

Dr George Kamil

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr George Kamil on 29 September 2106. Overall the practice is rated as Good.

Dr George Kamil was subject to a previous comprehensive inspection in January 2016 where the practice was rated as inadequate and was placed into Special Measures. Following our inspection of the practice in January 2016, the practice sent us an action plan detailing what they would do to meet the regulations. We undertook this second comprehensive inspection on 29 September 2016 to check that the provider had followed their action plan and to confirm that they now met the regulations. We found that the practice had made significant improvement since our previous inspection. The practice is now rated as good overall.

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

- There was now an open and transparent approach to safety and an effective system in place for reporting and recording significant events. We saw evidence these were investigated and learning shared with staff.
- Risks to patients were assessed and well managed. The practice were able to demonstrate they had carried out risk assessments. These included health and safety, fire safety, legionella and infection control audits.
- Vaccines and prescriptions were now stored in line with national guidance. Patient Group Directions were used by the practice to allow nurses to administer medicines. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had improved their recruitment processes. We found at this inspection that appropriate recruitment checks and risk assessments had been undertaken prior to the employment of practice staff.
- The practice had made attempts to recruit patients to join a patient participation group but had been unsuccessful in starting the group. However, since our

Summary of findings

last inspection the practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive.

- Policies and procedures were now tailored to the practice and had been reviewed to ensure they were relevant and up to date.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they usually found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had facilities and equipment to treat patients and meet their needs.
- Improvements had been made to fire safety. For example, a fire risk assessment had been completed in May 2016 by an independent company and new smoke seals had been fitted to all fire doors.
- At this inspection we found evidence that all electrical equipment had been PAT tested in May 2016 and clinical equipment had been calibrated in May 2016.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There was one area where the provider MUST make improvement:

- Review and increase nursing provision in the practice to ensure there is sufficient capacity to meet the needs of the patient list.

The areas where the provider should make improvement are:

- Provide better access to a female clinician.
- Continue to promote the role of the patient participation group.
- Consider how better to engage with patients to provide patient feedback in order to act on any findings.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Since the last inspection of the practice, the provider had taken action to address the concerns we had previously found.

Good



- There was now an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, the practice had carried out risk assessments for fire safety and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained. For example, infection control audits had taken place and cleaning logs were reviewed.
- A new vaccine fridge had been purchased and vaccines were stored in accordance with Department of Health guidance.
- Appropriate recruitment checks and risk assessments had been undertaken prior to the employment of practice staff, this was an area of improvement since our last inspection.
- The practice had access to an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) and all staff had been trained in its use.
- The practice was using Patient Group Directions to allow nurses to administer medicines and Patient Specific Directions to enable health care assistants (HCA) to administer vaccines in line with the required legislation.

Are services effective?

The practice is rated as good for providing effective services. Since the last inspection, the provider had taken action to address the concerns we had previously found.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and work was underway to embed completed cycle audits into the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff were up to date with the practices' mandatory training such as safeguarding, infection control and fire safety
- Staff had received regular annual appraisals and we saw dates planned for October 2016 for those staff remaining to be appraised. Appraisals files contained personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, patients at high risk of hospital admission.
- Childhood immunisation rates had improved since our last inspection. Results were comparable to or better than the clinical commissioning group (CCG) averages. For example, at our previous inspection 27% of children under the age of 24 months had received their meningitis C booster. At this inspection we found that 100% of children had received this vaccination. This was better than the local clinical commissioning group average of 85%

Are services caring?

The practice is rated as good for providing caring services. Since the last inspection, the provider had taken action to address the concerns we had previously found.

- Data from the national GP patient survey showed mixed patients ratings for several aspects of care. For example, 96% of patients had confidence in the last GP they saw which was the same as the clinical commissioning group (CCG) and the national average. However, we noted several scores had reduced slightly when compared with figures used for the last inspection.
- Patients comments cards received said patients felt 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.

Good



Summary of findings

- 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. Since the last inspection, the provider had taken action to address the concerns we had previously found.

- 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. However, patients had limited access to a nurse who only worked four hours a week.
- Extended hours appointments were offered at the practice on Monday until 7pm and Thursday until 7.30pm
- Patients said they usually found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was 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. Learning from complaints was shared with staff.
- The practice website included information about various long terms conditions such as asthma, diabetes and minor illness.
- The practice was aware that it could not offer patients the choice of seeing a female GP on a regular basis. This was explained to patients before registering with the practice and we saw this detailed on the practice website. The practice had secured three female locums who could be requested to cover when the principal GP was unavailable or if there was several patient requests for appointments with a female GP.

Requires improvement



Are services well-led?

The practice is rated as good for being well-led. Since the last inspection, the provider had taken action to address the concerns we had previously found.

- 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 it.
- There was a clear leadership structure and staff felt supported by management.

Good



Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular governance meetings. These were practice specific, had been reviewed, and contained up to date information
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. For example, completing clinical audit cycles and risk assessments.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice advertised the role of the patient participation group and had tried to encourage individuals to join. For example, there were notices in the waiting area and on the practice website. However, despite this the practice had been unable to recruit patients to join this group. The practice did have a comment box which contained a number of suggestions about improvements to the practice, and invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive.
- Electronic Prescription Services (EPS) and a repeat prescription service helped patients to get their prescriptions easily.
- Travel health and vaccination appointments were available.

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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All older patients with complex care needs and those at risk of hospital admission had personalised care plans which were appropriately shared with local organisations to facilitate the continuity of care.
- We reviewed the minutes of multi-disciplinary meetings, held to discuss packages of care for patients with complex or palliative care needs.
- The practice supported patients who lived in two nursing homes by undertaking weekly home visits and providing advice over the telephone.
- The practice offered flu and pneumonia vaccination programmes.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were comparable to clinical commission group (CCG) and nation averages. For example, 85% patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness. Which was comparable with the CCG and national average of 89%. Data also showed that 100% of patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) had been treated with anticoagulation drug therapy or an antiplatelet therapy. Which was comparable with the CCG and national average of 98%.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nationally reported data showed most patient outcomes were comparable with local and national averages. We noted two areas where the practice had scored low for diabetic care. The business manager and principal GP told us they had recognised the problems with the QOF scoring and had made improvements. We looked at the unverified data for the first seven months for 2016/2017 and saw that the results had improved.
- The practice offered diabetic foot screening. CQC data indicated that the practice achieved 80% for annual foot checks in patients with diabetes which was comparable to the national average of 88%.
- 70% of patients with asthma, on the register, had an asthma review, which was comparable with the CCG and national average of 75%
- Patients were supported to self manage their long term condition by using agreed care plans and by being encouraged to attend self-help groups

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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 had greatly improved from the inspection in January 2016 and were now around average for all standard childhood immunisations. For example, previous data showed that 54% of children under 24 months had received the MMR (measles, mumps and rubella) vaccine compared to the CCG average of 82%. Data used for this inspection showed that 90% of children under 24 months had received the MMR vaccine.
- 74% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This was comparable to the CCG average of 81% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- Midwives linked to the practice ran weekly clinics.
- A pregnancy care planner was accessible online. This provided information in relation to pregnancy and labour and general pregnancy topics.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse. Safeguarding policies and procedures were readily available to staff.
- The practice ensured that children needing emergency appointments would be seen on the day.
- Appointments were available at the practice with the GP until 6pm and on two afternoons a week until 7pm and 7.30pm.

Working age people (including those recently retired and students)

The practice is rated as good 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available at the practice with the GP until 6pm, with the exception of Wednesdays, and on two afternoons a week until 7pm and 7.30pm.
- Telephone consultations with the GP were available during working hours.
- Electronic Prescription Services (EPS) and a repeat prescription service helped patients to get their prescriptions easily.
- Travel health and vaccination appointments were available.

Good



People whose circumstances may make them vulnerable

The practice is rated as good 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, travellers and those with a learning disability.
- Patients with a learning disability or other disability were known to the practice. This meant staff could quickly identify when dealing with a patient, if they required additional assistance.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Minutes were recorded of meetings held.
- 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, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The GP had received training in the Mental Capacity Act 2005, and could demonstrate an understanding of relevant consent and decision-making requirements of legislation and guidance.
- Carers and those patients who had carers, were flagged on the practice computer system and were signposted to the local carers support team.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Patients were monitored as part of the Quality and Outcomes Framework (QOF) to check that they had an up-to-date care plan. 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared well to a clinical commissioning group (CCG) average of 91% and a national average of 88%.
- 95% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This was better than both the CCG average of 83% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results was published in July 2016. The results showed the practice was mostly comparable with the national average. 287 survey forms were distributed and 104 were returned. This represented nearly 3% of the practice's patient list.

- 76% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% of patients who responded said they were satisfied with the GP practice opening hours compared to the national average of 78%.
- 63% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 75%.
- 75% of patients who responded described the overall experience of their GP practice as good compared to the national average of 85%.
- 65% of patients who responded said they would recommend their GP practice to someone who has just moved to the local area compared to the national average of 79%.
- 84% of patients who responded said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

- 96% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Patients told us they thought they were treated with kindness and compassion by all staff at the practice and the service was repeatedly described as very good. Patients also commented that they felt the environment was clean and tidy. Patients described the GP and nurse as caring, friendly, helpful and told us that they were listened to.

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at July 2016 results of the FFT. This indicated that from 25 responses, 18 (72%) patients were 'extremely likely' or "likely" to recommend the practice to their friends and family. One person indicated they would not recommend the practice (2%) and 6 (24%) either replied don't know or did not have an opinion.

Dr George Kamil

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 and a practice manager specialist adviser.

Background to Dr George Kamil

Dr George Kamil, also known as Upper Halliford Medical Centre, is a single handed GP practice providing primary medical services to approximately 3,020 patients in the Shepperton area of Middlesex. The practice occupies a building which was not originally designed for the delivery of medical services and access for patients who may use wheelchairs could be limited due to the width of corridors.

The principal GP (male) is supported by a male locum GP and a male healthcare assistant who works 20 hours a week. Both male and female locum GPs are used to cover the primary GP in their absence. The practice employs a part time nurse (female) for four hours a week. The practice is also supported by a full-time business manager and five part-time reception / administrative staff. The practice employs the services of a part time locum practice manager but they were not present at the time of the inspection.

All services are provided from:

270 Upper Halliford Road, Shepperton, Middlesex, TW17 8SY.

The practice is open from 8:30 to 6:30pm with the exception of Wednesday, when the practice closes at 1:30pm. There are extended hours every Monday 6.30pm – 7.00pm and Thursday 6.30pm -7.30pm.

Surgery hours are available between 9:30am and 11:30am and 4pm to 6pm Mondays Tuesdays, Thursday and Friday. On a Wednesday hours are 9:30am to 11:30am

During the hours of 8am to 8.30am and after 11.30pm on a Wednesday patients were able to speak with the GP in an emergency and details were provided on the practices answer phone message.

During the times when the practice is closed, the practice has arrangements for patients to access care from Care UK an Out of Hours provider. Information was provided to patients via the practice website and through an answer phone message.

Dr George Kamil was placed into special measures following an inspection in January 2016. In order to establish if the required improvements had been made we completed a further comprehensive inspection in September 2016. Improvements to the delivery of service were evident and the practice had made significant improvement since our previous inspection.

The practice population has a higher number of patients between 50-59 and 75+ years of age than the national and local Clinical Commissioning Group (CCG) average. For example, 37% of the practice population was over 65 years of age compared to the CCG and the national average of 27%. The practice provides a regular service to two nursing homes in the local area. The practice population also shows a slightly lower number of patients from birth to 34 years old than the national and local CCG average. There is a higher than average number of patients with long standing health conditions. The percentage of registered

Detailed findings

patients suffering deprivation (affecting both adults and children) was higher than the CCG average but lower than the average for England. Less than 10% of patients do not have English as their first language.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in January 2016 after which the practice was rated as inadequate and was placed into special measures. The purpose of this most recent inspection was to check that improvements had been made.

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 to share what they knew. We carried out an announced visit on 29 September 2016.

During our visit we:

- We spoke with a range of staff. Those we spoke to were the principal GP, the business manager, two receptionists and the part time nurse.

- We observed how patients were being cared for and talked with carers and/or family members
- The GP SPA reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We spoke with a nursing home who informed us they were happy with the care the GP provided for their residents.

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. (CQC review the results of the patient survey for each GP practice and adjusts the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire).

Are services safe?

Our findings

Safe track record and learning

At our previous inspection we found that there was minimal evidence of learning and communication with staff. When we inspected in September 2016 we found the practice had implemented improved systems for reporting and recording significant events.

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 on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw that the practice had logged four significant events in the past 10 months. We saw evidence to demonstrate that significant events were discussed and that learning points had been shared.

We discussed the process for the management of safety alerts with the GP. They had access to alerts and confirmed that these were routinely discussed with staff. The principal GP was able to discuss changes that had been implemented at the practice following a recent alert.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a significant event had been raised when data from the fridge temperature records showed an increase in temperature for a 24 hour period during a power cut. The correct procedure was followed and the manufactures were contacted and the vaccine disposed of accordingly. The significant event re-enforced everyone's understanding of the correct procedures to follow and ensured the cold chain policy was working correctly.

Overview of safety systems and processes

During our last inspection, in January 2016, we identified that some of the practice's systems, processes and procedures did not promote patient safety. At this inspection we found that the practice had put in place clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.

This included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. The principal GP was a lead member of staff for safeguarding. The GP 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 on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child protection or child safeguarding level three. The nurse was trained to child safeguarding level two and the administration staff to level one.
- 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 (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The healthcare assistant was the infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Two infection control audits had been undertaken since our last inspection and we saw evidence that action was taken to address any improvements identified as a result. An infection control policy and supporting procedures were available for staff to refer to. This

Are services safe?

enabled staff to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- An area of improvement since our last inspection was that Patient Group Directions had now been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

During our previous inspection we found that risks to staff, patients and visitors were not always formally assessed and monitored. At this inspection we found that improvements had been made to ensure that risks were adequately assessed and minimised.

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy which was practice specific and held up to date information.
- The practice had up to date fire risk assessments and had carried out a fire drill since the last inspection. We saw that plans were in place to carry out further drills later this year.
- The practice had undertaken a full fire risk assessment and had actioned any necessary changes required. For example, fire exit doors had been replaced.

- Previously the practice could not evidence that all electrical equipment had been tested or that clinical equipment had been calibrated to ensure they were working properly and were fit to use. At this inspection we found evidence that all electrical equipment had been PAT tested in May 2016 and clinical equipment had been calibrated in May 2016.
- 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Previously the door to the cleaning cupboard was not lockable and could potentially be accessed by patients. At this inspection we noted the cupboard had a number key pad lock installed.
- We spoke with staff members about staffing numbers. The administration team felt that they were suitably staffed and used a rota to ensure enough staff were on duty. The principal GP and business manager told us they wished to increase the nursing hours from four hours a week to six hours but as yet had been unable to provide staff to cover the extra hours. The GP employed a male locum GP to cover three sessions a week and had female locum GPs that could cover when the principal GP was on leave. However, they had been unable to employ a female GP on a permanent basis to cover surgery for a further three sessions a week.

Arrangements to deal with emergencies and major incidents

During our previous inspection in January 2016 we found that the practice had not risk assessed if a defibrillator was necessary and did not have a detailed continuity plan. At this inspection we found that the practice had adequate arrangements in place to respond to emergencies and major incidents.

- Annual basic life support training had been planned for July 2016 but due to illness had been postponed to October 2016. We saw evidence this had been re-booked and all staff were to attend. There were emergency medicines available in the treatment room.
- The practice now had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At our previous comprehensive inspection in January 2016 we found that the information sharing processes and systems in place were not always effective. At this inspection, we found improvements had been made in the way information was shared.

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 GP informed us that information would always be verbally discussed with staff as well as printed and disseminated.
- The practice assured and monitored these guidelines through risk assessments, audits and random sample checks of patient records. The GP was able to show us recent audits that had been conducted for safety alerts that had been received at the practice.
- The practice used computerised tools to identify patients with complex needs and those that had multidisciplinary care plans documented in their case notes. This ensured that staff authorised to review patients' notes were aware of the most up to date information available. We reviewed patient records which demonstrated that care plans were used effectively to support patient care.

Management, monitoring and improving outcomes for people

The practice participated in the Quality Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of 599 points available dated 2014/15, with 8.6% exception reporting which was in line with the Clinical Commissioning Group (CCG) and national average. (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).

QOF data from 2014/2015 was used (which was the same data that was used at the previous inspection) and as before showed;

- Performance for diabetes related indicators was comparable with the clinical commissioning group (CCG) and national average. However we noted two areas in diabetes where the practice had scored lower than the averages. For example, 60% of patients with diabetes, whose last measured blood glucose was at 64 or less (IFCC-HbA1c), compared to the CCG and national average of 77%. We spoke with the principal GP about this who was able to show us unverified figures for the last seven months. This indicated that the practice score was currently at 62% with five months left for the practice to continue to work with this group of patients.
- 69% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the last 12 months), was lower than the CCG average of 81% and the national average of 80%. We spoke with the principal GP about this who was able to show us unverified figures for the last seven months. This indicated that the practice score was currently at 71% with five months left for the practice to continue to work with this group of patients.
- 81% of patients with diabetes, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less, was comparable to the CCG average of 80% and the national average of 78%.
- 77% of patients with hypertension had regular blood pressure tests which was lower than the CCG average and national average of 84%.
- Performance for mental health related indicators was higher than the CCG and national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the preceding 12 months compared with the CCG average of 91% and the national average of 88%
- 95% of patients diagnosed with dementia had a face-to-face review in the preceding 12 months, which was higher than the CCG average of 83% and the national average of 84%

Are services effective?

(for example, treatment is effective)

- 85% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness in the preceding 12 months which was comparable to the CCG average of 89% and the national average of 90%

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. Two clinical audits that had been carried out since our last inspection. The audits indicated where improvements had been made and monitored for their effectiveness. For example, the practice had conducted an audit to review if diabetic patients had retinopathy screening as part of their care plan. From 155 diabetic patients registered at the practice 20 were found not have retinopathy as part of their care plan. This was reviewed further and it was found that seven patients had not been referred for this screening representing just over 4% of the diabetic patient group. These patients were in the process of being contacted so as to be referred. The GP had plans in place to repeat this audit in the next six months.
- We saw that the practice also completed audits for medicine management and infection control. For example, the practice completed regular audits for medicines prescribed. The audits were to ensure that prescribing was in line with National Institute for Health and Care Excellence (NICE) guidelines. When necessary patients had a medicines review to ensure they were on the optimal medicine for their needs.

Effective staffing

At our previous inspection we found that not all staff had completed mandatory training, had received appraisals or that the practice could provide evidence that staff stayed up to date with role specific training. We also did not see evidence of a comprehensive induction programme. At this inspection we found the practice had improved.

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- We reviewed the induction programme for two newly appointed administration staff. We saw there was a training schedule in place and staff were required to complete training in topics such as safeguarding,

infection prevention and control, fire safety, health and safety and confidentiality. New staff shadowed existing staff and were reviewed by the practice manager to ensure they had the knowledge required before working on their own.

- 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 and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff had been scheduled to have their annual appraisal with the principal GP in July 2016. However, due to the illness these had been delayed until October 2016. Staff we spoke with confirmed their appraisals were scheduled for this month.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Those staff who were required to be chaperones had received the appropriate training.

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.
- 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 professionals 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. Meetings took place with other health care professionals every two monthly when care plans were routinely

Are services effective?

(for example, treatment is effective)

reviewed and updated for patients with complex needs. For example, we reviewed minutes to meetings with the local hospice for those patients with palliative care needs and meetings with the community matron.

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. We saw that the GP had completed mental health awareness training in June 2016 and was able to demonstrate his role and responsibilities in this area during our inspection.
- When providing care and treatment for children and young patients, 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.
- Patients provided consent for specific interventions. For example, minor surgical procedures. The risks associated with the intervention were explained and patients signed a consent form.

Supporting patients to live healthier lives

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

- The principal GP told us they maintained a register of patients with a learning disability, carers or those that required palliative care. Patients with long term conditions were scheduled for regular reviews. The practice had identified patients who may be in need of extra support. The practice had identified that 59 of their patients were carers, which was 2% of their practice population, and signposted them to additional support available.
- Health information was made available during consultation and GPs used materials available from online services to support the advice given to patients. There was a variety of information available for health promotion and the prevention of ill health in the waiting area and on the practice website.

- Midwives were available at the practice.

The practice's uptake for the cervical screening programme was 74% which was lower than the CCG average of 80% and the national average of 82%. We also noted that exception reporting for the practice was lower at 3.7% compared with a CCG and a national average of 6.3%. The practice kept a record of patients who attended screening and test results. This ensured that patients had received an adequate test and could follow up women who were referred as a result of abnormal results. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice was below average for the national screening programme for bowel cancer screening (practice average 45% compared to CCG average of 56% and national average of 58%) and was comparable for breast cancer screening (practice average 70% compared to CCG average of 72% and national average of 72%). The principal GP informed us that patients were sent reminders to attend for screening and the GP would also talk to patients about screening during routine appointments.

Immunisation rates had greatly improved since our inspection in January 2016 and were now around average for all standard childhood immunisations. For example, previously data showed that 54% of children under 24 months had received the MMR (measles, mumps and rubella) vaccine compared to the CCG average of 82%. Data used for this inspection showed that 90% of children under 24 months had received the MMR vaccine. Previously data showed that 13% of children under 12 months were given the pneumococcal conjugate vaccine (PCV), compared to the CCG average of 83%. (Pneumococcal infections can lead to pneumonia, septicaemia (a kind of blood poisoning) and meningitis). Data used for this inspection showed that 88% had now received the vaccine which was the same as the CCG average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. 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 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.
- Staff told us that on many occasions, visits by the GP were conducted outside of core hours to patients who required extra help.

All of the 21 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 friendly, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the latest national GP patient survey published in July 2016 showed patient responses varied when asked about being treated with compassion, dignity and respect. The practice was either slightly below or similar to the CCG and national average for its satisfaction scores on consultations with GPs. We also saw that the practice had improved in some instances from the previously published survey of January 2016 as well as reduced slightly. For example:

- 78% of patients who responded said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%. This was an improvement on the previous national patient survey result of 75% for the practice.
- 81% of patients who responded said the GP gave them enough time (CCG average 86%, national average 87%). This was an improvement on the previous national patient survey result of 78% for the practice.

- 96% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 74% of patients who responded said the last GP they spoke to was good at treating them with care and concern (national average 85%). This had reduced slightly from the previous national patient survey result of 77% for the practice.
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (national average 91%). This had reduced slightly from the previous national patient survey result of 90% for the practice.
- 84% of patients who responded said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

We reviewed patient feedback from the comment cards we received. 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.

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans. Unplanned hospital admissions were also discussed at meetings to identify any improvements necessary.

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

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 85% and national average of 86%.
- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national average of 90%

Are services caring?

- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care (national average 81%)
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (national average 91%).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The practice website also had the functionality to translate the practice information into approximately 90 different languages.

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 the GP if a patient was also a carer. The practice had identified that 59 of their patients were carers which was 2% of their practice population. The GP told us that carers would receive priority appointments and receive flu and immunisation vaccinations. 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, the GP contacted them. This call was often followed by a consultation or a home visit at a time to suit the family's needs. Advice was available to patients on how to access bereavement services on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw evidence to demonstrate that since the last inspection the practice had reviewed the needs of its local population. However, patients had limited access to a nurse who only worked four hours a week.

- The practice offered extended hours GP appointments on a Monday until 7pm and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Patients were able to book telephone consultations with the GP.
- A facility for online repeat prescriptions and appointments bookings was available.
- 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.
- Baby changing facilities were available.
- The premises had some facilities to support patients who used a wheelchair or had mobility difficulties. For example, ramp access and disabled toilet facilities. However, we noted that the front access to the building meant that the patient had to negotiate a tight turning and that the corridor from the main entrance of the surgery through to the clinical rooms was narrow. We noted that there was slightly better access from the rear and the side of the building.
- All patient consultations were held on the ground floor of the practice.
- A hearing loop was now available at the practice.
- The reception desk had not been lowered for wheelchair users. The practice told us they would come out from behind reception to talk with patients in a wheelchair.
- Patients were able to see a female nurse although currently this was only for four hours a week. The practice had plans in place to increase this to six hours.
- The practice had tried to recruit a female locum to cover three sessions a week but at the time of the inspection

this position was still to be filled. Instead the practice had access to female locum GPs who could cover the principal GP when they were absent from the practice, but did not wish to commit to three sessions each week.

- Fire exits were clearly marked and had been assessed as part of a fire risk assessment where improvements had been made.
- Flu vaccinations were administered during home visits where appropriate.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday with the exception of Wednesdays when it closed at 1:30pm. Appointments were available between 9:30am to 11:30am and between 4pm to 6pm. There were extended hours on Mondays until 7pm and Thursdays until 7.30pm. When the practice was closed patients were asked to call the out of hours provider on 111 and details of this were available on the practice answerphone and website.

At our previous inspection the practice had been without a practice nurse. We found that the practice had employed a part time nurse who was available for one morning a week (four hours). The principal GP informed us that they were aiming to increase this to six hours per week.

The practice was aware that it could not offer patients the choice of seeing a female GP on a regular basis. This was explained to patients before registering with the practice and we saw this detailed on the practice website. The practice had secured three female locums who could be requested to cover when the principal GP was unavailable or if there were several patient requests for appointments with a female GP.

We noted a sign in the patient waiting area informing patients that they were unable to make on the day appointments at the practice itself and this could only be done over the telephone. We spoke with the GP in relation as to how patients booked appointments. We were informed that patients could only book on the day appointments over the phone. This decision had been made as previously they had found that patients who lived close to the surgery would attend the practice to book an appointment meaning there were less available for those that could only telephone to make appointments. The

Are services responsive to people's needs?

(for example, to feedback?)

practice was also aware that many of their patients were of an older generation and therefore ensured that there was good split of appointments that could be booked on line and those that could be booked over the phone.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were either average or slightly below to local and national averages.

- 68% of patients who responded were satisfied with the practice's opening hours compared to the national average of 78%.
- 76% of patients who responded said they could get through easily to the practice by phone compared to the national average of 73%. This figure had improved since the last survey with the previous result being 73%

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done through gathering of information beforehand to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

During our last inspection undertaken in January 2016, we reported that the provider had not ensured that the complaints policy and procedure was adequately implemented or that complaints were shared with staff so there was an opportunity for learning. Since the last inspection we saw that all complaints including written and verbal and the actions taken were recorded. We saw evidence that learning was shared with all staff at practice meetings.

As a result of the actions taken by the provider, at this inspection we found that 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.
- There were posters on display in the waiting area and information was on the practice website.

A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided

We looked at two complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We were told that, where possible most verbal complaints were dealt with at the time of the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

The GP told us that they had welcomed the comments from the previous inspection to ensure that they were doing their best for their patients. We saw that they had responded to all of our concerns and had worked to their action plan to achieve the improvements required.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were up to date and contained relevant information. Policies were available to all staff. Since the last inspection, these had become more embedded. For example, the safeguarding policy and health and safety policy.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had conducted an infection control audit, a fire risk assessment, a health and safety risk assessment or a legionella risk assessment.
- A comprehensive understanding of the performance of the practice was maintained. The practice was aware of its performance in relation to QOF and could evidence to us a improvements in QOF areas that were lower than average.
- The practice had employed a practice nurse for four a week and was still looking to recruit a female locum GP for three sessions a week.

Leadership and culture

On the day of the inspection the principal GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. They

told us they prioritised safe, high quality and compassionate care. Staff told us all staff members were approachable, caring and supportive and always took the time to listen.

When there were incidents, accidents or significant events staff followed guidance to report them. The practice told us they investigated them and carried out analysis. The practice could demonstrate they kept records and that learning from events took place and was shared with all relevant staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice 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 were aware of the different roles within the practice. For example, the different responsibilities of the business manager and the locum practice manager.

- Staff told us the practice held regular team meetings and we saw evidence to show these were taking place.
- Staff members we spoke with told us there was an open and transparent culture within the practice. Staff felt they had opportunities to raise any issues and felt supported when they did.
- Staff said they felt respected and valued and were encouraged 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Good 

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

- The practice was unable to recruit patients to join a patient participation group. However, the practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at July 2016 results of the FFT. This indicated that from 25 responses, 18 patients were 'extremely likely' or "likely" to recommend the practice (72%) to their friends and family, whilst one person indicated they would not recommend the practice (2%).
- There was a comments box in the reception area, which was used by patients. The practice had created an action plan from patient comments received. For example, patients had commented on the examination couch in the room used by the locum, which could not be adjusted. The practice had applied for funding to update its practice equipment and was hoping to replace this with an electronic couch that could be adjusted to meet patient needs.
- Staff members we spoke with informed us there were daily conversations with the principal GP, locum practice manager and business manager. They told us that any point they could provide feedback, and discuss any concerns or raise issues. They told us that they could also do this more formally at practice meetings.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met:
Maternity and midwifery services	The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the necessary nursing provision.
Treatment of disease, disorder or injury	