applicable to any patients a reminder would be added to the patient's record to pick up when the patient next visited the practice.

Staff informed us there was an accident book available. However they told us there had been no recent accidents.

Learning and improvement from safety incidents

The practice did not have an effective system in place for reporting, recording, learning from and monitoring significant events.

There was now a policy in place specific to the practice which outlined the documents to use and the process to follow for investigating and learning from significant events but this was not followed. Significant events were now being recorded but they did not show evidence of investigation or changes made to practice. The GP told us he saw all significant event documentation and signed the events as completed. Although there was documentation available to staff to use for investigation of significant events this was not properly used and staff were unaware of the documents when we asked them. We found a significant event had been recorded by the nurse but the detail on this document was not recorded in the patient's electronic record, hence there was no alert to make staff aware of any new needs for this patient

Significant events which had been raised with the practice on all previous inspections had still not been recorded or investigated by the GP. The GP told us he did not see the point in recording these now as they were historic. We found therefore no evidence that staff were able to learn

from any analysis of significant events to avoid reoccurrence or improve care given to patients. Significant events were still not an item on staff meeting agendas at the time of the inspection.

Reliable safety systems and processes including safeguarding

Safeguarding information was displayed in the practice reception area.

The GP was the lead for safeguarding in the practice. There was a policy for safeguarding patients in place and this had been seen on previous inspections as signed as read and understood by the staff. The GP had made changes to the policy and developed a new policy but this had not been shared with staff. We saw that relevant safeguarding information and contacts from the local authority were available for staff. The staff we spoke with were aware of these. Any concerns regarding the safeguarding of patients were passed on to the relevant authorities by staff as quickly as possible.

Staff had received safeguarding training except for the recently employed member of staff who was awaiting a planned date. The GP told us he was trained to level three in safeguarding children but we did not see his certificate on this occasion.

There were still no systems in place to identify, review and monitor patients who may be at risk or vulnerable within the practice population.

The practice offered telephone triaging for patients with minor illness to advise them if they needed to see the GP or nurse or could be referred to the local pharmacy in relation to their illness. The nurse carried out this triage service on Monday to Wednesday with the GP carrying out this service on other days. The nurse was carrying out telephone triage with no relevant up to date training or recent assessment of competence as she told us she was last trained in 2003/2004. The nurse explained she triaged within her experience and could correctly identify some conditions and would ask the GP to do the prescription. For other patients she would ask the GP for support.

Summarisation of patient's notes was not always carried out in a timely manner. We found approximately 30 sets of patient notes, some of whom had joined the practice in November 2014 who had not had their notes summarised and added to the electronic system. Reception staff told us they scanned the smaller volume packs onto the system

Are services safe?

first as it was quicker, hence larger sets of notes were left in the drawer. We discussed with reception staff the possibility that larger notes could mean long term conditions requiring greater input from the clinical team, they acknowledged this could be so and told us the GP 'just would come out and use the paper records' if this patient came into the surgery. This meant that the GP and nurse were not able to see complete clinical records easily at the time of consultation which could result in something being missed in the patients care. Staff carrying out record summarisation and coding of patients conditions had had no formal training to carry out this role.

A chaperone policy was displayed in all areas, staff told us chaperones were rarely requested but were available if required.

The building itself was accessible for patients with limited mobility. All patient, staff and public areas were clean and well maintained. We observed there were still no safety covers on electric sockets within the waiting area to protect children. There was a patient toilet available that was accessible to all users but did not have an alarm button should a patient require assistance in an emergency. These had been highlighted in the last report as actions to be taken.

Medicines Management

At our last inspection there was a medicines management policy in place that was not applicable to the practice. At this inspection the practice did not have a current medicines management policy. We found all emergency drugs were in-date and securely stored within the treatment room. Reception staff told us there were not aware of the location of the emergency drugs and as such could not have assisted or directed other clinicians in any emergency treatment of patients. This had been highlighted in the previous report.

The practice had in place a repeat prescribing policy which indicated patients could request repeat prescriptions by a variety of methods including electronically. The repeat prescription process appeared to work effectively with the GP signing all prescriptions before making them available for collection. When we checked the repeat prescription collection box we found there was no log for when prescriptions were collected and as such if a patient claimed not to have collected the prescription, there was no trace on where the prescription had gone. There was no

auditable system for reviewing and monitoring the recording of serial numbers on all blank electronic and hand written prescriptions held in storage or when given to the GP.

Fridge temperatures were monitored and recorded daily and there was a policy available to assist staff to do this. However the policy stated to check and record twice daily, records indicated this was only done once during the day. Reception staff told us they recorded this temperature on days when the nurse was unavailable but were unaware of the actual 'cold chain' process. This had been highlighted in the previous report. The "cold chain" is the process of maintaining medicines within a temperature range. The practice did not have an appropriate cool box, as suggested in the policy in which to store vaccines should the fridge breakdown or when routine cleaning was taking place. We found on examining the records of the fridge temperatures that during the previous six months dating back to January 2015, the fridge temperature had regularly been recorded outside the acceptable parameters and no action had been identified as being taken. No adverse incidents had been recorded in relation to the fridge temperatures being outside the acceptable range. We found the maximum temperature recorded on the sheets had been over the recommended 8°C on 64 days out of 144 days, with no temperature being recorded on 5 days (usually Fridays) when the surgery was operational. The temperature had been recorded at 8°C on 36 occasions, this is at the top of the range and as such should have been monitored closely and reported as per practice policy. . Out of range temperatures ranged from 9°C to 13°C. The acceptable temperature range for vaccine fridges is 2-8°C as recommended in the Immunisation against Infectious Disease Guide otherwise known as the Green Book and the practice policy. We could find no evidence that remedial action was taken or advice had been sought from the medicines management team at Trafford CCG or from NHS England, as to the effectiveness of these vaccines after storage at these temperatures. This was confirmed when we contacted the CCG and NHS England medicine management teams the day after the inspection. Although the fridge had been recalibrated by the service team contracted by the practice, the temperatures had continued to fluctuate. The result of this fluctuation may mean that vaccines administered were not at their optimum and may not have been as effective for the patients receiving this treatment. When we discussed this

Are services safe?

with the GP he told us he had not been informed of this problem before the inspection so was unaware of the issue. Trafford CCG medicines management team are visiting the practice to determine if further action is needed which may involve the assessment of the efficacy for individual patients who have recently undergone vaccination or immunisation.

Cleanliness & Infection Control

There were systems in place to reduce the risk and spread of infection. We observed all areas of the practice to be clean, tidy and well-maintained with appropriate floor and surface coverings. The practice employed a cleaning contractor to carry out all their cleaning requirements. We could not access any cleaning audits as these were not held within the practice and the GP and nurse did not receive copies or check the cleaners work on a regular basis.

There were hand washing facilities in each of the rooms. Antibacterial hand wash and hand gels were available in reception and the clinical rooms. We found protective equipment such as gloves and aprons were available in the treatment/consulting rooms. Examination couches were washable; curtains around them were disposable with change dates clearly identified on them.

The local NHS Trust had carried out an infection prevention and control (IPC) audit in August 2014 and had given the practice an action plan for completion at their earliest opportunity. These actions had not been addressed at the time of this inspection despite being dated 'to be completed as soon as possible'.

At our previous inspection we had seen an IPC policy which was not specific to the practice which would have made it difficult to follow. However this time we found there was no IPC policy available for staff to consult if needed. The lead for IPC (the practice nurse) told us even though she was aware she was the lead there was no relevant policy available for staff. Even though the IPC audit had been carried out in early August 2014 no contact had been made with the Trust to arrange an annual audit in August 2015. Staff had received basic IPC training from the IPC lead at the NHS Trust last year, the same time as the audit was undertaken. The nurse had attended the same training but had not received any further training or updates to support her IPC lead role since this date. There was no waste

management or sharps policy available during the inspection. However sharps boxes we checked were appropriately positioned, signed on opening and the contents of each box appeared appropriate.

Equipment

We found that the practice regularly checked and serviced all equipment to ensure its safety and suitability for daily use. We saw records of servicing and calibration for items such as scales and blood pressure monitors. These ensured readings taken from this equipment were accurate.

We also saw that fire and intruder alarms were regularly tested, checked and serviced. There were also checks of fire extinguishers and portable appliance testing (PAT) of all electronic and electrical equipment and appliances. Staff were unsure when the last fire drill had taken place but assured us the fire alarms were tested monthly although there was no record of this available. We saw evidence the last fire risk assessment was carried out in October 2013 by an external provider and there was a fire management plan available with this assessment. Staff were aware of this but had not read it and told us if there was a fire they would use common sense and get everyone out and call the fire brigade. There was a log book for visitors to the practice but staff did not sign in and out.

Staffing & Recruitment

There was a recruitment policy in place. As most staff had been employed for a number of years we asked to see the recruitment paperwork for the most recently employed part time receptionist. The recruitment process had not been followed as no references had been sought from past employers. By not seeking references breaks in work history and previous character could not be verified. Interview notes were available, from these we saw the GP had interviewed the applicant alone. Within the interview notes was reference to the contract being provisionally for six months, however there was no signed contract or job description within the staff members file. This was not in line with the practice recruitment policy.

We saw evidence to support the fact that the recently recruited staff member had been subject to Disclosure and Barring Service (DBS) check as had the long standing staff members.

Are services safe?

Monitoring Safety & Responding to Risk

The practice reception staff team were self-managing and arranged to cover each other for sickness and annual leave. We were told they did not bother the GP unless they really had to.

There were no documented arrangements in place for managing planned and unplanned GP and nurse absence.

When a safety alert was received by the practice it was reviewed by the GP and forwarded to the practice nurse. This information was disseminated electronically. The nurse told us she checked if the alert related to her patients and dealt with them as appropriate. There was still no audit trail of this check or any actions taken by the nurse or GP.

Arrangements to deal with emergencies and major incidents

The practice did not have a defibrillator or oxygen on site but did have basic airway management equipment available. We were told they would leave that to the nurse or GP. We were told all staff had completed basic life support training. There was no evidence that a risk assessment had been carried out to consider the risk of availability of emergency equipment such as a defibrillator or oxygen in the practice. This remained the same as at the last inspection.

There was a policy and process in place to deal with emergencies within the practice which was to call 999, make the patient comfortable and wait for assistance. There was a flow chart which indicated this process on display for the receptionists. However the reception staff we spoke with told us they would just use their 'common sense' and call an ambulance. Recently a patient had collapsed in the waiting room suffering an epileptic fit and had been attended to by the GP and a member of the reception staff. The patient recovered quite quickly and there was no need to call an ambulance. This had been recorded as a significant incident but there was no evidence of any discussion, debrief or feedback on how this was managed other than an acknowledgement to the staff member in the staff meeting notes.

As at the last inspection there remained a reactive approach to dealing with potential safety risks, including changes in demand, disruption to staffing or facilities, or periodic incidents such as bad weather or illness. We could not review the practice business continuity plan as the GP told us he did not have one. We were made aware there was no forward planning document to assist staff to manage emergencies or major incidents that may occur. The GP told us there were no arrangement in place with other practices in the area to support the continuation of this service should the premises become unusable at short notice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

As at the last inspection there was no comprehensive process for dealing with alerts from Medicines and Healthcare Products Regulatory Agency (MHRA) notices within the practice. Alerts were received by the GP and shared if appropriate with the nurse, she checked her patient lists and actioned the alert as relevant to the patients. The nurse explained the process she followed for dealing with MHRA notices. This involved her checking patients the notice may be relevant to and then discussing this with the patient at their next appointment. She informed us this was not routinely recorded

The nurse told us she was aware of National Institute for Health and Care Excellence (NICE) guidelines and would refer to them if she required any assistance but could not recall a time recently where she had needed to do this. The GP told us he was aware of and regularly used NICE guidance and he was able to discuss with us the use of guidance around reflux which he recently used to assist in the management of one of his patients.

Management, monitoring and improving outcomes for people.

There was still no monitoring of patient outcomes of care and treatment by clinical audit.

The nurse had recently looked at the use of emergency appointments in the surgery. This was not a completed audit cycle but was a collection of data that could be used to inform an audit. The GP had previously informed us the data had returned results in line with his personal expectations, it had not been benchmarked against any other practice outcomes.

The GP acknowledged the practice was behind with their clinical coding. We were told the GP forwarded information for coding to reception and he coded as required. The reception staff had had no formal training on how to code effectively and told us they had been told they would receive this training when it was available. Royal College of General Practitioners (RCGP) told us they had offered support with this process but the support had been declined at the time of the inspection.

Patients told us they were very satisfied with their care. People with long term conditions told us their conditions were well managed and that they had regular reviews.

Information from the quality and outcomes framework, which is a national performance measurement tool, showed that in 2013-2014 the practice achieved 88% of potential 100% compared with 94.2% nationally.

Staff told us that patients with multiple health conditions had all their health reviews completed where possible on the same visit to minimise the number of visits for the patient; this included patients with learning disability.

Effective staffing

The practice nurse assured us their registration with professional awarding bodies was up to date we could not find any record of this information within the practice, the GP told us he did not check the Nursing Midwifery Council (NMC) website for his nurses registration. We showed the practice nurse how to check registrations on the NMC website as she was unaware how to do this. We found her registration was due for renewal, she informed us her paperwork to do this had arrived and she would action this as soon as possible. She confirmed the GP never asked her if she renewed her registration or asked to see any annual documentation.

Staff working on the reception had all but one new member of staff been employed for a number of years and were up date with basic life support mandatory training. We were told there were plans for them to access a web based learning package in the future which would ensure they were kept update with all mandatory aspects of their role. We discussed this with reception staff and were told they did not wish to access further training.

Reception staff had not received annual appraisals; the practice nurse had completed her appraisal with the GP. We saw the nurse's appraisal paperwork and found they had not achieved the learning outcomes set in their 2014 appraisal, these learning outcomes had not been added to their subsequent 2015 appraisal.

The nurse had accessed appropriate Clinical Commissioning Group training and had also accessed a web based learning programme but had not carried out any recent training for her role as a triage nurse.

The GP offered us his GP appraisal evidence and we found evidence of a review of minor surgery and patient deaths within the practice had been collated to support his appraisal and revalidation. This evidence did not show a complete audit cycle but was merely data collection which could be used to support a clinical audit.

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

Since our last inspection the practice had a set up regular bi-monthly meetings with the health visitor which the nurse attended.

The practice had a system for referral to and handling of discharge letters from other health care environments. These were handled in a timely manner. The GP wrote informative individual letters outlining the patients' needs to the consultant / health professional.

Information Sharing

Details of out-of-hours consultations that patients had attended were shared with the practice by the out of hour's provider each morning. These were reviewed and where follow up action was required this was allocated to the GP. The practice had a shared secure IT system with the out of hour's provider which allowed them to share information relating to any complex patients or patients receiving end of life care. The system allowed both for creating and altering an electronic record for a patient, to ensure records were kept up to date.

Patients requiring a follow up appointment to discuss their test results were telephoned by the receptionist and an appointment made at the patients earliest convenience. Information on test results was available electronically to the GP and nurse to ensure care and treatment was current.

Consent to care and treatment

The practice had previously had a detailed policy on consent which included guidance for staff about their responsibilities to obtain consent, including from children and the right of patients to withdraw their consent. This policy however was not available to us on this inspection; the GP stated it was being reviewed.

The practice nurse understood how to use competency assessments of children and young people, which check whether children and young people have the maturity to make decisions about their treatment.

Patient's mental capacity assessments were not always appropriately assessed or recorded. They informed us they did not use a checklist just professional opinion to reach

the decision and recorded in the notes if they felt the person was able to consent to the treatment given. The nurse told us if they had any doubt the person was not capable of giving consent they would always seek the advice of the GP or suggest the young person brought their parent or guardian with them to the next appointment.

Neither the GP nor the nurse had completed any formal training on the Mental Capacity Act 2005 but the nurse told us she had completed reading to ensure she was informed of the requirements of the Act. This had been detailed in the previous inspection report but nothing had been done to improve on any aspects of the mental capacity act.

Health Promotion & Prevention

As at our last inspection there remained limited focus on prevention and early identification of health needs for patients at the practice. Health promotion was managed in a reactive manner as health checks were sporadic for patients registered with the practice. The GP informed us the practice was not taking part in the incentive for avoiding unplanned admission's for 2% of the patients most at risk of hospitalisation within the practice as this had proved too onerous.

The GP told us alcohol abuse was a major factor within the practice population and he had a good working relationship with the local alcohol abuse team for support and referral into the service. The practice did not participate in the enhanced service available for this particular problem

The nurse was able to tell us how they managed the care of patients with long-term conditions and what these were. She also outlined the actions taken to try to regularly review their needs but told us this did not always happen.

Patients were encouraged by the practice nurse to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and well-being. A limited range of health prevention and health promotion literature was available for patients either within the waiting area or in the nurse's treatment room.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients were complimentary about the practice and the attitude of the staff. Patients who requested to speak with the inspection team told us the staff were respectful of patients and their colleagues.

Staff were attentive to possible causes of concern and could identify times when they may need to alert medical staff if patients exhibited a change in their physical or mental health, for example when patients spoke or behaved uncharacteristically. One staff member had recently assisted a patient who had experienced an epileptic fit while visiting the practice.

The interaction between patients and reception staff was seen to be professional, caring and friendly. It was clear that they had a good knowledge of the needs of the patients and that the communication between the patient and reception staff was positive and valued by the patients..

Consultations took place in consulting rooms just off from the main patient waiting area. All rooms had an appropriate couch for examinations and curtains to maintain privacy and dignity. We observed staff in the reception area lowering their voices when addressing patients to avoid being overheard.

Information about the availability of a chaperone was displayed throughout the practice. When requested the practice nurse acted as chaperone if the nurse was unavailable some of the reception staff had had training to fulfil this role. Reception staff told us they had never been asked to carry out this role.

The practice had access to interpreters to assist with consultations with patients whose first language was not English. This was planned in advance when patients booked appointments; this service was provided by an external provider. Double appointments were also available if required.

Patients' responses to the latest National GP patient survey showed that they felt their GP gave them enough time; 91% of respondents felt this was the case, compared to the Clinical Commissioning Group (CCG) average of 87.2%.

Care planning and involvement in decisions about care and treatment.

We looked at 20 sets of patients electronic records. All but one set of patient records were completed as required by the General Medical Council. The records of a teenage patient we had highlighted from a significant event, did not have the same details which were recorded on the significant event documentation recorded in her electronic notes. This was relevant information due to it being a safeguarding event. We discussed this with the practice nurse who stated she had not entered this detail in the electronic notes as she did not see it relevant and it was already on the significant event documentation.

Patients were supported to understand their diagnosis. They told us they were involved in planning their care and were supported with information to make decisions about their treatment.

Patients we spoke with told us they felt their needs were fully assessed when they attended their appointments.

Patients we spoke to told us that both GPs and nurse at the practice were good at involving them in decisions about their care and treatment. We were told that the GPs were good at discussing treatment options with patients. This was reflected in results from the National GP patient survey, where 77.8% of patients felt the GP involved them in care decisions (compared to the CCG average of 76.9%), and 70.7% felt that the nurse involved them in decisions about their treatment (the CCG average was 66%). The proportion of patients who felt that their GP was good at explaining tests or treatments was 85.9%, where the average for the CCG was 84.3%.

Patient/carer support to cope emotionally with care and treatment

Patients were supported to understand their diagnosis. They told us they were involved in planning their care and were supported to make decisions about their treatment. We were told by one patient the GP had actively encouraged a relative of hers to seek further advice regarding a problem even when her relative was reluctant to visit the GP and through this active encouragement her relative had made a full recovery.

The practice demonstrated an understanding in respect of issues relating to confidentiality and did not exclude carers from being given appropriate information.

Are services caring?

The practice staff told us the GP contacted family members after there had been bereavement and offered them an appointment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice was accessible to patients with mobility difficulties. On site street parking was available outside the practice for disabled patients and also on street parking was available close by.

Staff confirmed they had access to translation services for patients who needed it.

The practice nurse held regular clinics for a variety of complex and long-term conditions such as respiratory disease and diabetes. Patients with multiple health conditions had their reviews undertaken where possible during one visit.

At our last inspection the practice staff told us they had been attempting to set up a patient participation group but had had no success. We had previously asked the GP to address this situation as a matter of urgency. The practice had a list of interested patients according to the GP but no attempts to address this had been made.

Both the GP and the practice nurse carried out home visits to patients who could not access the surgery and also offered patients flu immunisations at the same time.

Tackling inequity and promoting equality

We spoke with the practice nurse about the management of patients with mental health and learning disability issues who may be at their most vulnerable when attending the practice. We were informed that the GP dealt with all patients who had a chronic mental health need and the nurse would only be called upon to carry out routine monitoring for example blood tests or height and weight checks if required.

At our previous inspection the practice nurse was unaware of the numbers of patients registered at the practice who had learning disabilities. The nurse was able to tell us this information this time..

The practice nurse was not aware of the current NHS Clinical Commissioning Groups' Equality and Diversity Strategy despite highlighting this at the last inspection. The Equality and Diversity strategy is designed to tackle current health inequalities, promote equality and fairness and establish a culture of inclusiveness using the equality

delivery system (EDS) to drive improvement. The practice nurse told us they tried to take account of the diversity of needs of patients such as age, disability, cultural or religious beliefs and this had not been an issue for them.

Access to the service

Patients had specifically asked to speak to the inspection team at this inspection and told us they felt the practice staff responded to their needs well and were always accommodating if they needed appointments at specific times. Appointments with the nurse were available between 8-9am and 5-6pm for patients who worked during the day. Early or late appointments were not available with the GP on a regular basis.

Non-urgent appointments were available with the GP for the next day, with urgent appointments still available for the evening of the inspection day. Appointments with the nurse were available on her next working day.

95.8% of patients who responded to latest patient survey said the last appointment they got was convenient for them compared to a CCG average of 93%. With 77.2% saying they were satisfied with the surgery opening times this is almost in line with the rest of the CCG area. However only 67.8% of respondents would recommend the surgery to someone new to the area compared with 82.2% CCG average.

Listening and learning from concerns & complaints

The practice had a policy in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who managed all complaints in the practice. As at the last inspection however the practice did not follow this policy. The GP told us the practice did not get many complaints and we saw only one complaint since the last inspection. This complaint had been a data management issue which the GP had immediately responded to in written format; we found no evidence of investigation into the complaint. The GP had instigated a change in practice but according to staff the GP had not discussed the complaint fully with them just the change he wanted them to make to the storage of patient's records who had left the practice, before their notes were returned to the central office of the NHS.

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

We did not receive any comments regarding complaints from patients we spoke with.

Are services well-led?

Inadequate 

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

Our findings

Vision and Strategy

The GP could not articulate his vision or strategy for the practice other than to tell us he wanted to carry on delivering quality care to his patients. No business continuity plan was available.

Staff we spoke with were not aware of the future plans for the practice for the coming twelve months and told us they just came and did their jobs and assisted patients and the GP where they could. Staff were not involved in any future planning for the practice and there was no detailed plan available to show how the practice was to move forward over the next twelve months.

Governance Arrangements

There was no additional monitoring of clinical performance within the practice other than the voluntary completion of the quality and outcomes framework system (QoF). QoF is a national performance measurement tool.

Systems for monitoring the fitness of clinicians to practice were not evident and we could not find evidence to demonstrate routine checks on the practice nurse professional registrations had been carried out. The nurse was unaware of how to check the NMC /GMC register for her own or any other health professional who came to work within the practice. They did not see this as their role.

Since our last inspection the GP had started to develop or review processes in place within the practice and stated he may not review all policies that were developed due to time restraints. The policies we reviewed were not specific to the practice and were descriptive in nature without giving appropriate or sufficient guidance to staff.

There was no systematic programme for clinical audit available. No clinical audits had been carried out in the practice despite requests at previous inspections to implement an audit calendar for the practice. The nurse had recently analysed the use of emergency appointments and had again looked at the recall process for ladies requiring smear testing but neither of these had been converted in to clinical audit cycles. The GP had collated data on his administration of joint injections and on patient deaths within the practice but again these had not been converted into complete audit cycles.

There was no effective arrangement for identifying, recording, managing and mitigating risk available. The practice had a significant / critical event policy which was descriptive in nature however significant events that had occurred recently had not followed the policy. Significant events highlighted in 2013 at a previous CQC inspection had still not been recorded, the GP felt these were now too old to warrant recording even though actions to prevent their reoccurrence had not yet been put in place. We saw four new significant event records none of which had been investigated, they had been noted as seen by the GP but no formal investigation of action plan had been recorded. One event recorded concerning a safeguarding issue was only recorded on the significant event paperwork and had not been recorded in the patient's electronic record. This meant staff who might see this particular patient would not be aware of the issue highlighted as a significant event and as such treatment plans may not be supportive for that patient. From minutes of meetings with other health professionals we could not ascertain if this particular issue had been highlighted with them for their action/awareness.

Leadership, openness and transparency.

The practice had no clear leadership structure, insufficient leadership capacity and no formal governance arrangements in place to support staff to deliver high quality evidence based care to patients accessing the service.

Staff told us the GP was approachable and they could always speak to him if needed. Staff felt supported in their roles but told us they had been doing their jobs for many years so they should be comfortable in them.

We saw minutes of staff meetings which took place monthly following a set agenda however this agenda did not include serious event analysis or discussion.

The practice did not currently have an up to date website for patients to access.

Practice seeks and acts on feedback from users, public and staff

The practice had not supported the implementation of a Patient Participation Group (PPG). Although the GP told us he had a list of patient willing to join.

There had been no recent patient surveys other than the national survey which the GP told us he was very happy with results from and as such felt any further patient survey

Are services well-led?

Inadequate 

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

was not a matter of urgency. There was a suggestion box in the entrance to the practice but there had been no suggestions in recent months. Staff told us they did not actively promote the use of the suggestions box as they felt their patient would tell them personally if they had any suggestions as they knew them so well.

Patient's views were not sought and not taken into account when planning or making changes within the practice.

There had been only one complaint recorded within the last six months.

There had been no staff surveys completed for the practice. Staff told us they had no concerns but they would speak to the GP if they had.

Management lead through learning & improvement

Staff supported each other within the practice. The practice nurse was able to gain support at the local practice nurse meetings.

The practice remained very poor at promoting learning, with no management systems in place to support this. A new member of staff had no job description to give her a focus as to their role and responsibilities; she told us she would seek advice from the other staff as they supported each other very well and she had learnt a lot from them in the short time she had been there.

There were no clear personal objectives or training plans for any member of staff. Reception staff had not had their annual appraisals. The practice nurse had completed an annual appraisal and she told us this would not be revisited until the next appraisal date so no assessment of how she was doing during the course of the appraisal year would be made.

Staff told us they tried to do their best for their patients and felt they achieved this as patients were very complementary of their involvement in their care.

The GP shared with us his evidence collection for his upcoming NHS appraisal which was organised by the area team of NHS England. The GP had a revalidation date of July 2016. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

The evidence collated for appraisal by the GP did not document any audit activity and showed that limited training had been completed.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This service was placed in special measures in January 2015; this followed five previous CQC inspections where the service was found to be not meeting regulations. Insufficient improvements have been made such that there remains a rating of Inadequate overall for this practice. The domains of Well led, Effective and Safe are inadequate with Responsive domain still requiring improvement. Caring is the only domain which has a rating of Good. As a result of this overall rating of inadequate all population groups remain inadequate. Therefore we are taking action in line with our enforcement procedures.

Regulated activity

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

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This service was placed in special measures in January 2015; this followed five previous CQC inspections where the service was found to be not meeting regulations. Insufficient improvements have been made such that there remains a rating of Inadequate overall for this practice. The domains of Well led, Effective and Safe are inadequate with Responsive domain still requiring improvement. Caring is the only domain which has a rating of Good. As a result of this overall rating of inadequate all population groups remain inadequate. Therefore we are taking action in line with our enforcement procedures.

Regulated activity

Regulation

This section is primarily information for the provider

Enforcement actions

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This service was placed in special measures in January 2015; this followed five previous CQC inspections where the service was found to be not meeting regulations. Insufficient improvements have been made such that there remains a rating of Inadequate overall for this practice. The domains of Well led, Effective and Safe are inadequate with Responsive domain still requiring improvement. Caring is the only domain which has a rating of Good. As a result of this overall rating of inadequate all population groups remain inadequate. Therefore we are taking action in line with our enforcement procedures.

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

This service was placed in special measures in January 2015; this followed five previous CQC inspections where the service was found to be not meeting regulations. Insufficient improvements have been made such that there remains a rating of Inadequate overall for this practice. The domains of Well led, Effective and Safe are inadequate with Responsive domain still requiring improvement. Caring is the only domain which has a rating of Good. As a result of this overall rating of inadequate all population groups remain inadequate. Therefore we are taking action in line with our enforcement procedures.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This service was placed in special measures in January 2015; this followed five previous CQC inspections where the service was found to be not meeting regulations. Insufficient improvements have been made such that there remains a rating of Inadequate overall for this practice. The domains of Well led, Effective and Safe are inadequate with Responsive domain still requiring

This section is primarily information for the provider

Enforcement actions

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