Poplars Medical Practice

Quality Report

122 Third Avenue
Low Hill
Wolverhampton
WV10 9PG
Tel: 01902 731195
Website:

Date of inspection visit: 8 December 2014
Date of publication: 28/05/2015

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

Ratings

Overall rating for this service	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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Poplars Medical Practice on 8 December 2014. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe, effective and well-led services. It required improvement for providing responsive services. It was good for providing a caring service. It was also inadequate for providing services for the six population groups.

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

- The practice did not have robust governance arrangements to effectively manage risks to protect patients from harm and improve the quality of services provided.
- Data showed patient outcomes were average or below average for the locality. Although some audits had been carried out, we saw little evidence that audits were driving improvement in performance and patient outcomes.
- National data available indicated patients were very satisfied with the service received and were treated with dignity and respect. However, negative feedback had been received in response to recent staffing changes at the practice.
- Appropriate supervision arrangements were not in place for clinical staff working independently.
- Information about how to complain was available and easy to understand but evidence seen did not provide assurance that complaints were being well managed.
- Urgent appointments were usually available on the day they were requested. Patients reported that they were satisfied with access to appointments.
- Systems for obtaining and acting on feedback from staff or patients were not well embedded.

The areas where the provider must make improvements are:

Summary of findings

- Ensure effective systems are in place for the management of risks to patients and others against inappropriate or unsafe care. This should include the management of unforeseen events, the premises, staffing and recruitment.
- Ensure robust governance arrangements are in place to assess and monitor the quality of services provided. Ensure audits complete their full audit cycle in order to demonstrate improvements made to the practice.
- Establish robust recruitment processes to ensure only suitable staff are employed. Roles should be risk assessed in the absence of criminal record checks to determine whether they are required.
- Ensure that staff have clearly defined roles and responsibilities with appropriate support and supervision to ensure they are working within their competencies. Ensure staff are supported by robust policies and guidance to carry out their roles safely and effectively.
- Ensure consent for treatment is appropriately documented to demonstrate that risks, benefits and complications associated with the procedure have been explained and understood by the patient.
- Establish robust systems for the management and handling of complaints.

In addition the provider should:

- Ensure staff are supported by robust policies and guidance to carry out their roles safely and effectively.
- Ensure information is routinely shared with other services such as the out of hours provider to ensure patients receive good continuity of care.
- Develop a systematic approach to identifying and targeting health promotion and preventative care services for patients who would benefit from them.
- Ensure staff are aware of systems to support patients who may have difficulty accessing the service (such as language and other barriers).
- Develop robust systems to ensure the patient voice is heard and taken into account in developing and delivering services.

On the basis of the ratings given to this practice at this inspection, (and the concerns identified at our previous inspection), I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated as inadequate for providing a safe service.

The systems and processes to manage and address risks were not implemented well enough to ensure patients were always kept safe. We found areas relating to staffing and recruitment checks, management of the premises and unforeseen events that were not adequate.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learnt and communicated.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

Data showed patient outcomes were at or below average for the locality. Knowledge of and reference to national guidelines was inconsistent. There were no completed audits of patient outcomes. We saw no evidence that audit was driving performance to improve patient outcomes. Multidisciplinary working was generally informal and record keeping limited. There was evidence of appraisals and support for staff but this was generally on an informal basis. Arrangements were not sufficiently robust to determine that staff were working within their competencies and to identify learning requirements. Systems for obtaining consent were not sufficiently robust to ensure patients were giving fully informed consent.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

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

Patient feedback indicated patients were satisfied with the services received and the practice worked with NHS England Local Area Team and Clinical Commissioning Group. However, performance

Summary of findings

data for patient outcomes was below the CCG and national averages overall. Patients reported that they were easily able to access services at the practice and the appointment system was working well. Patients were able to obtain same day appointments if their needs were urgent. Patients could get information about how to complain in a format they could understand but evidence seen did not indicate complaints were always well managed.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

The practice had a vision and a strategy for delivering services in the future. Staff were aware of this and of their responsibilities in relation to it. There were leadership roles in place and staff felt supported however the roles were not clearly defined and governance arrangements were not sufficiently robust to effectively manage risks and monitor performance. Some policies and procedures were incomplete and did not provide sufficient guidance to staff. Staff meetings were held and some staff had received performance reviews but this was not consistent for all staff. Arrangements had recently been put in place to obtain feedback from patients but these had yet to be fully embedded to ensure feedback received was acted on.

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

Inadequate

The practice is rated as inadequate for the care of older people. This is because the provider is rated as inadequate for providing a safe, effective and well-led service. The provider is rated requires improvement for providing a responsive service. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Nationally reported data showed mixed patient outcomes for conditions commonly found in older patients. For example patient outcome scores were below the national average for patients with diabetes but above the national average for chronic obstructive pulmonary disease. Uptake of seasonal flu vaccinations for the older age group was also below the national average. The practice had not specifically identified patients in this age group who were most vulnerable and no care plans were in place. Multi-disciplinary meetings to discuss patients with complex needs did not take place. Longer appointments and home visits were available if needed.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of patients with long term conditions. This is because the provider is rated as inadequate for providing a safe, effective and well-led service. The provider is rated requires improvement for providing a responsive service. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Patients with long term conditions were offered annual reviews to check that their health and care needs were being met. However, national data on patient outcomes showed the practice was performing below the national average for some conditions such as diabetes. The practice had not specifically identified patients with complex health needs who were at high risk of admission and no personalised care plans were in place. Longer appointments and home visits were available when needed. Patients with urgent health needs were able to access same day appointments. Emergency Admissions for 19 Ambulatory Care Sensitive Conditions was in line with the national average. These are chronic conditions that can be appropriately managed in the primary care setting.

Families, children and young people

Inadequate

The practice is rated as inadequate for families, children and young people. This is because the provider is rated as inadequate for

Summary of findings

providing a safe, effective and well-led service. The provider is rated requires improvement for providing a responsive service. The concerns which led to those ratings apply to everyone using the practice, including this population group.

There were systems in place to identify children living in disadvantaged circumstances and who were at risk when they attended the practice. Parents of children were contacted prior to childhood immunisations to remind them to attend their appointments. However, there were no systems in place for following up children who did not attend for childhood immunisations or had a high number of A&E attendances. The lead GP did not have level three training for safeguarding children. Immunisation rates were broadly similar to other practices in the CCG area with the exception of those administered at 24 months which were slightly below the CCG average. Appointments were available outside of school hours and the premises were suitable and accessible for parents with young children.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for working age people (including those recently retired and students). This is because the provider is rated as inadequate for providing a safe, effective and well-led service. The provider is rated requires improvement for providing a responsive service. The concerns which led to those ratings apply to everyone using the practice, including this population group.

The age profile of patients at the practice is mainly those of working age, students and the recently retired. The practice offered extended opening hours one night each week to help accommodate the needs of patients who worked. Telephone consultations were also available daily between 12pm and 1pm with the independent prescriber to provide greater flexibility for patients with other commitments. Patients could book in advance. At the time of our inspection there was no online booking and online repeat prescribing available but this has subsequently been introduced. There were some services provided aimed at this age group such as cervical smears and blood pressure checks for hypertensive patients but uptake in both these areas was below the national average. NHS health checks for those aged between 40 and 74 years were not in place at the time of our inspection but there were plans to introduce them.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for vulnerable people. This is because the provider is rated as inadequate for providing a safe,

Summary of findings

effective and well-led service. The provider is rated requires improvement for providing a responsive service. The concerns which led to those ratings apply to everyone using the practice, including this population group.

The practice arrangements for identifying and following up patients who lived in vulnerable circumstances such as homeless people, travellers and those with a learning disability were not robust. We saw that the practice held a register of patients with a learning disability but was unable to provide us with any data to show what proportion of these patients had been offered and received an annual health check. There were however some positive examples seen where the practice had seen and treated patients with no fixed abode that were in poor health.

Although the practice told us they had tried multi-disciplinary team working for the case management of vulnerable people this did not routinely take place. Any multi-disciplinary working was on an informal basis. Patients who were also carers were signposted to support services available. Staff had some awareness of their responsibilities regarding information sharing and documentation of safeguarding concerns; although training in the areas of both safeguarding children and adults had not been kept up to date.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the people experiencing poor mental health (including people with dementia). This is because the provider is rated as inadequate for providing a safe, effective and well-led service. The provider is rated requires improvement for providing a responsive service. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Practice staff had an understanding of the needs of patients with poor mental health and had developed care plans for 67% of patients on their mental health register. Both the GP and health care assistant demonstrated an understanding of mental health issues. The GP told us they undertook mental health assessments for patients needing to be detained and lectured on the Mental Capacity Act. The health care assistant told they had previous experience in working in the mental health service. They were aware of services which they could signpost patients to for additional support.

Performance data available for patients in relation to outcomes for patients with dementia were below the CCG average.

Summary of findings

What people who use the service say

As part of our inspection we spoke with eight patients who used the practice. This included two members of the recently established patient participation group (PPG). PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of care. Prior to the inspection we also provided the practice with a comments box and cards inviting patients to tell us about their care. We received 22 responses. The majority of feedback was positive and patients were satisfied overall with the service they received. However a small proportion of patient feedback was about the independent prescriber's role. This appeared to relate to a lack of clarity regarding this role.

The practice had not implemented robust systems to obtain patient feedback. No recent in-house patient survey had been undertaken and there had only been one PPG meeting prior to our inspection. We looked at the results from the latest GP National Patient Survey 2014. Results from the survey showed a high proportion of patients who described the overall experience of their GP surgery as good or very good compared to the national average.

Areas for improvement

Action the service MUST take to improve

- Ensure effective systems are in place for the management of risks to patients and others against inappropriate or unsafe care. This should include the management of unforeseen events, the premises, staffing and recruitment.
- Ensure robust governance arrangements are in place to assess and monitor the quality of services provided. Ensure audits complete their full audit cycle in order to demonstrate improvements made to the practice.
- Establish robust recruitment processes to ensure only suitable staff are employed. Roles should be risk assessed in the absence of criminal record checks to determine whether they are required.
- Ensure that staff have clearly defined roles and responsibilities with appropriate support and supervision to ensure they are working within their competencies. Ensure staff are supported by robust policies and guidance to carry out their roles safely and effectively.
- Ensure consent for treatment is appropriately documented to demonstrate that risks, benefits and complications associated with the procedure have been explained and understood by the patient.
- Establish robust systems for the management and handling of complaints.
- Ensure appropriate systems are in place to protect vulnerable patients such as those with learning disabilities are protected from unsafe care through regular reviews to assess their health needs.

Action the service SHOULD take to improve

- Ensure staff are supported by robust policies and guidance to carry out their roles safely and effectively.
- Ensure information is routinely shared with other services such as the out of hours provider to ensure patients receive good continuity of care.
- Develop a systematic approach to identifying and targeting health promotion and preventative care services for patients who would benefit from them.
- Ensure staff are aware of systems to support patients who may have difficulty accessing the service (such as language and other barriers).
- Develop robust systems to ensure the patient voice is heard and taken into account in developing and delivering services.

Poplars Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor and a practice manager specialist advisor with experience of primary care services.

Background to Poplars Medical Practice

Poplars Medical Practice is registered for primary medical services with the Care Quality Commission (CQC). It is a single handed GP practice located in a converted house in Wolverhampton which has been adapted to meet the needs of the service. The practice is part of NHS Wolverhampton CCG Clinical Commissioning Group (CCG).

Services to patients are provided under a General Medical Services (GMS) contract. A GMS contract requires the practice to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is open Monday to Friday 9.00am until 6.30pm. Extended opening hours are available every Wednesday between 6.30pm and 8.00pm. When the practice is closed patients are able to receive primary medical services out-of-hours through another provider.

The practice has a registered list size of just over 3,200 patients. The population served is younger than the national average. The practice is located in one of the most deprived areas in the country.

Staffing at the practice consists of one male GP, an independent prescriber (male) and one health care assistant (female). The independent prescriber was also a community pharmacist. The practice also has a practice manager and a team of administrative staff.

The practice has not previously been inspected.

Why we carried out this inspection

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

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.

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?

Detailed findings

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew about the service. We carried out an announced inspection on 8 December 2014. During our visit we spoke with a range of staff (including the GP, independent prescriber, health care assistant, the practice manager and two administrative staff) and looked at a range of documents that were made available to us relating to the practice, care and treatment.We sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 22 completed cards where patients shared their views and experiences of the service. We also spoke with eight patients in person who used the service.

Inadequate

Are services safe?

Our findings

Safe track record

We saw that the practice used a range of information to identify risks and improve quality in relation to patient safety. For example reported incidents, national patient safety alerts and complaints from patients. Staff we spoke with were aware of their responsibilities to raise concerns and how to report incidents and near misses. We saw examples of incident reports and evidence that action had been taken in response.

Learning and improvement from safety incidents

The practice had systems in place for reporting, recording and monitoring significant events and incidents. Staff told us that significant events were discussed at practice meetings and we saw evidence from the minutes of these meetings. We saw records kept of significant events that had occurred during the last two years which were made available to us.

We saw copies of the incident forms which staff used to record incidents. Staff told us that these were given to the practice manager who oversaw the management and monitoring of them. We looked at six significant event forms that had recently been completed with learning outcomes noted. In one example seen where a patient had received the same vaccination twice safeguards had been put in place to minimise the risk of reoccurrence. However, it was difficult to identify whether incidents were always managed in a timely manner as dates were not consistently recorded as to when action had been taken.

National patient safety alerts were reviewed by the GP who told us that they would discuss those relevant at practice meetings and any medicine related incidents were discussed with the Clinical Commissioning Group (CCG) prescribing advisor. We saw evidence that the practice responded to national patient safety alerts received by the practice. For example information about the Ebola virus was displayed throughout the practice for patient and staff information.

Reliable safety systems and processes including safeguarding

Practice training records were made available to us. These showed that several staff had not received relevant role specific training on safeguarding vulnerable adults and children. We saw that arrangements had been put in place to ensure all staff would be trained in safeguarding children by the end of January 2015 but this did not include vulnerable adults. Staff interviewed had some understanding of safeguarding, how to recognise the signs of abuse and of their responsibilities regarding information sharing and referring concerns to relevant authorities. The GP was able to give an example of a safeguarding referral they had made. Relevant contact details for making safeguarding referrals were easily accessible to all staff in the reception area.

The GP was the recognised safeguarding lead at the practice. We were not able to verify what level of safeguarding training the GP had received as no evidence was available during our inspection. GP safeguarding leads are required to be trained to level 3 in safeguarding to ensure they have the knowledge to protect patients from harm. The GP told us that they had received training in safeguarding vulnerable adults in 2011 and that they were due to go on child safeguarding training in January 2015 and we were shown evidence of the booking for this. Although we could not confirm that the GP had the required training we were satisfied that they had an understanding and referred safeguarding concerns appropriately to protect vulnerable patients from harm.

There was a system to identify vulnerable patients on the practice's electronic records and we saw evidence of this. This ensured staff were aware of any relevant issues when these patients attended appointments; for example children subject to child protection plans. However, there were no specific arrangements to follow up children who did not attend immunisation appointments or identify children and young patients with high attendances at accident and emergency departments so that they could be followed up.

The practice had a chaperone policy in place but had not raised awareness of this to patients. No information was displayed informing patients that they could request a chaperone if they wanted one. The practice manager confirmed that all staff (the health care assistant and administrative staff) undertook chaperoning duties but none of the staff had undertaken chaperoning training while at the practice. We spoke with one member of administrative staff who told us that they had received

training in a previous role and understood their responsibilities when acting as a chaperone such as where to stand. The other member of administrative staff told us that they had not been asked to chaperone.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. We saw that hard copies of letters and other information were scanned onto the system on the day it was received and forwarded to the GP for action. Staff told us that they were up to date with scanning, coding and follow up of electronic patient information.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff.

There was a policy available for ensuring vaccines were kept at the required temperatures to ensure they maintained their effectiveness. This was being followed by staff and we saw records which confirmed that daily temperature checks were undertaken of the medicines refrigerator in which the vaccines were stored. Both the practice manager and healthcare assistant told us that they were responsible for monitoring the fridge temperature but it was not clear that they both equally understood what to do in the event of potential cold chain failure. They told us that the situation had not occurred but they would seek advice.

Medicines which did not require storage in the refrigerator were stored in the health care assistant's room. We checked a sample of medicines and vaccines at the practice and saw that they were all in date and suitable for use.

Some vaccines were administered by the health care assistant under directions from the GP. We saw examples of patient directives that had been recorded onto patient records and in line with legal requirements. We saw that the health care assistant had received appropriate training for the administration of vaccinations.

Prescribing data seen showed that the practice prescribing of antibiotics was similar to other practices in the local Clinical Commissioning Group.

There were systems in place for the management of high risk medicines which included regular monitoring in line with national guidance. We checked three anonymised records of patients on high risk medicines and saw that these had been managed appropriately.

There were systems in place for repeat prescribing. The GP authorised and reviewed prescriptions on a quarterly basis. Staff would alert patients when they needed to come in for a review or a blood test to ensure medicines taken remained appropriate to their health needs. We saw a sample of prescriptions awaiting collection these had all been reviewed and signed by the GP.

Blank prescription forms were held securely but were not handled in accordance with national guidance. Prescriptions are controlled stationery because of the risk that stolen prescriptions could be used to unlawfully obtain medicines. The monitoring system used for managing blank prescriptions by the practice did not provide an accurate record of the expected stock.

Cleanliness and infection control

On the day of our inspection we observed the premises to be visibly clean and tidy. We saw cleaning schedules with daily, weekly and monthly cleaning tasks which had been signed by the cleaner to show they had been completed. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The health care assistant was the lead for infection control. Their training records did not show that they had undertaken any recent training in this area to enable them to support other staff and advise them on the infection control policy. We saw that there was an infection control policy in place and supporting documents but many of these were incomplete and did not provide adequate guidance to staff.

We saw infection control measures in place at the practice to help reduce the risk of cross infection. These included work surfaces and flooring in clinical areas that were intact and free from clutter making them easy to clean; availability of personal protective equipment (PPE) for staff such as gloves and aprons and the appropriate segregation and disposal of clinical waste. Hand washing facilities were available in the treatment rooms enabling staff to clean their hands between patients and hand washing techniques signage was displayed.

Inadequate

Are services safe?

An infection control audit had been carried out but it was not dated and there was no evidence of an action plan or evidence of actions that had been followed up. The practice manager told us that this infection control audit had been carried out in January 2014 and the CCG were due to carry out another audit later that month.

The practice policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings) was incomplete. The practice was unable to provide evidence of a risk assessment in relation to legionella and regular checks in order to reduce the risk of infection to staff and patients. Evidence provided in relation to the management of legionella included water temperature checks from July 2014.

Equipment

Records relating to the testing and maintenance of equipment used at the practice were not fully available to us during the inspection. The practice did not keep a list of equipment held to ensure items which required checks for electrical safety and calibration were not missed. We saw a certificate to show that equipment had recently undergone portable appliance testing for electrical safety. However, no records were made available at this time to demonstrate that relevant equipment such as fridge thermometers, scales and blood pressure monitors had been serviced and calibrated. Stickers indicating the last testing date on appliances were not up to date. However, the practice was able to forward evidence of calibration on to us following the inspection in order to demonstrate the equipment was fit for use.

Staffing and recruitment

Prior to our inspection we asked to see and the provider forwarded to us a copy of their recruitment policy and procedure that set out the standards to follow when recruiting clinical and non-clinical staff. We found the recruitment policy to be brief and did not contain any details of pre-employment checks required as cited in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and superseded by the Schedules 3 and 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This should include for example, a full employment history, evidence of conduct in previous employment and where applicable a criminal record check.

We looked at the recruitment records for three members of staff that had been recruited within the last 12 months. We found information relating to the recruitment of staff and checks undertaken were incomplete. None of the files provided evidence that references had been obtained and identification checks had been completed. One of the new recruits, the independent prescriber was the brother of the GP who had the same name and title due to medical training (but was not GMC registered) which caused some confusion among patients as to their role.

We saw that criminal records checks via the Disclosure and Barring Service (DBS) were in place for the clinical members of staff. However, these had not been actively used to assess the suitability of staff employed. Where issues had been raised through the DBS no further action had been undertaken to assess any potential risks to patients who used the service. One DBS certificate seen related to a member of staff's previous employer and had not been updated on commencement of employment at the practice. The practice manager told us that at times administrative staff carried out chaperoning duties but did not routinely have a DBS check carried out. In the absence of a DBS check there were no risk assessments in place to assess whether the roles and duties carried out by administrative staff required a DBS check.

We asked the practice how they ensured there were enough staff on duty to maintain the smooth running of the practice and keep patients safe. We found the arrangements in place were not adequately robust. The practice manager told us that the administrative staff were part time and worked flexibly to cover any sickness or leave. The practice did not have any formal arrangements to cover the GPs absence. The GP told us that they did not take leave but if needed there was a network of local doctors who would support them during annual leave. There were no risk assessments and action plans in place to advise staff what they should do should the GP take unexpected leave, for example due to sickness.

Monitoring safety and responding to risk

The practice did not have robust systems, processes and policies in place to manage and monitor the risks to patients, staff and visitors to the practice. Records made available to us lacked detail and did not provide assurance that risks were being effectively managed. There was a health and safety policy in place however it was not clear this was being followed in practice. The practice had not

undertaken any routine checks of the building and environment to identify and mitigate against any risks to patients. We asked to see fire risk assessments but none were in place, although we did see evidence that fire extinguishers had been checked. One patient told us that the practice was sometimes cold and we found this was the case on the day of our visit, particularly in the health care assistant's room which was in use to see patients.

A disability discrimination act risk assessment had been undertaken in July 2014. The assessment had not identified that any actions were needed.

The GP advised us how they responded to changing risks to patients such as those with deteriorating health. They told us that patients at risk in this way would be seen the same day and that they would use links with the hospital to ensure patients received the care they needed. The GP told us that they were trained to undertake mental health assessments and were able to respond appropriately to those experiencing a mental health crisis.

Arrangements to deal with emergencies and major incidents

The arrangements in place to manage medical emergencies were not sufficiently robust. We were told all staff had received training in basic life support, although it was difficult to verify this as no overall records of training were maintained. Staff interviewed and individual staff records checked confirmed that staff had received recent training in basic life support. Emergency equipment available included an automated external defibrillator (used to attempt to restart a person's heart in an emergency) but no oxygen. There was no risk assessment in place to determine whether oxygen was required and what the alternative arrangements were in the absence of oxygen. Emergency medicines were available to cover a range of medical emergencies. There were records which confirmed emergency medicines were checked to ensure they were in date and fit for use. However we noticed that the defibrillator had not been checked and the pads were out of date.

We asked to see the practice's business continuity plan for dealing with a range of emergencies that may impact on the daily operation of the practice. For example power failure, adverse weather, unplanned sickness absence and access to the building. None of the staff interviewed were aware of a business plan and the practice manager confirmed there was none in place.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We discussed how relevant and current evidence-based guidance, standards, best practice and legislation were used to develop how care and treatment were delivered. The GP was aware of the need to stay updated regarding changes to guidelines. The GP told us how they would review new guidance such as that from the National Institute of Health and Care Excellence (NICE) and implement any action needed and we saw evidence of this.

The practice had not given consideration as to how it could identify and meet the needs of patients with complex care needs.

The practice had care plans in place for patients with poor mental health but these were the exception due to capacity. The GP told us that a community matron service was available in the CCG area that they could refer patients with complex care needs to. The community matron helped to co-ordinate the care of patients with complex needs to help prevent hospital admissions.

Management, monitoring and improving outcomes for people

As a single handed GP they took responsibility for all clinical aspects of care. They told us that their connections outside the practice with the Local Medical Committee and Clinical Commissioning Group helped provide them with clinical support. They also told us that they specialised in mental health and lectured on the Mental Capacity Act.

The practice showed us three clinical audits that had been undertaken in the last 12 months. None of these were completed audits where the practice was able to demonstrate the impact of changes since the initial audit was undertaken. One of the clinical audits seen related to the management of patients with osteoporosis in which adjustments to the patient's treatment were made. The second audit related to the management of atrial fibrillation using new oral anticoagulants approved by NICE, the practice was awaiting approval from the CCG before making changes to treatment. The other example included an audit to confirm that the GP who undertook minor surgical procedures was doing so in line with their registration and NICE. As a result of our inspection the GP realised that they needed to improve the completion of audits and had introduced a plan to undertake two new and two repeat audits each year.

The practice did not proactively target groups of patients with long term conditions to ensure their needs were met and this was reflected in the Quality Outcomes Framework (QOF) scores and national screening programmes for the practice. QOF is a national performance measurement tool focussing on patient outcomes. The practices overall performance against QOF data for 2013/14 was lower than both the CCG and the national average. The practice achieved 86.4% of the total QOF points available compared to the CCG average of 95.4%. The practice performance against QOF was in line with the CCG for areas such as dementia and atrial fibrillation but worse in areas such as diabetes, cervical screening and hypertension.

There were processes in place for repeat prescribing which were in line with national guidance. Patients on repeat prescription who needed to be seen were identified and contacted to come in for a review. A message was also recorded on the patient's prescription for them to attend the practice for a health and medicines review. The patient record system alerted the GP if patients had not had required tests. Staff told us that all prescriptions were authorised by the GP which enabled them to have oversight of the patient's treatment and needs.

The practice maintained a palliative care register and discussed relevant patients at the practice meetings. The GP told us that they invited members of the multidisciplinary team such as the district nurse, health visitor and hospice nurses to these meetings but that they rarely attended. However, they told us that they did communicate directly with palliative care nurses in the care of these patients.

Effective staffing

Practice staffing included a GP, an independent prescriber, a health care assistant, a practice manager and administrative staff. We reviewed staff training records for six members of staff.

Training records were not managed in a way which made it easy for senior staff to identify and monitor what training staff had received and whether they were up to date with attending the practice's mandatory courses. Although there were no overall records of staff training maintained our

review of individual staff training records seen confirmed those staff had received basic life support training. However, most, including the lead GP, had not received safeguarding training for both children and adults. As a result of our inspection we saw that arrangements had been made to ensure all staff received appropriate safeguarding training during the next two months.

The GP at the practice specialised in mental health. They told us that they lectured on the mental capacity act and were a section 12 approved clinician. This is a clinician who can make decisions as to whether someone should be detained under the Mental Health Act 1983.

The GP told us that they had made a conscious decision not to employ a practice nurse. Instead a health care assistant and independent prescriber took on some of the responsibilities traditionally undertaken by a practice nurse.

The health care assistant told us that they had previously worked in mental health services and had been involved in writing the care plans for patients on their mental health register, they also undertook flu vaccinations, long term condition reviews, new patient screening and were due to start undertaking NHS health checks. We reviewed the training received by this member of staff to undertake these duties. We saw that they had received training in immunisations and vaccinations, health checks and smoking cessation. However, we did not see any training relating to long term conditions. The health care assistant told us that they could approach the GP at any time if they were concerned about a patient. They told us that they worked within a set threshold above which patients would be referred to the GP to be seen.

The independent prescriber had a number of years experience as a community pharmacist and held an independent prescribers qualification, which we saw. They undertook telephone and face to face triage at the practice and prescribing within their competencies. They did not sign prescriptions or make referrals these decisions were made by the GP. However, feedback from patients' indicated that there was some confusion as to this member of staffs role. Some patients had assumed the prescribing advisor was a GP. We did not see any information available to inform patients as to this person's role.

The GP was up to date with their yearly continuing professional development requirements. We saw that they had received annual appraisals and had been revalidated. 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.

We saw that administrative staff had received an appraisal within the last year. We saw that actions had been identified in relation to learning needs but there was no evidence available that these had been implemented.

Neither the health care assistant or independent prescriber had received an appraisal. We were told this was because they were new members of staff. The staff had commenced their employment with the practice in February 2014 and July 2014 respectively. The practice was unable to provide us with any detail or had clearly defined the roles and responsibilities for these members of staff. Since starting there had been no supervision or performance monitoring of the independent prescriber and health care assistant in order to assess their competencies in relation to their role.

Working with colleagues and other services

The practice told us how it worked with other service providers to meet patient's needs and manage those with complex needs. The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, information from the out-of-hours GP services and the 111 service both electronically and by post. Practice staff were aware of their responsibilities to ensure patient information received was passed on, reviewed and where appropriate acted on. They told us that they were up to date with processing communications received. The GP who saw these documents and results was responsible for the action required. Staff we spoke with understood their roles and were happy that the systems in place worked well. From the selection of records we saw there were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately.

The practice told us that they had tried to arrange multidisciplinary team meeting to discuss the needs of complex patients such as those with end of life care needs or children on the at risk register. They told us they invited various health care professionals such as midwives, health visitors, district nurses and palliative care nurses to their

monthly practice meetings but usually they did not attend. The GP told us that they would hold informal discussions directly with relevant staff when needed to share important information.

Information sharing

Electronic systems were in place for communicating with other providers. Staff told us that they used the Choose and Book system to make referrals. The Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. We spoke with several patients who told us that they had been referred for care and treatment and that there had been no difficulties.

The practice had signed up to the electronic Summary Care Record and were working towards having this operational. Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours. Patients had been notified of this. In the meantime we asked how the practice shared information about their patients with the out of hours provider such as those at end of life or with complex needs to support continuity of care. The practice did not routinely provide information about its patients with the out of hours provider.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record (EMIS) to coordinate, document and manage patients' care. Staff we spoke with were happy that they knew how to use the system and said that it worked well. The EMIS software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. The practice had not undertaken any specific audits to assess the completeness of these records in order to identify and address any potential shortcomings.

Consent to care and treatment

We found clinical staff had a good understanding of the Mental Capacity Act 2005 and their duties in fulfilling it. The GP provided training to other health care professionals in the Mental Capacity Act and was a section 12 approved clinician. We saw evidence of capacity assessments having been undertaken. The health care assistant also had a background in mental health.

The practice had a consent policy in place but this did not specifically detail the processes for documenting consent including risks, benefits and complications. Interventions such as joint injections and family planning procedures were undertaken at the practice. The GP told us that they obtained verbal consent for procedures undertaken and recorded this in the notes. The practice had not undertaken any audits to confirm the consent process for minor surgery was being followed.

The practice had undertaken care planning for patients with poor mental health with their involvement. This helped staff provide care according to the patient's wishes. However the practice was unable to demonstrate how they supported patients with dementia or learning disabilities to make decisions relating to their care.

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

Health promotion and prevention

In their role as the Local Medical Committee (LMC) secretary the GP regularly met with the public health directorate and the local clinical commissioning group (CCG). The GP was therefore aware of local priorities and shared these with other GPs in the local area. LMCs are local representative committees of NHS GPs that represent their interests in their localities to the NHS health authorities.

It was practice offered health check with the health care assistant to new patients registering with the practice who were over 40 years on medication or had existing health needs. The GP was informed of any health concerns detected for follow up and we were told these were followed up there and then.

At the time of our inspection the practice had recently started to introduce NHS Health Checks to its patients aged 40 to 75 years. These were carried out by the health care assistant who had undertaken training for this role.

The practice had registers for patients who needed additional support, but was not always pro-active in offering this. For example, the practice kept a register of patients with poor mental health and those with a learning disability. While the practice was able to show that 67% of

Inadequate

Are services effective?

(for example, treatment is effective)

patients with poor mental health had received a health check they were unable to provide any information to demonstrate whether patients with a learning disability had been offered an annual health check.

We saw that the practice held some information about their patients but was not always able to demonstrate how this information was used to identify further support needed. Data made available to us showed that the practice was in line with others for offering smoking cessation support to patients. However the practice performed less well for the proportion of patients with hypertension that had received a blood pressure check. The practice told us that 50% of patients had been checked in the last year.

The practice's performance for cervical smear uptake was 67%, which was below other practices in the CCG area. Cervical smears were only undertaken by the GP who was male. The GP told us that they would offer a chaperone to patients attending for a cervical smear or would notify them of the family planning clinic which they could also attend. One patient we spoke with confirmed they were informed of this. The practice did not follow up patients who did not attend cervical screening or other national screening programmes although the health care assistant told us that alerts would appear on the patient records if they had not attended so they could remind them.

The practice offered immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Data available to us of the practice's performance for all immunisations showed that the practice was similar to the CCG average for childhood immunisations but below average for flu vaccinations for both the older population and those who were more at risk due to chronic health conditions.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available from the national GP patient survey 2014. The practice told us that they had not carried out any in-house patient satisfaction surveys. The evidence from the national patient survey showed that patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good. The practice was in line with other practices in the local CCG area for its satisfaction scores on consultations with doctors and 91% of practice respondents said that the GP was good at listening to them and 90% said that the GP gave them enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 22 completed cards and the majority were positive about the service experienced. Patients told us that they were happy with the service they received and found staff helpful and caring. They said staff treated them with dignity and respect. A small proportion of comments received were less positive and included dissatisfaction with some of the new clinical roles. We also spoke with eight patients in person as part of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We saw that consultations and treatments were carried out in the privacy of a consulting room. Privacy screens were available in the consulting rooms so that patients' privacy and dignity could be maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private.

None of the feedback received raised any concerns in relation to discriminatory behaviour or where patients' privacy and dignity was not being respected. Two clinical members of staff spoken with had experience of working in the mental health sector and had a good understanding to the needs of patients with mental health issues. A notice was displayed in the patient area regarding 'zero tolerance' for abusive behaviour towards staff. We saw that the practice had an equality and diversity policy in place but staff training records seen did not show that staff had received any training in this area.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patient responses to questions about their involvement in planning and making decisions about their care and treatment were similar to other practices in the CCG area. For example, data from the national patient survey showed that 87% of practice respondents said the GP involved them in care decisions and 94% felt the GP was good at explaining treatment and results. Both these results were slightly above average for the CCG area.

Most patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and that the GP explained things in a way they could understand. This enabled them to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also mostly positive and aligned with these views.

However, we noticed that there had been a theme from comment cards, information received directly by the CQC and among complaints received by the practice that there was some dissatisfaction with the service patients had received from the independent prescriber. The practice had not made it clear to patients the role of the independent prescriber and many of the patients assumed this member of staff was a GP. There was further confusion to patients as the independent prescriber shared the same name and title as the GP. While a qualified medical doctor they were not on the GMC register and practicing as such. There was no information displayed in the practice or advice given to patients as to their role so that they could make an informed choice about whether they wished to discuss their health concerns with the independent prescriber.

Practice staff told us that they had not recently needed to use translation services for patients who did not have

Good

Are services caring?

English as a first language. They told us that that many of the staff at the practice were bilingual but would refer to the policies and procedures if they needed to request an interpreter.

We saw that care plans were in place for patients with poor mental health and that the patient had been involved in developing these. We asked about care plans that were in place for other patients such as those with complex needs and were told that these were not currently in place.

Patient/carer support to cope emotionally with care and treatment

Results from the GP national patient survey showed patients felt that they were treated with care and concern. We spoke with the GP about how patients at the practice were supported to cope emotionally with care and treatment. The GP told us that they would inform patients about the various support groups available that they could get in touch with. This included disease specific groups. The GP was able to provide a recent example of a patient they had visited that they were concerned was suffering from isolation and how they planned to re-visit this patient and refer to services in which they would be able to get further support.

Notices in the patient waiting room told patients how to access carer support groups. The GP told us that they would provide carers with information about carer support services that were available locally or would make a referral on their behalf if they wished.

The GP told us that they visited families that had recently suffered bereavement. If needed they would refer them to counselling services available.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Results from the national GP patient survey indicated high levels of satisfaction with the practice. Results from the survey showed that 95% of patients rated the overall experience of the practice as well above the CCG average and 84% said they would recommend the practice to people new to the area. However, we also saw from national performance data on patient outcomes that there were areas in which the practice could improve. For example the management of patients with diabetes, administration of flu vaccinations and cervical screening.

The GP as the secretary of the Local Medical Committee (representing GPs) engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to discuss local priorities. We saw that the practice was involved in prescribing reviews with the CCG pharmacist to identify areas for improvement in prescribing.

Prior to our inspection the practice had established a Patient Participation Group (PPG). The group had met once so far in which five patients had attended. The group had been used to discuss what the practice did well and areas for improvement. As the PPG had only just been established it was too early to see any changes as a result of the group.

Tackling inequity and promoting equality

Services provided to patients were generally opportunistic. We asked about services and support that was available to patients who may be living in vulnerable circumstances. There was no carers register in place which would enable the practice to proactively identify and support this group of patients. However, the GP was able to provide a positive example where they had provided support and healthcare to a patient in poor health with no fixed abode.

Staff were not aware of any online and telephone translation services. We were told many of the staff could speak a second language and that they could not recall needing to use a translation service. Languages spoken by staff were not formally advertised so that patients were aware of them. The practice had an induction loop to support those who were hard of hearing.

The practice had an equality and diversity policy in place for staff to refer to. Staff had not received any specific training in equality and diversity and the practice manager confirmed this.

The premises had been adapted to meet the needs of patients with disabilities. This included ramped access to the entrance and disabled toilet facilities. Consulting rooms were situated on the ground floor. The waiting room was large enough to accommodate wheelchairs and prams.

Access to the service

The practice was open weekdays 9.00am until 6.30pm. Appointments could be booked in advance with the exception of Monday which allowed the practice to deal with more urgent cases that had arisen over the weekend. The practice offered extended opening hours on a Wednesday evening between 6.30pm and 8.00pm. This helped to accommodate the needs of patients who worked or had other commitments during the day. Appointments could be booked in person or by telephone. At the time of our inspection online booking of appointments was not available but has subsequently been introduced.

The practice offered a telephone and face to face triage service for patients. This was carried out by the GP and independent prescriber.

Information was available to patients about appointments in the practice leaflet. This included how to arrange urgent appointments and home visits. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring for the out-of-hours service provided to patients. At the time of our inspection the practice did not have a website.

Staff told us that longer appointments would be given for patients who needed them. Patients were able to receive continuity of care through the same GP. Home visits were made to patients who needed them.

There was a low uptake for cervical cytology at the practice. This might be related to the absence of a female clinician available to undertake this procedure.

Feedback from patients on the appointments system was very positive. Results from the national GP patient survey 2014 showed that 90% of respondents found the experience of making an appointment satisfactory and

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

88% of respondents found it easy getting through on the phone. These results were better than average for practices nationally. Patients we spoke with confirmed that they found it easy to make an appointment and were confident they would be seen the same day if their needs were urgent.

Listening and learning from concerns and complaints

The practice system for handling complaints and concerns was not robust. It was not evident that there was a designated member of staff who handled all complaints in the practice.

Details about the complaints process were included in the practice leaflet to help patients understand the system.

This included where to go if the patient was not satisfied with the response received. There was also a notice in the waiting area alerting patients to the complaints process. However, evidence seen made it difficult to verify that complaints were being dealt with in line with recognised guidance and contractual obligations for GPs in England. We saw that there had been seven complaints received since August 2014. Information seen in the complaints file included a letter in response to a complaint which had not been dated or signed. There was no information available as to the timeliness of the responses. It was also clear that some complaints had not been independently investigated and responded to.

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

We saw the practice charter set out the practice's mission statement and philosophy was to offer the highest standards of care and advice, within the resources available. The practice charter detailed the rights and responsibilities of patients. For example the patient could expect to be treated with courtesy and respect, to receive an urgent appointment within the same day and non-urgent appointments within two days. Staff spoke about the values of the practice to keep patients happy. They told us the importance of good customer service was something that was discussed and reinforced at practice meetings.

The GP discussed their vision for the practice and how they planned to deliver care in line with changes to the NHS. They were aware that access and resources would be a challenge. They had started to explore the staffing skill mix and explore new ways of working. The possibility of longer opening hours had been discussed with staff.

Governance arrangements

Staff told us that policies and procedures were available on their computers. We reviewed some of the policies in place and found some of these contained little detail to support staff in their work and ensure consistency in approach. For example several policies and procedures seen, such as the infection control supporting policies and legionella policies were work in progress. The recruitment policy did not include details of checks required when recruiting staff and the safeguarding policy did not contain any details informing staff as to what abuse might look like.

Governance arrangements at the practice were not robust. There was clear leadership from the GP however working as a single handed GP with additional commitments outside the practice made it difficult for them to oversee the governance of the practice and supervision of clinical and non-clinical staff. There was a lack of understanding of their roles and responsibilities for maintaining good governance. For example maintaining policies and procedures, robust management of risks, complaints and training records and the monitoring of overall performance and business continuity. Audits seen did not demonstrate that they were being systematically used to drive improvement.

There was little evidence that QOF data was regularly discussed and actions put in place to improve the outcomes for patients with long term conditions and ensure their needs were being met. The QOF data for 2013/14 showed the practice performance was below the CCG and the national average overall. The practice achieved 86.4% of the total QOF points available compared to the CCG average of 95.4%. There was also little evidence that patients with complex needs were actively identified so that their needs could be met.

Leadership, openness and transparency

Staff meetings provided a forum within which information was shared and discussed among staff. Staff told us that regular staff meetings were held. They described senior staff at the practice as approachable and said that they could discuss any concerns they had when needed.

The practice manager was unable to show us any human resource policies and procedures to support staff such as disciplinary procedures, induction policies and the management of sickness. We did not see evidence that new members of staff received formal inductions to their role.

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

The practice had not actively sought feedback from patients in relation to the service provided. There had been no recent in-house surveys of patient satisfaction. However, results of the latest national GP patient survey for 2014 showed patient satisfaction overall as above the national average at 95%. There were no areas indicated in the survey that were below the national average.

Prior to our inspection the practice had set up a patient participation group (PPG). There had been one meeting to date. Minutes seen showed that five patients had attended along with the practice manger and reception staff. We spoke with patients who had attended the meeting, they told us that they had discussed issues around the doors and disabled access. They had also discussed the lack of a nurse which meant there was no female member of staff to undertake cervical smears and to discuss sensitive health issues with to if they wanted. There was no action plan in place or evidence of action at the time of our inspection to address the issues raised through the PPG.

Are services well-led?

Inadequate

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

The main forum for gathering feedback from staff was through the practice meetings and informal discussions. Staff told us they felt able to raise issues with the practice manager but were unable to provide any specific examples where they had done so.

The practice had a whistleblowing policy but only one member of staff was aware of this and not all were clear where they should go if they had a concern. Whistleblowing is the process by which staff can raise concerns they may have about the practice and the conduct of other members of staff. This enables concerns raised to be investigated and acted on to help safeguard patients from potentially unsafe or inappropriate care. We saw that the whistleblowing policy did not include details about how concerns could be escalated. This is particularly important as the senior staff at the practice were related.

Management lead through learning and improvement

Staff told us they felt supported and gave examples of training they had received. However we found there were gaps in the training needs in relation to safeguarding although these were now being addressed. Some staff but not all had received regular appraisals, however the two newest members of staff had not received any specific supervision of their role.

The practice had completed reviews of significant events and complaints which were shared with staff at practice meetings to support improved outcomes for patients. However, we found complaints were not well managed to ensure appropriate learning took place.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to – Regularly assess and monitor the quality of services provided in the carrying on of the regulated activity. Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from them carrying on of the regulated activity. The practice had not identified and mitigated against risks associated with unforeseen events, the premises, staffing and recruitment. The practice did not have robust systems in place to assess and monitor the quality of the service provided or to act on information available to order to improve patient outcomes. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person must have robust recruitment process in order to ensure that persons employed for carrying on a regulated activity are of good character, have the qualifications, skills and experience which are

This section is primarily information for the provider

Requirement notices

necessary for the work to be performed and are physically and mentally fit for that work. Ensure that information specified in Schedule 3 is available and that a person employed for the purposes of carrying on a regulated activity is registered with the relevant professional body.

Regard was not given to information received from DBS checks when employing staff. The roles and responsibilities of staff were not risk assessed to ascertain why a DBS check was not required.

This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard. Clinical staff working in isolation did not have clearly defined roles and responsibilities to ensure they worked within their competencies. Training needs had not been identified to ensure they had appropriate training for their role. Appropriate supervision to ensure they were competent in the duties they were expected to perform was not undertaken. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. The practice could not demonstrate that risks, benefits and complication has been explained to patients prior to a procedure. No written formal consent was available to demonstrate patients had given informed consent for family planning or minor surgery. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person must have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity. Systems for handling complaints did not ensure they were appropriately responded to within a timely way. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.