# Chiltern House Medical Centre

## Quality Report

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

## Ratings

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

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Chiltern House Medical Centre on 25 February 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, only three incidents had been documented in the preceding 12 months and learning was not shared to improve patient outcomes.
- Risks to patients were being reviewed and assessed as part of an improvement plan between the practice and NHS England. Those already identified and implemented were well managed. There were known gaps in staff recruitment files and mandatory training which were being updated through a rolling staff programme by the practice manager.
- Data showed patient outcomes were low compared to the locality and nationally.
- We saw evidence that audits had been undertaken, although an established programme of audit was not in place.
- Patients said they were treated with compassion, dignity and respect, although access to appointments was less positive. Urgent appointments were usually available on the day they were requested.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- The practice had a number of policies and procedures to govern activity. Many had been reviewed and some were still being embedded in practice.
- The practice had sought feedback from patients and was working with the local healthwatch to form a patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A lift was available to allow access to consultation rooms on the first floor.
- There was a clear leadership structure and staff felt supported by management.

We saw one area of outstanding practice:

One of the GPs had initiated a diabetes Ramadan project working with the local Imam (Muslim faith leader) to support patients of Muslim faith during the fasting period. The project was self-funded for the first year and the GP had received funding from the CCG for the project last year. Lessons learned from both these projects have been shared locally and nationally to improve patient outcomes.

The areas where the provider must make improvements are:

- Ensure governance systems and processes are reviewed and improvements continue to be implemented.
- Ensure all mandatory training is implemented for all staff to the correct level and updates are offered accordingly. All appraisals to be completed within the timescales set by NHS England.
- Ensure all equipment checks and safety risk assessments are completed and remain on a rolling rota. Consider the arrangements for using the emergency grab bag for home visits and ensure safety in an emergency is maintained within the practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff within the timescale set by NHS England, including DBS checks, performers list and Hepatitis B status for all clinical staff.
- Ensure that all significant events are identified and reported in a timely way. Document and investigate safety incidents thoroughly and share learning with staff. In addition, ensure that patients affected by significant events receive reasonable support and a verbal and written apology.
- Ensure learning from complaints is shared and communicated to all staff.
- Complete and implement the audit strategy as outlined by NHS England.
- Implement a patient participation group and ensure feedback from patients is monitored and responded to.
- Implement a rota of staff meetings, including Clinical governance and whole team meetings and ensure documentation of these meetings is stored appropriately and available for review.
- Implement flexible and timely arrangements for providing the childhood immunisation programme and ensure there is adequate cover at all times.
- Improve the availability of non-urgent appointments and appointments with the GP of choice.
- Ensure all the regulatory breaches as outlined in the requirement notices are comprehensively implemented into the NHS England improvement plan.
- Ensure an infection control lead is appointed, cleaning is regularly monitored and cleaning schedules are adhered to.
- Ensure recruitment checks for GP performers list are clearly documented and retained.
- Ensure policies reflect up to date legislation and guidance.

The areas where the provider should make improvements are:

- Ensure care plans are reviewed and updated to reflect any changes in patient circumstances.
- Monitor and improve patient outcomes for diabetes.
- Review and update the carers register to ensure all carers are offered support.

# Summary of findings

- Continue to review and update procedures and guidance according to deadlines set by NHS England.
- Continue to review patient feedback and make improvements to accessing the practice and appointment booking.

**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?**

**Requires improvement**

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were safety incidents, reviews and investigations were thorough and patients always received a verbal or written apology. However, lessons learned were not communicated widely enough to support improvement.
- Risks to patients were assessed and well managed with the exception of portable appliance testing, which was overdue a review.
- Infection control audits had been carried out by the lead nurse with the clinical commissioning group. Cleaning was identified as requiring a review and the practice were looking to change cleaning contractors.
- The practice had reviewed their child safeguarding and vulnerable adult policies, however, there were still references to out of date legislation.

**Are services effective?**

**Requires improvement**

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

- Data from the Quality and Outcomes Framework showed patient outcomes were low compared to the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- A rolling programme of mandatory training and updates had been established for all staff with a view to being completed by March 2016. In addition, appraisals were being introduced
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

**Are services caring?**

**Requires improvement**

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

- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care.

# Summary of findings

- The number of carers on the register was low compared to national targets.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Are services responsive to people's needs?**

**Requires improvement**

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

- The practice had reviewed the needs of its local population and had put in place a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. We were shown evidence of complaints reviews, although learning from complaints had not been shared. However, learning from complaints was planned to be held during protected learning time when whole team meetings were due to be introduced. The first one was planned for March 2016.

**Are services well-led?**

**Requires improvement**

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

- There was a clear leadership structure and staff felt supported by management.
- The practice had been reviewing the governance framework which supported the delivery of their strategy and good quality care. This outlined the structures and procedures already in place and those that required implementing or were overdue a review. An improvement plan had been established in liaison with NHS England, which included arrangements to monitor and improve quality and identify risk

# Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and identifying appropriate action to be taken. The practice had dedicated a monthly team meeting during closure half days to ensure this information was shared with staff.
- The practice sought feedback from patients through the friends and family test, which it acted on. The practice was in the beginning phase of setting up a patient participation group.
- All staff were undertaking a rollout of regular performance reviews and mandatory training to ensure they were up to date.

# 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

**Requires improvement**

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Care and treatment of older patients reflected current evidence-based practice, but some older patients did not have updated care plans where necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were mixed. For example, 82% of patients with hypertension (high blood pressure) had achieved a target blood pressure measurement in the preceding 12 months compared to the CCG average of 84% and national average of 84%. 94% of patients with chronic obstructive pulmonary disease (a lung condition) had a review undertaken including an assessment of breathlessness in the preceding 12 months compared to the CCG average of 92% and national average of 90%.
- Longer appointments and home visits were available for older patients when needed, and this was acknowledged positively in feedback from patients. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

### People with long term conditions

**Requires improvement**

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- One of the GPs and one of the nurses had undertaken additional training to support patients with diabetes, through offering injectable treatment regimens at the practice. This meant patients did not have to attend hospital for their treatment and monitoring.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

# Summary of findings

- 75% of patients with diabetes had achieved a target blood test result in the preceding 12 months compared to the CCG average of 78% and national average of 78%.
- Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

**Families, children and young people**

**Requires improvement**

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Joint working with health visitors was minimal, with the exception of child safeguarding.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to local averages for all standard childhood immunisations.
- 74% of patients diagnosed with asthma had an asthma review in the preceding 12 months compared to the CCG average of 75% and national average of 75%.
- 83% of women aged 25 to 64 had a cervical screening test performed in the last five years compared to the CCG average of 83% and national average of 82%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

**Requires improvement**

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was in the process of implementing online services.
- A full range of health promotion and screening was available that reflects the needs for this age group.

**People whose circumstances may make them vulnerable**

Requires improvement 

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the CCG average of 86% and national average of 84%.

# Summary of findings

- 84% of patients with a diagnosed mental health condition had received a comprehensive care plan in the preceding 12 months which was below the CCG average of 89% and national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Most staff had received training on how to care for patients with mental health needs.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2015. The results showed the practice was performing in line with local and national averages. 263 survey forms were distributed and 101 were returned. This represented a 38% response rate, which was 1% of the practice's patient list.

- 70% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 77% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 85% and national average of 85%.
- 66% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

The practice were aware of the low scores for the national patient survey. They had improved the telephone lines and continued to work with NHS England on their improvement plan to ensure services met patient's needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients and relatives stated the practice was caring and empathetic to their needs. The doctors were praised for their compassion, dignity and respect. Many patients commented how they felt supported and listened to. Five cards suggested difficulty with booking appointments.

We spoke with ten patients during the inspection. We received mixed responses from patients. Most patients we spoke to said they were happy with the care they received and thought staff were approachable, committed and caring. However, there was a high proportion of dissatisfaction with appointments with the majority of patients suggesting they were unable to access appointments when they needed one.

The friends and family test showed only 66% of patients would recommend this practice. This was consistent with the findings of the inspection team on the day. Patient dissatisfaction was high on the practice agenda as an area of concern. The practice manager was implementing a patient participation group to engage with patients and look to ways to improve.

## Areas for improvement

**Action the service MUST take to improve**

- Ensure governance systems and processes are reviewed and improvements continue to be implemented.
- Ensure all mandatory training is implemented for all staff to the correct level and updates are offered accordingly. All appraisals to be completed within the timescales set by NHS England.
- Ensure all equipment checks and safety risk assessments are completed and remain on a rolling rota. Consider the arrangements for using the emergency grab bag for home visits and ensure safety in an emergency is maintained within the practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff within the timescale set by NHS England, including DBS checks, performers list and Hepatitis B status for all clinical staff.
- Ensure that all significant events are identified and reported in a timely way. Document and investigate safety incidents thoroughly and share learning with staff. In addition, ensure that patients affected by significant events receive reasonable support and a verbal and written apology.
- Ensure learning from complaints is shared and communicated to all staff.

# Summary of findings

- Complete and implement the audit strategy as outlined by NHS England.
- Implement a patient participation group and ensure feedback from patients is monitored and responded to.
- Implement a rota of staff meetings, including Clinical governance and whole team meetings and ensure documentation of these meetings is stored appropriately and available for review.
- Implement flexible and timely arrangements for providing the childhood immunisation programme and ensure there is adequate cover at all times.
- Improve the availability of non-urgent appointments and appointments with the GP of choice.
- Ensure all the regulatory breaches as outlined in the requirement notices are comprehensively implemented into the NHS England improvement plan.
- Ensure an infection control lead is appointed, cleaning is regularly monitored and cleaning schedules are adhered to.
- Ensure recruitment checks for GP performers list are clearly documented and retained.
- Ensure policies reflect up to date legislation and guidance.

**Action the service SHOULD take to improve**

- Ensure care plans are reviewed and updated to reflect any changes in patient circumstances.
- Monitor and improve patient outcomes for diabetes.
- Review and update the carers register to ensure all carers are offered support.
- Continue to review and update procedures and guidance according to deadlines set by NHS England.
- Continue to review patient feedback and make improvements to accessing the practice and appointment booking.

## Outstanding practice

One of the GPs had initiated a diabetes Ramadan project working with the local Imam (Muslim faith leader) to support patients of Muslim faith during the fasting period. The project was self-funded for the first year and the GP had received funding from the CCG for the project last year. Lessons learned from both these projects have been shared locally and nationally to improve patient outcomes.

# Chiltern House Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

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

## Background to Chiltern House Medical Centre

Chiltern House Medical Centre provides primary care GP services to approximately 9,500 patients across two sites in the central High Wycombe area; Chiltern House Medical Centre in Temple End and Dragon Cottage in Holmer Green. The two locations are situated approximately three and a half miles from one another. The practices are located in an area of low deprivation, meaning very few patients are affected by deprivation in the locality. However, there are pockets of high deprivation within the practice boundary. There is a higher number of patients aged 45 to 54 registered at this surgery and all other age groups are comparable to national averages. There is a high percentage of patients from ethnic minority backgrounds.

The practice have four GP partners (all female), two salaried GPs (both female), three practice nurses (all female) and a health care assistant (female). The clinical staff are supported by two practice managers, eleven receptionists, two administration staff and two secretaries. GPs 35 clinical sessions per week.

The practice building is a 17th century grade II listed premises. Access to the practice is through automatic doors into a large waiting area and reception. There are two consultation rooms and two treatment rooms on the ground floor with two further consultation rooms on the first floor. A lift allows access to the first floor.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm every morning and 2pm to 6.30pm daily. Extended surgery hours are offered on Tuesday and Wednesday evenings until 8pm at Chiltern House Medical Centre. The practice have opted out of providing out of hours care when the practice is closed. This is offered by NHS 111 telephone service who will refer to the out of hours GP service if required.

The practice has undergone many operational and staff changes in the last three years. Two GP partners, three nurses and two practice managers left between 2014 and 2015. Between January 2015 and April 2015 there was no practice manager in post and all governance systems and processes were undertaken by the GP partners. A practice manager was recruited in April 2015 but left the practice soon after, in August 2015. The practice recruited the current practice manager in October 2015 and, with intervention from NHS England, established an improvement programme to support the practice through the transition. A second practice manager was employed in January 2016 and between them they have already commenced or implemented many of the improvements in the plan set out by NHS England. The first practice manager (who is also a practice manager at another practice) is leading and mentoring the second practice manager with a view to handing over the role completely later in 2016. NHS England are having regular meetings with the practice to ensure actions are being implemented and completed.

# Detailed findings

The practice have two sites from which services are provided; Chiltern Medical Centre and Dragon Cottage. Patients can see a GP or nurse at either site.

All activities are provided from:

Chiltern House Medical Centre

45 – 47 Temple End

High Wycombe

Buckinghamshire

HP13 5DN

and

Dragon Cottage

35 Browns Road

Holmer Green

High Wycombe

Buckinghamshire

HP15 6SL

We visited the Chiltern House Medical Centre site for this inspection. Dragon Cottage has been registered as a second location with the CQC. As it is a branch of the main practice, with the same patient and staffing lists, the practice are in the process of removing the separate location registration. There have been no previous CQC inspections of Chiltern House Medical Centre or Dragon Cottage.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England, the Clinical Commissioning Group and local Healthwatch to share what they knew. We carried out an announced visit on 25 February 2015. During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

# Detailed findings

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.

Requires improvement

# Are services safe?

## Our findings

**Safe track record and learning**

There was a newly reviewed and established system in place for reporting and recording significant events. During the ten months without a practice manager or other specified responsible member of staff, the practice had not effectively recorded or identified significant events. Information prior to December 2014 was unavailable. Since October 2015, three significant events had been highlighted and investigated. The practice managers had worked closely with NHS England to improve their policies on responding to incidents and had reviewed the systems and processes in place, which had already had a positive impact on patient outcomes. Staff were more aware of how to respond to incidents and were supported to report and share them.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system, which was completed by the person most involved in the incident.
- The practice showed us how they would carry out a thorough analysis of significant events and we saw evidence of two significant events which had followed this process, with a third which was ongoing at the time of inspection.

We reviewed safety records, incident reports and national patient safety alerts. We were told the significant events were discussed at clinical meetings and any staff involved were invited to attend. The minutes of meetings where these were discussed were available although there were none prior to November 2015 when the practice manager joined. Other meeting minutes had been handwritten in the GPs diaries and had not been transcribed. Lessons had not been shared as the focus for the practice management team was on clinical aspects of safe care. The practice were aware of how important it was to make sure lessons were shared and had planned to discuss these with the whole team at the next protected learning time closure.

We saw evidence where action was taken to improve safety in the practice. For example, an ambulance was requested for an emergency at the practice. The ambulance took over two hours to arrive. The incident was escalated with the Clinical Commissioning Group for further investigation and was awaiting outcome. The practice were reassured that their emergency policy had been effective and was followed correctly.

In recent months, when there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

**Overview of safety systems and processes**

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The practice had child safeguarding and vulnerable adult (including adult safeguarding) policies that had been recently reviewed. The child policy referred to an old piece of legislation which was pointed out to the GP lead for safeguarding and the practice managers. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding children level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received or applied for a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had undertaken a risk assessment of chaperones awaiting DBS checks to come through, which was also available within the child safeguarding policy.
- The practice was aware that standards of cleanliness were unsatisfactory and were in the process of changing

the cleaning contractor. Whilst the premises appeared to be clean, we found evidence of high levels of dust on some door frames, window sills and wall fixings, as well as on some electrical equipment.

- There was no appointed infection control lead. The practice were working closely with the CCG to ensure infection control policies and procedures were in line with local requirements. There was an infection control protocol in place and staff were receiving a rolling update of infection control training as recommended by the CCG Infection prevention and control (IPC) lead. Annual infection control audits were undertaken by the CCG IPC lead and we saw evidence that actions were being taken to address any improvements identified as a result. Improvements were already in evidence with the practice being rated as compliant with IPC in December 2015, having been partially compliant in December 2014.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patients on long term medicines were offered an annual review. Housebound patients were offered a home visit if necessary. Prescription pads were securely stored and there were systems in place to monitor their use.
- There was a comprehensive cold chain policy with the responsible lead being one of the practice nurses. We noted one occasion in the preceding month where the fridge temperatures had not been checked in the absence of the nurse. In response, the practice nurse had trained the Health Care Assistant and a receptionist to deputise in their absence. The practice nurse had also placed posters on each fridge explaining the correct procedure with photographs to ensure the correct process was followed. We noted no further gaps in the logs since this had been implemented.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files and found almost all the appropriate recruitment checks had been undertaken prior to employment. For example, we found proof of identification, references and the appropriate checks through the Disclosure and Barring Service for clinical staff. The practice told us they had checked qualifications and the GP performers list, but these were not documented. In addition, the practice were unable to evidence up to date Hepatitis B immunisation status for clinical staff. The practice managers were already aware of the gaps in the personnel files and had a checklist for each staff member to ensure the files were completed by end of March 2016.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

**Monitoring risks to patients**

Risks to patients were in the process of being assessed and risks already identified were well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Clinical equipment had been checked to ensure it was working properly. However, electrical equipment was overdue as the last identified check was in January 2011. The practice managers had already highlighted this as an outstanding action and had made arrangements for the checks to be completed by the end of March 2016.
- Legionella testing had recently been undertaken (two days before the inspection) and the practice were awaiting the results. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

Requires improvement

# Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received, or were booked to receive, annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However, the GPs used the emergency grab bag for their home visits which left the practice without an emergency grab bag for a period of time. The practice agreed to procure an additional bag for GP use on home visits so the practice remained safe whilst they were on home visits.

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

Requires improvement

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

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

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

**Management, monitoring and improving outcomes for people**

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available, with 7% exception reporting, compared to the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 81% which was below the CCG average of 93% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was comparable to the CCG average of 99% and national average of 98%.
- Performance for mental health related indicators was 96% which was similar to the CCG average of 96% and national average of 93%.

The practice were aware of the low QOF achievement for diabetes related indicators and were in the process of setting up a diabetes transformation programme offering two tier treatment for diabetes patients. The GP lead for diabetes is also working with the CCG and a diabetes team from Lewisham with an interest in commencing injectable treatments for diabetes, reducing the need for hospital visits. In the past 12 months, there had been no emergency admissions from this patient group.

Clinical audits demonstrated quality improvement. There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included teaching for GPs at a clinical meeting to improve the number of patients with a known fragility fracture to be offered bone sparing medicines. The audit showed an improvement from 38% to 51% with a target set at 70%. Whilst improvement had been demonstrated the practice were aware they needed to increase this further and additional teaching had been planned.

Information about patients' outcomes was used to make improvements such as; an audit of gestational diabetes (diabetes during pregnancy) showed improvement in screening for this patient group. The first two audit cycles demonstrated an increase from 51% to 56%. The GP who conducted the audit cited problems with identifying patients to attend for screening, due to the restrictions of administration and subsequent difficulties experienced in the preceding 12 months. A repeated audit was due within the next six months and the GP has set a target of 70%.

NHS England had requested an audit strategy for the year ahead to include nursing audits and audits generated from complaints, serious events, poor patient outcomes and national clinical guidelines. The practice had arranged a meeting with the partners, GPs and nurses to initiate this and were still working towards an audit strategy at the time of the CQC inspection.

**Effective staffing**

The practice had identified known training gaps and had implemented a rolling agenda of protected time for learning for all staff to ensure everyone had received the training and skills required for their role. They had an agreed action plan with NHS England to

Requires improvement

# Are services effective?

## (for example, treatment is effective)

The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. One of the practice nurses had been trained in instigating diabetes injections to patients at the practice to minimise the need for attending hospital.

The learning needs of staff were being identified through a rolling programme of appraisals and reviews of practice development needs. Although many staff had not had an appraisal in the preceding two years, the practice managers had commenced the appraisal process by asking staff to arrange a suitable date and time for theirs to be undertaken. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and were making use of e-learning training modules and in-house training. The practice managers had a training matrix identifying gaps and had agreed with NHS England that all mandatory training would be completed for all staff by the end of March 2016. Staff were told which training they needed to completed and allowed protected learning time to fulfil their learning needs.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that weekly clinical meetings were taking place. The practice had held infrequent multi-disciplinary team meetings and had plans to re-establish these once the immediate governance and personnel issues had been completed. GPs attended palliative care meetings although care plans were not routinely reviewed and updated on the practice computer system.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Training for non-clinical staff and updates were being established as part of the training schedule.
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

Requires improvement

# Are services effective?

## (for example, treatment is effective)

- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice's uptake for the cervical screening programme was 83% which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, uptake was broadly comparable to national and local figures;
- 76% of female patients aged 50 to 70 were screened for breast cancer in the last 36 months compared to the CCG average of 76% and national average of 72%.
- 54% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 59% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% (CCG 93% to 97%) and five year olds from 83% to 98% (CCG 79% to 96%).However, the practice nurses did not offer baby vaccines. A community nurse came to the practice on Mondays to offer this service. We were told by patients the community nurse had not been available on at least three occasions in recent months. There was no cover or contingency for this and when this occurred, parents of children were required to rebook their appointment for immunisations to be given. This had resulted in delayed immunisations out of the recommended timescales for babies. The practice had had this arrangement with the community team for a long time with no proposed change in practice.

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

Requires improvement

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a notice in the waiting room informing patients of this.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. A small number of cards (five in total) expressed some dissatisfaction with the appointments system.

Results from the national GP patient survey showed not all patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with nurses and below average for GPs. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 94% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 95% said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 91% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

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

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

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was an automated check-in in a variety of different languages.

Requires improvement

# Are services caring?

The practice were committed to improving all areas of care and had an established programme of improvements they were working towards including reviewing feedback and making the appropriate response. Although too early to gauge any impact, there was awareness by patients of the changes being implemented.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers, which represented 0.5% of the practice list. The practice were aware of the low number of carers and were looking at ways to improve. To assist, the practice had employed a Vulnerable patient's nurse who was due to start the day after the inspection. They were also planning to work with the new PPG to assist in promoting carer support. Written information was available to direct carers to the various avenues of support available to them.

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

Requires improvement

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

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

- The practice offered extended hours appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS. For those only available privately, patients were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had taken patient feedback regarding confidentiality in the waiting room and had built a new reception area behind a glass front and opened up the waiting room. This had created a better space for patients to wait and meant confidential conversations were not overheard at the reception area.

**Access to the service**

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm every morning and 2pm to 6.30pm daily. Extended surgery hours were offered on Tuesday and Wednesday evenings until 8pm at Chiltern House Medical Centre. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 70% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 30% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 66% and national average of 59%.

Patients told us on the day of the inspection that they were unable to get appointments when they needed them, although the appointments had been booked up to two weeks in advance.

**Listening and learning from concerns and complaints**

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster on the wall in the reception area and a leaflet was available for patients.

We looked at 15 complaints received in the last 12 months. Due to lack of leadership and management in the previous 12 months, complaints had not been dealt with or handled appropriately prior to November 2015. The practice had thoroughly reviewed their complaints policy and processes in accordance with the improvement plan from NHS England. When we inspected, all complaints had been responded to and concerns with external stakeholder involvement escalated appropriately. The complaints had been documented, discussed and actions identified for learning. All staff were aware of who to report complaints to and learning was to be shared during protected learning time. For example, in response to numerous complaints about the cost of telephoning the practice on a local rate number (0844), the practice had changed the telephone numbers back to a local code and had removed the 0844 number from the website, notice boards and practice information.

Requires improvement

# Are services responsive to people's needs?

## (for example, to feedback?)

The latest friends and family test results had been discussed at a meeting where actions had been identified. 36 comments were received, of which 23 were positive or neutral about the service experienced. 13 comments were negative and actions to be taken included; training of reception staff to advise of waiting times, monitoring of the upgraded telephone system to ensure telephone access is maximised and reception training for identifying complex patients who require a double appointment.

# Are services well-led?

Requires improvement

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

## Our findings

**Vision and strategy**

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

- The practice was reviewing its mission statement and values.
- The practice had a strategy and supporting business improvement plans. The practice managers were working towards achieving many targets defined by NHS England to ensure all training, safeguards and risk assessments were undertaken and implemented in a timely way. This included a review of all practice policies, procedures and guidance, recruitment of additional staff, training and appraisal programme for all staff and clear documentation arrangements across both practice sites.

**Governance arrangements**

The practice had been reviewing the governance framework in order to improve the delivery of their strategy and patient care. This outlined the structures and procedures already in place and those that required implementing or were overdue a review. An improvement plan established in liaison with NHS England ensured that:

- There was a clear leadership and staffing structure. Staff were aware of their own roles and responsibilities.
- Practice specific policies were being implemented and reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was being monitored and maintained.
- A programme of continuous clinical and internal audit was being reviewed and updated to monitor quality and to make improvements

There was a rolling programme of improvement for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was still working through the action plan with NHS England and recognised improvements were still required. During the inspection we found that governance systems were not always working effectively. Risks were not always identified and managed and some policies and procedures required updating or improvement. We found record keeping in relation to the regulated activites was not consistent. For example, some employment and recruitment checks were not recorded in the staff records. Learning from significant events and complaints was not routinely shared with staff and training and an appraisal system had not been fully implemented.

**Leadership and culture**

The various changes in management had meant there was a lack of leadership and structure in the preceding months with the partners in the practice taking on the responsibility. In liaison with the newly appointed practice managers and NHS England, they were prioritising safe care. The changes were being implemented and regularly monitored to ensure consistency and accuracy by the practice manager, under the supervision of the senior practice manager. Regular reviews by NHS England identified where outcomes had been achieved and further areas for development. Since the senior practice manager had been in post (November 2015), many of the NHS England outcomes had been fulfilled and they were aware of the outstanding areas to focus on. Staff told us the new organisational structure and stability of having practice managers in post had benefitted them. The GP partners and practice managers were more visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had improved the systems and processes in place for knowing about notifiable safety incidents.

When there were safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal or written apology.
- They kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us they were able to voice any concerns to the practice manager individually or at team meetings. This was a recent improvement to establish better communication with staff.

# Are services well-led?

Requires improvement

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

- Whole team half day protected learning time was rostered in every month.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It was becoming more proactive in seeking patients' feedback and had started to engage patients in the delivery of the service.

- The practice were in the process of forming a patient participation group (PPG). They had applied to the national association of patient participation and were working with the local Healthwatch to promote the PPG. They had the names of some interested patients and were hoping to hold their first meeting within one month of the inspection.
- The practice had gathered feedback from patients through the friends and family test and complaints received. However, they had not always acted upon areas that required improvement. Whilst some improvements had been implemented it was too early to demonstrate the impact to patient experience.
- The practice had started to gather feedback from staff through one to one support and with an ongoing programme of appraisals. Staff told us they felt comfortable offering feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged with the improvement plans.

**Continuous improvement**

There was an improvement plan to support learning and improvement at all levels within the practice. The practice worked closely with the CCG and NHS England to improve services and felt supported through the disruptive and difficult last few months. Staff acknowledged how the improvements in leadership and strategy had led to increased morale and were welcomed after the turbulent last two years. The NHS England improvement plan was ongoing and had many actions completed in the three months since it was established. Staff told us they were keen to improve and were happy to see things changing for the better.

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<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe and care treament<br>**How the regulation was not being met:**<br>The provider was not ensuring effectiveness, flexibility or timely management of childhood immunisations through the community nurse service at the practice. The service was limited to one day per week, with no service during a bank holiday week and there was no cover for absence.<br>This was in breach of regulation<br>12(1)(2)(a)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance<br>**How the regulation was not being met:**<br>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate |

# Requirement notices

risks to the health and safety of service users. They had failed to identify the risks associated with infection control or risk assess the use of the emergency grab bag for home visits. They had failed to identify the risks posed by not ensuring staff were appropriately qualified and recruited. The provider had not implemented a rolling programme of audit to drive improvements to patient outcomes.

The provider did not have adequate systems in place to identify serious events. Documentation was not available including meeting minutes. Policies and procedures were not fully implemented or embedded in practice. Quality and Outcomes framework targets had not been monitored or reviewed to improve patient outcomes.

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

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br>Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.<br>**How the regulation was not being met:**<br>We found the registered provider had not implemented an effective system to ensure staff received training appropriate to their role, including all mandatory training and regular appraisals.<br>This was in breach of regulation<br>18(2)(a) 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

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

**How the regulation was not being met:**

Not all information specified under Schedule 3 was available, or in evidence of being routinely monitored. This included a lack of criminal background checks and documented evidence of clinical staff registrations with professional bodies.

This was in breach of regulation

19(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.