

# Dr Kirit Shah

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Kirit Shah on 3 February 2016. 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Data showed most patient outcomes were comparable to local and national averages.
- Only one completed audit had been carried out. We saw no evidence that audits were driving improvement in performance to improve patient outcomes.

- The majority of patients said they were treated with compassion, dignity and respect. They said they felt cared for, supported and listened to.
- Information about services was available, and one information leaflet was in Portuguese to cater for the large number of Portuguese patients on the practice list.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are to:

- Ensure staff receive safeguarding training and are familiar with the process to make referrals.
- Determine the immunisation status of all relevant staff, and in particular those with close patient contact.

# Summary of findings

- Ensure staff do not work outside the scope of their training and qualifications.
- Ensure all medicines and equipment are in date.
- Carry out a risk assessment with regard to the decision not to have a defibrillator on site.
- Ensure the practice has oxygen on site.
- Provide staff with basic life support training.
- Carry out regular and systematic clinical audit, including quantitative audits of the care of groups of patients against defined criteria (with re-audit to demonstrate change).
- Provide clinical and non clinical staff with regular supervision.
- Ensure patient care plans are correctly documented.
- Ensure patient group directions are appropriately dated, in line with legislative guidance.
- Record details of verbal employment references and record new staff induction.
- Improve the system to record the cleaning carried out by the cleaning contractor so that the practice can determine what has been cleaned and when.
- Review regularly and update procedures and guidance.
- Review the system for dissemination of safety alerts and clinical guidance across the practice.
- Review staff training needs, including infection prevention and control and Deprivation of Liberty Safeguards training.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

In addition the provider should:

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to support improvement.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- We found staff were not fully aware of the process to report safeguarding concerns, and some had not had training in safeguarding since 2012.
- The practice did not have a defibrillator or oxygen and had not carried out an assessment to determine the risks of not having this equipment.
- The majority of staff had not attended basic life support training for over a year.
- We found some medicines and equipment were out of date.

New staff had received inductions but this was not recorded.

**Requires improvement**



### Are services effective?

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

- We found some staff were working outside the scope of their training and qualifications.
- Data showed most patient outcomes were comparable to the locality and nationally; however, where outcomes fell below average the practice had not taken steps to address this.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- The care plans we reviewed were poorly documented.
- Staff received an annual appraisal but no supervision was carried out.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the National GP Patient Survey showed a range of outcomes. Some patients rated the practice higher than others for several aspects of care, whilst several outcomes fell below the national average.
- 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?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice nurse carried out Holistic Health Assessments (HHAs) for patients with long term conditions, who were housebound and/or elderly. Patients said they usually found it easy to make an appointment with a named GP, although there was sometimes several weeks wait, and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a strong focus on providing a caring service however the lack of quality assurance systems made it difficult for staff to identify clinical priorities, and where these had been identified, such as through the QOF data relating to hypertension, action was not taken to improve outcomes for patients.

Requires improvement



# Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a willingness to embrace continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for providing safe, effective and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group. There were however some examples of good practice for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. It was involved in the local integrated care scheme and offered holistic health assessments for its elderly patient group. During the assessment the individual had a thorough health assessment in regard to activities of daily living and cognition testing. The practice nurse carried out these assessments either in the surgery, or for those with more enhanced needs, in their own homes. Blood tests were taken and arrangements made where necessary for the patient to be reviewed.
- Medicines reviews were carried out and the implementation of multiple dose system (MDS) dispensing was arranged if necessary.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The local NHS trust provided a unified point of access (UPA) for all referrals to both Enhanced Rapid Response (ERR) and @home (a service to provide safe, high quality, timely and tailored patient care at home that would traditionally be provided in hospital) across Lambeth and Southwark. The practice referred patients to it where appropriate.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for providing safe, effective and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group. There were however some examples of good practice for the care of people with long-term conditions.

- Nursing staff had lead roles in the management of some chronic diseases, including diabetes and heart failure. The practice had taken the decision to gradually reduce the amount of medicine that was provided through repeat prescriptions for patients who refused to attend an annual review.

**Requires improvement**



# Summary of findings

- Longer appointments and home visits were available when needed.
- The percentage of patients with asthma, on the practice register, who had had a review in between April 2014 and March 2015, was above the national average (80% compared to 75%).
- Similarly, the percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the same time period was above the national average (93% compared to 90%).
- The percentage of women aged 25-64 who had had a cervical screening test between April 2014 and March 2015 was just below the national average (79% compared to 82%).
- The percentage of patients with hypertension in whom the last blood pressure reading (measured between April 2014 and March 2015) was 150/90mmHg or less was below the national average (75% compared to 84%). The below average performance was a recurring issue however the practice had not taken any action to address it.
- Performance for diabetes related indicators was below average in five of 11 indicators compared to the national average. The practice's performance for osteoporosis and secondary prevention of fragility fractures in patients 75 or over with a record of fragility fracture was 96% lower than the national average.
- For those patients with the most complex needs, the GP and practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was signed up to the Lambeth CCG Medicines Optimisation Scheme which specifically deals with people with long term conditions (LTC).
- Clinical staff at the practice undertook virtual clinics in, for example, heart failure, respiratory care and diabetes.
- Patients were educated in self-management of LTCs with self-management plans agreed and issued at review.

## Families, children and young people

The practice is rated as requires improvement for providing safe, effective and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group. There were however some examples of good practice for the care of families, children and young people.

- Immunisation rates were relatively high for all standard childhood immunisations. For example, the practice achieved above the CCG average for children aged 12 months who were vaccinated for Diphtheria, Tetanus, Pertussis, Polio and

**Requires improvement**





# Summary of findings

Haemophilus influenza (Dtap/IPV/HIb, 100% compared to the CCG average of 92.6%) and for vaccinations for Pneumococcal Conjugate Vaccine (PCV, 95.8% compared to the CCG average of 92.3%). The practice also achieved above the CCG average for these same vaccinations for children aged 24 months. The practice fell below the CCG average for just two vaccinations - Dtap/IPV booster for children aged 5 years (67.9% compared to 83%) and Infant (5 years old) Meningococcal group C vaccination (82% compared to 89.5%).

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw minutes of multi-disciplinary meetings with midwives and health visitors.

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

The practice is rated as requires improvement for providing safe, effective and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group. There were however some examples of good practice for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example extended hours were in place to accommodate the working population.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflected the needs for this age group.
- All newly registered patients were offered a health check. Patients over the age of 40 with no co-morbidities were invited in for a health check which involved phlebotomy and review with results.
- A new scheme within Lambeth offers those who could be seen in surgery hours and who required emergency appointments to be seen on the same day in a local outreach clinic (the HUB). This could be booked through the practice EMIS system and the practice received a summary for these patients.
- The practice also offered a telephone consultation list daily for those requiring help or advice.

Requires improvement



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe, effective and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group. There were however some examples of good practice for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- We were told that all patients with a learning disability (12 on the practice register) had had an annual review in the previous 12 months however there was no documentation to confirm this. Post the inspection, the provider sent us the dates the reviews had been carried out.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns but were not aware of how to contact relevant agencies in normal working hours and out of hours.
- The practice supported a local supported housing scheme for people with learning difficulties, as well as a hostel for people who identified as trans-gender and a homeless hostel.

Requires improvement



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

The practice is rated as requires improvement for providing safe, effective and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group. There were however some examples of good practice for the care of people experiencing poor mental health (including people with dementia).

- The practice provided a service to a hostel for people with mental health illness.
- The practice told us there was a high percentage of people with mental health illness within the locality and these patients were offered regular screening. The practice liaised regularly with the community mental health team (CMHT). There were 66 patients on the mental health register. Of the latter, 53 had an agreed care plan.

Requires improvement



# Summary of findings

- Performance for mental health related indicators was above the national average.
- A member of the reception team had trained as a Primary Care Navigator (PCN) in Dementia.
- Data from April 2014 to March 2015 showed the practice achieved 100% in the clinical indicators for dementia.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months was above the national average (95% compared to 94%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above or in line with local and national averages. Four hundred and one survey forms were distributed and 105 were returned. This represented approximately 3% of the practice's patient list, and equated to a 26% completion rate.

- 79% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 87% described the overall experience of their GP surgery as good (CCG average 84%, national average 85%).
- 77% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards, 29 of which were all positive about the standard of care received. Staff were described as quick and efficient, friendly, polite, courteous and respectful. Patients said the environment was clean and hygienic. Four negative comments related to availability of appointments; three to waiting time after the appointment time had been reached; two to the quality of care and one relating to the environment.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some patients preferred to wait several weeks for an appointment so that they could see their regular GP. We also spoke with a member of the Patient Participation Group. They were positive and felt that the practice was open to suggestions for improvement. The practice displayed the latest Friends and Family Test results in the waiting room. The latest results (November 2015) showed 85% of patients who responded would recommend the practice.

## Areas for improvement

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

- Ensure staff receive safeguarding training and are familiar with the process to make referrals.
- Determine the immunisation status of all relevant staff, and in particular those with close patient contact.
- Ensure staff do not work outside the scope of their training and qualifications.
- Ensure all medicines and equipment are in date.
- Carry out a risk assessment with regard to the decision not to have a defibrillator on site.
- Ensure the practice has oxygen on site.
- Provide staff with basic life support training.

- Carry out regular and systematic clinical audit, including quantitative audits of the care of groups of patients against defined criteria (with re-audit to demonstrate change).
- Provide clinical and non clinical staff with regular supervision.
- Ensure patient care plans are correctly documented.

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

- Ensure patient group directions are appropriately dated, in line with legislative guidance.
- Record details of verbal employment references and record new staff induction.
- Improve the system to record the cleaning carried out by the cleaning contractor so that the practice can determine what has been cleaned and when.
- Review regularly and update procedures and guidance.

## Summary of findings

- Review the system for dissemination of safety alerts and clinical guidance across the practice.
- Review staff training needs, including infection prevention and control and Deprivation of Liberty Safeguards training.

# Dr Kirit Shah

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

### Background to Dr Kirit Shah

Dr Shah's practice provided services to approximately 3100 patients in the Vauxhall area of south east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Lambeth clinical commissioning group (CCG) which has 48 member practices serving a registered patient population of more than 380,000. Dr Shah's practice provides a number of enhanced services including timely diagnosis and support for people with dementia; support for patients with a learning disability; minor surgery and remote care monitoring.

The staff team at the practice consists of one full time male GP, a female practice manager, a practice nurse and five part time administrators/receptionists. A locum female GP provides two sessions per week for female patients who wish to see a doctor of the same gender. The service is provided from this location only, and is located in rented property.

The practice is open between 8.00am and 6.30pm Monday to Friday, with appointments between 8.30am and 6.30pm. It provides an online appointment booking system and an electronic repeat prescription service. Patients can also view test results online. The premises are not purpose built but a ramp has been fitted to enable ease of access for patients with mobility difficulties and a hearing loop has been installed.

The practice website states the surgery is open at the following times (these time differ from those on the NHS Choices website):

- Monday: 08:00 - 19:00
- Tuesday: 08:00 - 20:00
- Wednesday: 08:00 - 19:00
- Thursday: 08:00 - 18:30
- Friday: 08:00 - 18:30

Appointments start at 9.20am each morning with the last appointment approximately half an hour before the closing time. No appointments are provided on Thursday afternoons. Patients who wish to see a GP during this time or between 8.00am and 9.20am are referred to the Lambeth GP access hub (which provides additional GP and nurse appointment at four specific GP practices spread across the borough). Outside of these hours, patients are advised to contact the practice's out of hours provider, whose number is displayed on the practice noticeboard.

The practice is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, family planning, surgical procedures, and diagnostic and screening procedures.

The practice has a lower percentage than the national average of people with a long standing health conditions (46% compared to a national average of 54%) but is comparable to the national average for people with health related problems in daily life (48% compared to a national average of 49%). The average male and female life expectancy for the CCG area and the practice is in line with the national average for both males and females.

The population in this CCG area is predominantly white British. The second highest ethnic group is black or black British. The practice sits in an area which rates within the 30% most deprived neighbourhoods in the country with a

# Detailed findings

value of 36.5 compared to the practice average across England of 23.6. The patient population is characterised by a below England average for patients, male and female, over the age of 55; and an above England average for patients, male and female, between the ages of 25 and 49.

## 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.

This practice had not been previously inspected.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 February 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the practice nurse and receptionists; and spoke with patients who used the service.
- Observed how patients were being cared for.

- 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)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in the significant incident folder.
- The practice carried out an analysis of the significant events. We saw the significant events log for the previous 12 months, which contained the outcome and action taken as a result.
- Lessons were shared to make sure action was taken to improve safety in the practice. For example, two incidents in the past 12 months related to patients with mental health needs. These had been discussed at staff meetings and all staff made aware of the need to involve clinicians and mental health specialists.
- When there were unintended or unexpected 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse, but they were not always robust.

- Safety alerts from agencies such as the Medicines and Healthcare Products Regulatory Agency (MHRA) were received by the practice manager and distributed to staff. There was no process in place to ensure locum GPs were included in the circulation.
- The GP was the lead for safeguarding and had received child protection training to level 3. He had also undergone training in safeguarding adults at risk. He could not recall any recent safeguarding referrals, and was unsure of the practice's policy. The practice nurse had completed level 3 training in 2014. Senior staff were able to give two examples of referrals including one where a practice nurse visited a patient and displayed exemplary conduct by staying with them until very late into the evening to ensure the patient was moved to a place of safety. Administrative/reception staff

demonstrated they understood their responsibilities to report safeguarding concerns in-house, but were unaware of external local authority safeguarding teams. Contact details for these teams were not on display and could not be found when requested by the inspection team. With the exception of the GP, no staff had received safeguarding training within the last year and some staff had not attended training since 2012.

- 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 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). Although the principal GP was male, staff told us that requests for a chaperone were rare. Staff were not recording in patients' notes if the patient had been offered (and accepted/refused) or requested a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The cleaning was carried out by an external contractor. The records maintained by the contractor were insufficiently detailed to enable the practice to determine what was being cleaned and when.
- The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place however no staff had received training. An infection control audit had been undertaken by the community infection prevention nurse in October 2015. This resulted in several areas where action was required. For example, the practice did not have local risk assessments which documented challenges to effective infection prevention. We were told that action had been taken however this had not been recorded and a re-audit had not been carried out.
- The immunisation status of all staff had not been established, including that of the phlebotomist/administrator.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice was not robust enough to keep patients safe (including obtaining, prescribing, recording, handling, storing and security).



# Are services safe?

- Some medicines were kept in the nurse's treatment room. We found two that were out of date, one by over 5 years; and one that had been removed from its external packaging so there was no visible expiry date. Blank prescriptions for printing were not kept securely. Handwritten prescription pads were kept in an open tray and there was no system in place to record serial numbers. Vaccines were in date and appropriately stored in fridges. The temperature of each fridge was monitored and recorded daily.
- One member of the administrative team had specific responsibility for repeat prescriptions. Patients had the option of requesting them in person, by fax, in writing, or online. Staff told us they would check uncollected prescriptions every three months. This could potentially mean a person could be at risk of being without their medicines when they needed them.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We reviewed these and found them to be current however practice clinicians had not dated when they had signed them. We were told the practice did not have any current Patient Specific Directions (PSDs). PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.).
- The practice had a number of policies and procedures in place relating to recruitment and new starter induction. We saw that staff were largely following these procedures. We reviewed four personnel files and with the exception of references, found
- All electrical equipment was checked to ensure the equipment was safe to use. The last date of checking was April 2015. Clinical equipment was checked to ensure it was working properly and was last calibrated in February 2015. We were told clinical equipment was regularly cleaned however records of these checks were not maintained.
- The practice had a health and safety risk assessment in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) however this could not be produced due to a computer glitch. A new risk assessment was carried out post the inspection and provided to the CQC.
- Staff commented they felt safe in the premises due to CCTV in the waiting room, corridors and external to the building.
- 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. A recent review of staffing numbers had led to the decision to start recruitment for an additional administrator.

## Arrangements to deal with emergencies and major incidents

The practice arrangements in place to respond to emergencies and major incidents were not wholly effective.

- There was a virtual alarm button on the computers in all the consultation and treatment rooms which staff could use to alert colleagues to any emergency.
- Just three of the eight staff had received annual basic life support training within the last year.
- The practice did not have defibrillator available on the premises or oxygen. A risk assessment had not been carried out in relation to the lack of this equipment. A first aid kit and accident book were available, as was a nebuliser.
- The doctor's emergency bag contained equipment that was over five years out of date, including medicines. The emergency medicine box was not well stocked and did not include a number of medicines recommended in appropriate guidance such as hydrocortisone (for acute severe asthma/ anaphylaxis) or atropine (for abnormal

## Monitoring risks to patients

The practice assessed and managed most but not all risks to patients and some improvement was needed.

- The practice told us they tested fire alarms weekly and carried out an annual fire drill however the records of these could not be located at the time of the inspection. Copies of the fire alarm tests were subsequently sent to the Care Quality Commission (CQC).

## Are services safe?

heart rhythm). A risk assessment to identify a list of medicines that were not suitable for a practice to stock, and how this was kept under review had not been carried out. Once the lack of medicines in the emergency box was brought to the attention of senior staff, replacement medicines were immediately ordered. The emergency medicines were easily accessible to staff in a secure area of the practice but not all staff knew of their location. With the exception of the medicines in the GP's bag, all the emergency medicines we checked were in date and fit for use. The GP had an anaphylaxis

(a severe, life-threatening, generalised or systemic hypersensitivity reaction) pack. It contained adrenaline but not chlorphenamine or hydrocortisone – medicines commonly used to treat anaphylaxis.

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. This plan had recently been put into practice when the surgery had to be evacuated for several days due to a nearby gas leak. The practice had a buddy arrangement with a neighbouring Clinical Commissioning Group (CCG) practice.

# 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 peoples' needs.
- The practice did not monitor that these guidelines were followed through, for example, risk assessments, audits or 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 91% (510 points) of the total number of points available (559), with 6.1% exception reporting. (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). The recent long term absence of the practice nurse had had an impact on the efficiency of the practice. Whilst locum staff were used, regular tasks, such as spirometry had not been carried out, and the practice felt that this had impacted on a number of their QOF outcomes.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed the practice achieved 100% in a number of clinical indicators including asthma, atrial fibrillation, dementia, epilepsy, palliative care and learning disability. However it fell below the CCG and national average in some areas including chronic obstructive pulmonary disease, diabetes, hypertension, peripheral arterial diseases and the secondary prevention of coronary heart disease. For example:

- Performance for diabetes related indicators was below average in five of 11 indicators compared to the national

average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less, was 75%, which was 4.7% below the CCG average and 5.5% below the national average. However, the percentage of patients with diabetes receiving an influenza immunisation was 96%, 6.7% above the CCG average and 1.8% above the national average. The percentage of patients newly diagnosed with diabetes, on the register, who had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register was 100%; 13.8% above the CCG average and 9.7% above the national average.

- Performance for osteoporosis and secondary prevention of fragility fractures in patients 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, who were treated with an appropriate bone-sparing agent was 96% below the CCG average and 93% below the national average; however, the number of patients who fell into this category was extremely small.
- Performance for mental health related indicators was above the national average. For example 95% of patients with schizophrenia, bipolar or other psychoses had had a documented and agreed care plan. This was 9.6% above the CCG average and 7% above the national average.

The practice was part of the local CCG medicines optimisation scheme (a scheme to help patients and the public understand how to get the best outcomes from medicines). As part of a CCG incentive, an audit of broad spectrum antibiotic prescribing had been carried out between January and March 2015. This indicated that 87% of patients had been treated appropriately. The audit was repeated in July – September 2015. This showed a half percent drop in appropriate prescribing. Clinicians at the practice showed an awareness of the CCG benchmarking data for prescribing of antibiotics but there was no current action plan in place to address the shortfall other than informing locum GPs of the audit outcome.

The practice was unable to provide any other completed audits. One audit was underway with regard to calcium and vitamin D deficiency in patients at risk. A hypertension control audit had been carried out between November 2013 and March 2014. This had

# Are services effective?

## (for example, treatment is effective)

shown the practice had a high number of patients with hypertension however little proactive action had been taken and this was reflected in the below average QOF outcomes in this area. A re-audit had not taken place. Minor surgery (joint injections and topical cryotherapy) was undertaken at the practice. No audits had been carried out in relation to this.

### Effective staffing

Staff had skills, knowledge and experience to deliver effective care and treatment, however we found that on occasion they acted outside of their training and qualifications.

- The practice told us all new staff underwent an induction, and staff confirmed this; however, no records of the induction programme were maintained.
- 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 vaccinations had received specific training and could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by annual refresher training. However, we found some staff were undertaking assessments and making clinical decisions for which they were not trained.
- The learning needs of staff were identified through annual appraisals. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months but no formal supervision, clinical or otherwise, was carried out for any member of staff.
- In the 12 months preceding this inspection, staff had received training that included: a mental health workshop, healthy weight training, annual immunisation, cervical screening update, medicines optimisation, clinical coding, diabetes in healthcare, password management and phlebotomy skills.
- We saw the GP had undergone training in a number of areas during the past year, including bipolar disorder in primary care; the role of the chaperone; female genital mutilation awareness; child protection; smoking cessation, dermatology, end of life care and infection control.

- The recent long term absence of the practice nurse had had an impact on the efficiency of the practice. Whilst locum staff were used, regular tasks, such as spirometry had not been carried out, and the practice felt that this had impacted on a number of their QOF outcomes.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This was not always accessible in a timely way as the IT system frequently stopped working, causing frustration to staff and potential delays to patients. Staff told us they were liaising with the IT provider to resolve this problem.

- 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. We reviewed the care plans for four patients and found information was poorly documented. Test results were checked by the practice nurse and actioned daily. There were no results waiting to be actioned at the time of our inspection.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Referrals were dictated, typed, reviewed by the GP and emailed directly to secondary care.
- The practice nurse told us that for cultural reasons, some female patients did not want to see a male GP. In such circumstances, the nurse would carry out an initial consultation and book the next available appointment for the patient with the locum female doctor. If appropriate, and after discussion with the (male) GP, the nurse would refer patients on to secondary care without the patient having to wait to see the female GP. This falls outside the remit of the practice nurse, as they had not undergone training commensurate to this role. This was unsafe practice and put patients at risk. There was no screening in place for referrals made by practice nurses or locum GPs however the number of referrals from the practice was within the CCG average.

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

# Are services effective?

## (for example, treatment is effective)

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and involved, for example, health visitors, district nurses, the community mental health team, the community matron, midwives and the palliative care team.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We saw evidence that consent was sought and gained for a vaccination.

- Clinicians were aware of the Mental Capacity Act 2005, but were not familiar with deprivation of liberty safeguards (DOLS).
- The GP was aware of the need to carry out assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse were aware of the need to assess the patient's capacity and, recorded the outcome of the assessment.

### 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 and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

- Smoking cessation advice was available from the practice nurse.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages for all but two vaccinations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 97.6% and five year olds from 70% to 100%. The practice was not proactive in instances where vaccination take up was low. For example, it did not send out reminders to parents. The practice did however use the data generated by QOF to identify patients with long term conditions and send them reminders for annual reviews.

Flu vaccination rates for the over 65s were 76%, and at risk groups 58%. These were above the national averages of 73% and 51%.

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. We reviewed 23 new patient notes. Documentation was good and we saw that appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# 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 most consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. The nurse's consultation room did not have curtains however the nurse assured us the door was always locked during any examination.
- 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.
- Reception staff could close the reception window if they needed to have a private telephone conversation.

Seventy-five percent of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients stated staff were 'lovely', and 'willing to do their very best to help patients'.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 84%, national average 87%).

- 92% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 79% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 94% said they found the receptionists at the practice helpful (CCG average 86%, national average 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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 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.

### 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.



## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer, although the practice could not give us a specific number. The practice provided a contact phone number and written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP telephoned 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. We were told the practice would liaise with other health providers if a patient passed away but found one occasion where the GP certified a death but the local hospital was not informed, which led to the outpatient department subsequently querying why the patient did not attend for an appointment.

# 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. For example the practice nurse carried out Holistic Health Assessments (HHAs) for patients with long term conditions, who were housebound and/or elderly. The HHA was used to create an individualised care plan and worked in conjunction with the south London integrated care scheme.

- The practice offered two sessions per week with a female (locum) GP for patients who preferred to see a female doctor.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those with serious medical conditions.
- Home visits were available for patients who were housebound, elderly or terminally ill. The practice would accept a repeat prescription request over the telephone from these patients.
- Patients were able to receive travel vaccinations.
- There were facilities for patients who could not attend the practice during normal opening hours. The practice offered extended opening hours three times a week; daily telephone consultations and online repeat prescription ordering.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a consultation room on the ground floor so that anyone with mobility challenges could still access the GP or practice nurse.
- The practice provided a service to a nearby sheltered housing project; a gender reassignment hostel, a hostel for the homeless and a hostel for people with mental health illness. Patients without a fixed abode were able to register at the practice.
- Other than smoking cessation, the practice did not run specific clinics, as historically they had been poorly attended. Clinicians told us they found it more productive to carry out opportunistic screening and annual reviews where appropriate.

- The practice had carried out a tea and cake afternoon for its diabetic patients and at the same time had offered advice and guidance. This had proved popular and a repeat was being planned.
- There were up to date notice boards in the waiting room and an information folder. These provided a range of information including details of breast and bowel screening; ante and post-natal care; the PPG; information for carers and an information leaflet in Portuguese in recognition of a sizeable local Portuguese speaking population.

### Access to the service

The practice was open between 8.00am and 7.00pm on Mondays and Wednesdays; between 8.00am and 8.00pm on Tuesdays and between 8.00am and 6.30pm on Thursdays and Fridays. Appointments were generally from 9.20am to 30 minutes before the aforementioned closing times. No appointments were offered on Thursday afternoons although the GP told us that in an emergency he could come in. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them, and telephone consultations were available. The practice told us that in an effort to increase the availability of appointments, every second appointment each day was an 'on the day appointment'. There was approximately a two week wait for a routine appointment. If the practice could not provide an urgent appointment they could refer the patient to the access hub so they could see a GP or nurse at an alternative venue. Patient records were not shared with the hub, but a summary of treatment provided at the hub was sent to the patient's registered practice within 24 hours.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).



# Are services responsive to people's needs?

## (for example, to feedback?)

- 67% patients said they always or almost always see or speak to the GP they prefer (CCG average 52%, national average 59%).

People told us on the day of the inspection that they were usually able to get appointments when they needed them. Some of those who completed comment cards felt appointments were not always available and there could be up to a two week wait.

### **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.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information on how to make a complaint was available in the patient waiting room.

We looked at the four complaints received in the last 12 months and found these had been investigated and responded to promptly. The practice acknowledged complaints within three days. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, clinical staff had been advised of the need to ensure safety netting advice was provided to patients and their carers (safety netting is a diagnostic

strategy or consultation technique and requires effective systems and processes to ensure timely re-appraisal of a patient's condition).

# 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 mission statement which was displayed in the waiting areas and some staff knew and understood the values.
- The GP had an understanding of the need for succession planning and told us of the options they were currently considering.

### Governance arrangements

The GP was the sole decision maker. Their focus on providing direct, hands-on high quality care meant their capacity to devote time to the day to day governance of the practice was limited. Staff had little input into discussions relating to investment and finances and consequently felt that services were sometimes compromised, particularly with regard to a lack of clinical staff.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented in most instances and were available to all staff. These included policies relating to chaperoning, fire safety, equal opportunities, information governance, control of substances hazardous to health (COSHH) and health and safety. The latter had not been reviewed since 2011; however, the remainder had been reviewed within the last year.
- The lack of a programme of continuous clinical and internal audit meant that staff did not have an understanding of how the practice was performing, and they did not have data which could be used to monitor quality and to make improvements.
- The practice had ongoing difficulties with the electronic patient system which they felt impacted heavily on the efficiency of the practice and could potentially compromise patient safety. We were told that this had been flagged up on numerous occasions with the IT provider and dialogue was ongoing.

### Leadership and culture

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings, and provided minutes to this effect.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did.
- Administrative staff said they felt respected, valued and supported by the clinicians and the practice manager. They appreciated being given lead roles in areas such as dealing with repeat prescriptions as it allowed them to take on responsibility. Staff had limited involvement in discussions about how to run and develop the practice, although they were keen to share their ideas for development and improvement.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- Staff were aware of the practice's whistleblowing policy, although not certain where to find a copy.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a small but active PPG which met regularly with the practice manager and practice nurse, although rarely with the GP. A member of the group told us that suggestions were taken on board. For example the PPG commented that the notice boards in the waiting room were cluttered and often displayed out of date information. The practice had then re-organised and updated all its information boards and leaflets.

# Are services well-led?

Requires improvement 

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

- The practice made efforts to increase the membership of the PPG. All new patients were asked if they wished to join and there was information on display in the waiting room.
- A Family and Friends Test comment box was in a prominent place in the waiting room and comment slips were available on the reception desk.
- The practice had carried out a survey in November 2015 in response to a number of patients stating there was a lack of appointments. The practice ran their survey for one week and received 67 completed forms. The results showed that 61% of respondents were able to get an appointment within a week; and a further 31% within two weeks.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, although there was no formal process in place to gather staff views. Staff told us they felt involved and could give feedback through staff meetings, appraisals and ad-hoc discussion. They were confident that their input would be valued and listened to.

## Continuous improvement

The practice had implemented several initiatives with a view that change led to improvement. It had introduced a named health care professional at the surgery for those with significant risks or conditions that require more regular update or fast tracking to see a member of the team.

The practice nurse had attended holistic health care training with the local integrated care team which enabled her to carry out health checks on the practice's elderly population and where appropriate refer them either into the rapid response team (to receive urgent care in their own homes to prevent hospital admission), or to agencies such as the memory clinic if dementia was suspected; for hearing assessments or podiatry.

A member of the reception team had trained as a Primary Care Navigator (PCN) in Dementia and Diabetes. This enabled her to signpost people and their families towards specialist services for those with these conditions.

The Practice Nurse carried out home visits to the housebound practice population who were not on the district nurse case load in order to give seasonal vaccinations. At the same time she carried out assessments if required such as spirometry and blood pressure measurement.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with the lack of a defibrillator; insufficient quantities and outdated medicines; the lack of oxygen; outdated emergency equipment; undated patient group directions; lack of staff supervision and the risks posed by not ensuring staff were appropriately trained in basic life support.</p> <p>This was in breach of Regulation 12(1)(2)(a)(b)(c)(e)(f)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to ensure patient care plans were correctly documented.</p> <p>This was in breach of Regulation 19(1)(a)(b)(c) (3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

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

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

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

The registered person did not do all that was reasonably practicable to ensure staff received safeguarding training and were familiar with the referral process.

This was in breach of Regulation 13(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

The registered person did not have in place a system to carry out regular and systematic clinical audit, including quantitative audits of the care of groups of patients against defined criteria (with re-audit to demonstrate change).

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

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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

Some staff were carrying out roles for which they were not suitably qualified.

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 18 (1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.