

St Mary Street Surgery

Quality Report

The Surgery,
St Mary Street,
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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?

Good



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 at St Mary Street Surgery on 24 May 2016. We had inspected this GP practice in August 2014 as part of our inspection programme pilot to test our approach going forward. We found there had been a recent change in the overall management of the practice with the employment of a strategic manager (January 2016) and operational manager (April 2016), and a change in the partnership with two new partners joining in 2015. The areas identified for improvement at our last inspection had not all been actioned however the new management team provided us with an action plan on how these issues would be addressed.

Areas identified for improvement in August 2014 were:

- The practice should improve access to the building and décor for the overall patient experience.
- The practice should provide alternative forms of information for patients such as easy read formats, pictures and models.

- The practice should implement a formal appraisal for staff.
- The plans to protect patient privacy and confidentiality in the reception area should be implemented in line with the practice action plan.
- The practice should consult with the appropriate agencies to ensure the appropriate arrangements were implemented with regards to fire safety.
- Staff should be up to date with safeguarding training, which should be at the appropriate level in line with the individual's roles and responsibilities.

From this inspection 24 May 2016 our findings were:

Overall the practice is rated as requires improvement specifically in the domains of safe and well led, and good for the effective, responsive and caring domains.

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

Summary of findings

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, however, some environmental risks were not properly assessed or managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us 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.
- Patients told us they found it easy to make an appointment; there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The provider must review security arrangements in order that access to consulting rooms is restricted to protect patient privacy and so that prescription paper left in printers in consulting rooms is secured.
- The provider must do all that is reasonably practicable to ensure the building is fit for purpose including having sufficient resources for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment to ensure it is safe.

- The provider must undertake risk assessment of the damaged ceiling in the first floor treatment room and demonstrate what mitigating actions are to be taken to ensure it is fit for purpose.
- The provider must do all that is reasonably practicable to ensure paper medical records were stored in accordance with Records Management: NHS Code of Practice Part 1 so that records were stored securely and protected against accidental loss, including corruption, damage or destruction and kept secure and confidential at all times.
- The provider must ensure that policies and procedures are standardised and the team operate within best practice guidance so that operations such as signing prescriptions for medicines which requiring additional monitoring for safety reasons is consistent.
- The provider must ensure the practice undertakes regular audits such as that for minor surgery to demonstrate quality and improvement.

The areas where the provider should make improvement are:

- The practice should obtain evidence of that an electrical installation safety check has been carried out.
- The practice should undertake regular fire safety drills.
- The practice should obtain a copy of the Legionella assessment for the premises.
- The practice should hold photographic evidence of identity for staff.

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 requires improvement for providing safe services.

Requires improvement



- There was 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.
- We found areas within the practice that required improvement such as improving security measures to prevent unauthorised access to consultation rooms; the safe storage of medical records and an auditable prescription security system.
- The premises are in need of redecoration, specifically the treatment rooms on first floor. These must be fully risk assessed to demonstrate what mitigating actions are being taken to ensure it is safe to use, and an action plan agreed for refurbishment.
- The policies and procedures within the practice must be standardised so that the team operate within best practice guidance for areas such as minor surgery.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all clinical staff and a plan in place to extend this to all staff employed at the practice by July 2016.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information 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.

Good



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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. 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 it.
- There was a clear leadership structure and staff expressed confidence in the new management team.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

Requires improvement



Summary of findings

This included arrangements to monitor and improve quality and identify risk, however the overarching systems and processes to monitor and risk assess safety in the practice required improvement.

- 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 proactively sought feedback from staff and patients, which it acted on. There was an established virtual patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement



The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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.
- For patients who were discharged from hospital but not fit for home, the practice's patients had access to a community hospital ward where their care was overseen by their own GP. This provided continuity of care for patients.
- The practice undertook the Admissions Avoidance Enhanced service which identified those patients most at risk and ensured they had a care plan in place to support them to remain out of hospital. The practice demonstrated how this had reduced the number of admissions and attendances at the emergency department.
- The practice undertook the Care Home Enhanced Service and made weekly visits to four care homes by a designated GP.

People with long term conditions

Requires improvement



The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with diabetes had access to the Nurse Prescriber by telephone for advice in the management of their condition.

Summary of findings

- Longer appointments and home visits were available when needed.
- 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.
- In accordance with National Institute for Health and Care Excellence (NICE) guidelines and the practice loaned home monitoring blood pressure equipment with self-monitoring forms.

Families, children and young people

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice policy was all children 12 and under will be given a same day appointment when the parent/legal guardian/legal carer so requested.
- Baby immunisations clinics were conducted with two nurses to improve the patient experience and ensure safer service.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Requires improvement



Requires improvement



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours were available on a Monday and Thursday, every week, to provide for additional access for working patients.
- 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.
- The practice had specialist nurses trained in minor illness management.
- The practice provided a minor injury service.
- The practice offered unlimited, on the day, telephone consultations.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were aware of the practice safeguarding lead and their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement



The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Two of the GPs at the practice had extended forensic mental health training; one was Section 12 approved which means they had enhanced skills to aid the assessment of patients. They undertook annual health checks of patients with diagnosed psychiatric illnesses and had close working relationships with integrated community mental health teams.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line or above with local and national averages. 241 survey forms were distributed and 121 were returned. This represented 1.7% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group average of 68% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group average of 81% and the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group average of 85% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the clinical commissioning group average of 79% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards, 35 of which were all positive about the standard of care received. Patients described their experience of the practice as good or excellent, noting that the staff were friendly and caring, and taking time to listen to them. The remaining comment cards had a mixed response and alluded to areas where patients experienced difficulties with

accessing an appointment via telephone, making timely appointments with a GP of their choice and environmental improvements such as baby changing facilities.

We spoke with 11 patients during the inspection. Patients were very happy to be engaged in conversation and share their impressions and experiences of the practice. The patients generally responded positively about their interactions with clinical staff and their treatment. All patients said they thought staff were approachable, committed and caring. Patients also reflected the written comments received in that they experienced difficulties in accessing and appointment at a suitable time, and also that they were not always informed when appointments were running late.

The practice had recommenced actively promoting the friends and family test but did not have any recent results for inclusion.

We also undertook an observation of the reception area during this inspection. We inspected this GP practice in August 2014 as part of our new inspection programme pilot to test our approach going forward.

Areas identified for improvement at that time were for the practice to implement measures to protect patient privacy and confidentiality in the reception area. We observed that now to promote privacy, phone calls were not routinely answered on reception, however the reception area was open plan and despite a 'quiet' area being identified to one side, conversations could be overheard. The practice discussed changing the arrangement of the seating so that patients and staff interactions were not so obvious.

Areas for improvement

Action the service MUST take to improve

- The provider must review security arrangements in order that access to consulting rooms is restricted to protect patient privacy and so that prescription paper left in printers in consulting rooms is secured.
- The provider must do all that is reasonably practicable to ensure the building is fit for purpose including having sufficient resources for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment to ensure it is safe.

Summary of findings

- The provider must undertake risk assessment of the damaged ceiling in the first floor treatment room and demonstrate what mitigating actions are to be taken to ensure it is fit for purpose.
- The provider must do all that is reasonably practicable to ensure paper medical records were stored in accordance with Records Management: NHS Code of Practice Part 1 so that records were stored securely and protected against accidental loss, including corruption, damage or destruction and kept secure and confidential at all times.
- The provider must ensure that policies and procedures are standardised and the team operate within best practice guidance so that operations such as signing prescriptions for medicines which requiring additional monitoring for safety reasons is consistent.

- The provider must ensure the practice undertakes regular audits such as that for minor surgery to demonstrate quality and improvement.

Action the service **SHOULD** take to improve

- The practice should obtain evidence of that an electrical installation safety check has been carried out.
- The practice should undertake regular fire safety drills.
- The practice should obtain a copy of the Legionella assessment for the premises.
- The practice should hold photographic evidence of identity for staff.

St Mary Street Surgery

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 an Expert by Experience.

Background to St Mary Street Surgery

The St Mary Street Surgery is a semi-rural practice providing primary care services to patients resident in the Thornbury area of South Gloucestershire.

The practice operates from one location :

The Surgery,
St Mary Street
Thornbury
Bristol,
South Gloucestershire
BS35 2AT

The practice premises were purpose built however they also rent additional space from the next door building and provide minor surgery clinics in the local community hospital. Patient services are located on the ground and first floor of the building which is accessed by stairs. The practice has a patient population of approximately 7000.

The practice has a registered partnership of three GP partners (male and female), an operations manager, a

strategic manager, a Nurse Prescriber, two practice nurses, a health care assistant and a phlebotomist. Each GP has a lead role for the practice and nursing staff have specialist interests such as diabetes and infection control.

The practice is open Monday to Friday 8am-6.30pm. GP appointments were available outside core hours on Mondays and Thursdays, starting at 7.30am and later appointments until 7.30pm.

The practice had a Personal Medical Services contract (PMS) with NHS England to deliver general medical services. The practice provided enhanced services which included facilitating timely diagnosis for patients with dementia and childhood immunisations.

St Mary Street Surgery, in line with other practices in the South Gloucestershire Clinical Commissioning Group, is situated within a significantly less deprived area than the England average.

The practice is a teaching practice and takes trainee GPs from the Severn deanery – no trainees were available during this inspection.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 who then refer patients BrisDoc provide the out of hours GP service.

Patient Age Distribution

0-4 years old: 4.5%

5-14 years old: 10.6%

15-44 years old: 32.7%

45-64 years old: 27.7%

65-74 years old: 12.6%

75-84 years old: 8.7%

Detailed findings

85+ years old: 3.1%

Patient Gender Distribution

Male patients: 49.2 %

Female patients: 50.8 %

Other Population Demographics

% of Patients from BME populations: 0.94 %

Patients at this practice have a higher than average life expectancy for men at 80 years and women at 86 years.

We inspected this GP practice in August 2014 as part of our new inspection programme pilot to test our approach going forward.

Areas identified for improvement at that inspection were:

- The practice should improve access to the building and décor for the overall patient experience.
- The practice should provide alternative forms of information for patients such as easy read formats, pictures and models.
- The practice should implement a formal appraisal for staff.
- The plans to protect patient privacy and confidentiality in the reception area should be implemented in line with the practice action plan.
- The practice should consult with the appropriate agencies to ensure the appropriate arrangements are implemented with regards to fire safety.
- Staff should be up to date with safeguarding training.
- Safeguarding training should be at the appropriate level for the individual's roles and responsibilities.

We found the registered partnership for the practice was incorrect as it listed Dr. Jacqueline Gumb, Dr. Mark Harrison, Dr. Nicholas McCulloch as partners. Dr Gumb had left the partnership last year and Drs Kerr and Williams have joined the partnership. The practice were aware that they were required to ensure their registration with the Care Quality Commission was kept up to date and had started the process to amend the partnership.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 24 May 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses and practice managers and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

Detailed findings

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 book available at the reception desk, and was accessible for all staff to use. The record noted 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed the minutes of four significant event meetings which had taken place within the last 12 months. We saw written examples which included the result of a fast track X-ray for which the patient diagnosis was delayed. This was due to the result being placed in the daily work tray after the GP had completed all the work in the tray and it was missed. Learning and action from this was that urgent results must now be 'shown' to the patient's own GP or duty doctor. A further example related to a blood test for a medicine that required special monitoring. The significance of the abnormal blood test result was not recognised because the purpose of the test was not identified. GPs are now aware to check abnormal blood test results against relevant medication that may be prescribed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all clinical staff had received recent training on safeguarding children and vulnerable adults relevant to their role. This is an improvement following our last inspection. GPs were trained to child protection or child safeguarding at level three and nurses to level two. Staff had received training domestic violence abuse awareness as part of the South Gloucestershire Clinical Commissioning Group initiative. We saw there was a plan in place which ensured all non clinical staff would be updating their safeguarding training within the next three months.
- The practice had a comprehensive policy and guidance for use of chaperones which included offering this support to both male and female patients who required intimate examination. Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. Nursing staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- We inspected this GP practice in August 2014 as part of our inspection programme pilot to test our approach going forward. We identified an area of improvement was that the practice should improve disabled access to the building and décor for the overall patient experience. We observed the premises still required redecoration, and in places, remedial repair work. The management had drawn up an action plan in April 2016 to address the issues related to the premises which included alterations to improve accessibility, for example, installation of a power assisted door. We noted that the treatment rooms on the first floor were carpeted this should not be used in treatment rooms. The flooring in clinical areas should be seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant. One treatment room had a hole in the ceiling which had been caused by water leakage. This was a concern as this could impact on the room being fit

Are services safe?

for its purpose when undertaking aseptic techniques (a method designed to prevent contamination from microorganisms), such as phlebotomy, safely. The leaking roof had not been included in the annual infection control audit. The Code of Practice on the prevention and control of infections and related guidance for compliance with criterion 2 states "...all parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition; 'The environment' means the totality of a service user's surroundings this includes the fabric of the building, related fixtures and fittings, and services." We spoke with the practice management team about this who told us they will undertake a risk assessment to demonstrate what mitigating actions are in place and have been taken to ensure the room was fit for purpose and not a cross infection risk to patients.

- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified at the time as a result. For example, the practice had a rolling programme to repair or renew examination couches; however, the infection control audit tool used did not cover building issues such as the leaking ceiling.
- 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). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, we were provided with a summary of eight medicines audits which had been undertaken with the support of a CCG pharmacist. These looked at a variety of therapeutic drug groups and sought to identify whether appropriate monitoring was being undertaken. These were for patients taking antipsychotic medicines; whether medicine combinations were in use that may be harmful to the kidney; whether NICE guidelines were being followed in respect of apixiban (a new

anticoagulant medicine); and whether stop dates, if required were being added to prescriptions of antiplatelet medicines. Where identified appropriate action was taken to change prescribed treatments.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We found GPs in the practice operated slightly differently when signing prescriptions for medicines which required additional monitoring for safety reasons (e.g. disease-modifying antirheumatic medicines DMARD). The inconsistent approach with one GP routinely checking script against the patient record before signing whilst another relied on a limited duration of authorisation to three months presented a potential risk to patients. The practice should consider a more consistent approach to assure that the recommended blood tests have been performed in alignment with guidance schedule and were normal.
- Blank prescription pads were securely stored and there were systems in place to monitor their use. However, we found there was prescription paper left in printers in unlocked rooms and additional supplies in unlocked drawers in consulting rooms. Therefore there were gaps in the security for this controlled stationary and there was be no audit trail of prescriptions should a theft occur. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had 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.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We saw that although the practice

Are services safe?

had processed information for the check relating to proof of identity and a recent photograph they had not retained this onsite. This was raised with the manager for action.

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the corridor behind the reception which identified local health and safety contacts. In response to our last visit the practice had a fire safety risk assessment undertaken in 2014 and had completed the required tests and checks of equipment, but had not undertaken any recorded regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had an Electrical installation safety check which was more than five years old, (this check assesses the condition of the electrics against the UK standard for the safety of electrical installations, BS 7671 – Requirements for Electrical Installations (IEE Wiring Regulations)). 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. The practice manager was aware that the practice was at low risk of a legionella outbreak (Legionella is a term for a particular bacterium which can contaminate water systems in buildings); however there was no documented risk assessment available to support this statement.

- 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 enough staff was on duty.
- The practice were not currently using locum GPs but were aware they needed to undertake appropriate checks to ensure they were suitable to be employed, for example, checking the GMC register and the NHS England performer's List.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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

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. For example, the practice demonstrated through audit that following guidance related to prescribing of broad spectrum antibiotic had resulted showed diminishing use at the practice.
- The practice monitored that these guidelines through root cause analysis of significant events and complaints.

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 93.3% (2014-15) of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 83% comparable to the CCG average of 83% and the national average of 81%. (01/04/2014 to 31/03/2015)
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was at 94% which was comparable to the CCG average of 94% and above the national average of 84%.

There was evidence of quality improvement including clinical audit.

We were provided with evidence of three clinical audits completed in the last two years; These were completed audits where the improvements made were implemented and monitored.

For example, we read an initial audit (2103) and re-audit (2016) of troponin requests (A troponin test measures the levels troponin T proteins in the blood which are released when the heart muscle has been damaged). The initial audit suggested that appropriate clinical details were often not added to the request form, that recommended electro cardiographs (ECG) were not always being performed and that there was not always a valid indication for the test. The re - audit demonstrated a clear change in practice with improvements in clinical information provided and use of accompanying ECG giving a completed picture of the patient's condition.

Effective staffing

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

- Staff (including locum staff) received general induction training which included: fire safety awareness, basic life support and information governance. Further induction was tailored to the staff role for example; nursing staff had a personalised induction which covered the duties they were expected to perform and an assessment of competence. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those who staff undertook minor injuries clinics there was training and ongoing monitoring to support them in their role.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- We inspected this GP practice in August 2014 as part of our inspection programme pilot to test our approach going forward. Areas identified for improvement were that the practice should implement a formal appraisal

Are services effective?

(for example, treatment is effective)

for staff. We found there was evidence of appraisals and personal development plans for all clinical staff and a plan in place to extend this to all staff employed at the practice by July 2016.

- We inspected this GP practice in August 2014 as part of our inspection programme pilot to test our approach going forward. Areas identified for improvement were that training should be at the appropriate level for the individual's roles and responsibilities. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services, or sharing information with the out of hours services.
- We were told patient correspondence from other health and social care providers was scanned into patient records once the GPs had seen the results. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital.
- Community nurses teams could access a restricted area of the patient records remotely for any test results and to add details of their visits.
- Patients' blood and other test results were requested and reported electronically to prevent delays. The GPs provided buddy support to review results to minimise any risks to patients and ensure any necessary actions were taken.

Staff worked together and with other health and social care services to understand and meet the range and complexity

of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and counselling services. Patients were signposted to the relevant service.

Information from the National Cancer Intelligence Network (NCIN) indicated the practice's uptake for the cervical screening programme was 78%, which was higher than the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability, and they ensured a female sample taker was available. 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 higher than clinical commissioning group averages.

Are services effective?

(for example, treatment is effective)

For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% compared to the CCG average from 84% to 98.7% and five year olds from 97% to 100% compared to the CCG average from 92.6% to 98.7%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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. However, the doors to consulting rooms did not have locks and there was a risk of interruption of patient privacy.
- 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.

We received 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses and similar to patients experience with reception staff. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 85% and the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We found the first floor of the building was inaccessible to patients who were wheelchair users or had mobility problems. However, we were told that where needed, patients with access problems were accommodated on the ground floor. The practice had plans to install a lift and a power assisted door to comply with disability discrimination guidance.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% the national average of 85%.

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

Are services caring?

- 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.
- Some information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

For patients who were discharged from hospital but not quite ready for home, the practice could admit their patients to a community hospital ward where their care was overseen by their own GP. This provided continuity of care for patients especially those receiving palliative care.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 121 patients (2%) on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Carers could also be referred for an assessment to identify any support needs.

The practice provided additional support to carers in the following ways:

- Patient records were notated to indicate they were carers.
- Carers were routinely offered flu vaccines.
- Appointments were flexible with timing to meet the needs of carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Same day appointments were available for children and those patients with medical problems that require same day consultation. A nurse prescriber held minor illness clinics at times which were easily accessible families with young children.
- Patients were able to receive travel vaccinations available provided through the NHS or could be referred to other clinics for vaccines available privately.
- There were accessible facilities, a hearing loop and translation services available; the practice had home blood pressure monitoring to aid diagnosis and self-care for control of hypertension.
- The practice was part of the 'No Worries' scheme which was a sexual health service for young people, that is confidential and free, and included young people who were not registered with their practice.
- Patients at risk of hospital admission were identified as a priority and had care management plans in place.
- Patients with diabetes had access to the Nurse Prescriber by telephone for advice in the management of their condition.
- The practice policy was all children 12 and under will be given a same day appointment when the parent/legal guardian/legal carer so requested.
- Baby immunisations clinics were conducted with two nurses to improve the patient experience and ensure safer service.
- The practice provided a minor injury service.
- Two of the GPs at the practice had extended forensic mental health training; one was Section 12 approved which aids assessment of patients. They undertook

annual health checks of patients with diagnosed psychiatric illnesses and had close working relationships with integrated community mental health teams. For patients who were discharged from hospital but not fit for home, the practice's patients had access to a community hospital ward bed where their care was overseen by their own GP. This provided continuity of care for patients.

- The practice undertook the Admissions Avoidance Enhanced service which identified those patients most at risk and ensured they had a care plan in place to support them to remain out of hospital. The practice demonstrated how this had reduced the number of admissions and attendances at the emergency department.
- The practice undertook the Care Home Enhanced Service and made weekly visits to four care homes by a designated GP.

The practice also had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.
- 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. The practice triaged home visits and used a community based emergency care practitioner to visit less vulnerable patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Extended hours were available on a Monday and Thursday, from 7.30am until 7.30pm, to provide for additional access for working patients. The practice offered unlimited, on the day, telephone consultations.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% the national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% national average of 73%.

The practice had an open patient list and in response to the increased population number in the locality, were continually registering new patients. This had resulted in a higher than average patient to GP ratio and the practice were seeking innovative solutions in order to meet patient need. For example, they had reviewed their nurse team provision so that minor illness clinics could be offered throughout the week. Patients told us on the day of the inspection that they were able to get urgent appointments when they needed them, however, accessing an appointment with a GP of their choice at a suitable time could be more challenging.

Listening and learning from concerns and complaints

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

- Its complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaint system on the website and a practice leaflet.

We looked at the five complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated at what stage the complaint was in its resolution.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken. For example, following a complaint by a patient related to prescribing of antibiotics the clinical team reviewed the issue in respect of best practice guidance.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear aims and objectives listed in their statement of purpose which were:

1. To provide quality services to patients that are delivered in a safe and confidential environment
2. To treat patients as individuals, with care, courtesy and respect
3. To provide personalised and continuous care to patients
4. To provide accessible care to suit the patient (including telephony access)
5. To involve patients in their treatment plans by providing choice
6. To adopt a multi-disciplinary approach to the care of our patients
7. To ensure the practice is compliant with all current and relevant legislation and policy
8. To ensure all staff are suitably skilled and trained to carry out their roles and responsibilities competently
9. To provide a training and on-going learning environment for all staff, to maintain morale, enthusiasm and continuous improvement to skills and competencies.

The practice had action plans which reflected the future strategy for the practice.

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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All of the partners undertook responsibility in different areas of practice such as vaccines or mental health and reported back at meetings.
- A comprehensive understanding of the performance of the practice was maintained.

- There was a formal schedule of meetings to plan and review the running of the practice, for example, the GPs and practice manager met weekly for business planning.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. For example, they monitored data on unplanned admissions to hospital as part of their involvement with the local clinical commissioning group (CCG).

However, we found that some areas of operation where improvements was required, although there were practice specific policies available to all staff we found there was duplication. For example, the medicines policy of which there were two available to staff but had slightly different information which could lead to staff not following the appropriate instructions. Continuous clinical audit was not always used to monitor quality and to make improvements, for example, the minor surgery results were not audited for complications or for diagnostic accuracy.

We also found that paper medical records were stored in cardboard boxes in an unlocked room not accordance with Records Management: NHS Code of Practice Part 1 which stated that 'Equipment used to store current records on all types of media should provide storage that is safe and secure from unauthorised access and which meets health and safety and fire regulations, but which also allow maximum accessibility of the information commensurate with its frequency of use. Records (including hand-written notes, computer-generated notes, blood test results, x-rays, copies of correspondence, photos or slides and theatre records) must be stored securely and protected against accidental loss, including corruption, damage or destruction. All records need to be kept secure and confidential at all times.'

Leadership and culture

This GP practice in August 2014 was visited as part of our inspection programme pilot and identified areas for improvement. On the day of inspection we were given an update of the action taken since 2014 to address the issues identified. We found that although progress had been made not all the actions had been completed. The practice had recently appointed a strategic manager and an operations manager who provided an additional action plan (April 2016) to address the outstanding issues and other issues they had identified since joining the practice.

Are services well-led?

Requires improvement 

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

The partners in the practice told us they prioritised safe, high quality and compassionate care, and with the additional management support demonstrated they had the experience, capacity and capability to run the practice to achieve these aims. However, the partners also had a responsibility to ensure the building was fit for purpose including having sufficient resources for the maintenance, renewal or equipment and repair of premises and equipment to ensure there are no risks to patients. In respect of the treatment room ceiling, the practice had attempted to get this repaired however this had been unsuccessful. Therefore the practice must put into place arrangements which would mitigate any risks to patients.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 people 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 told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, and were enthusiastic about the management changes at the practice and the opportunities it presented to

develop the service. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The lead GP for the PPG outlined their plans to develop from a virtual group to one that met regularly and could positively influence the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had a suggestion box in the reception area.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had started the process of applying to the NHS England transformation fund for capital funding to improve the premises.

The practice had also shared personnel resources with another practice within their cluster group.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Premises and equipment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure the building was fit for purpose including having sufficient resources for its maintenance, renewal and repair to ensure it is safe including electrical safety.</p> <p>This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| 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>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment</p> <p>How the regulation was not being met:</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 damaged ceiling in the first floor treatment room and risks posed by unlocked consulting rooms to the privacy of patients, the security of controlled stationery, legionella and fire safety.</p> |

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12(2) 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

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

How the regulation was not being met:

The registered person did not do all that was reasonably practicable to ensure paper medical records were stored in accordance with Records Management: NHS Code of Practice Part 1 so that records were stored securely and protected against accidental loss, including corruption, damage or destruction and kept secure and confidential at all times.

The registered person did not do all that was reasonably practicable to ensure systems were in place to assess, monitor and improve the quality and safety of the service in respect of auditing and implementing standardised policies and procedures.