

# Parkwood Surgery

## 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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
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 Parkwood Surgery on 22 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The majority of risks to patients were assessed and well managed, however improvements needed to be made to managing risks associated with infection control.
- 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 found it easy to make an appointment with a named GP and there was continuity of care.
- In collaboration with the PPG, the practice facilitated patient education evenings twice a year led by a member of the clinical team or a guest speaker. These sessions were used as an opportunity to provide information on specific health topics, such as dementia
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

We saw one area of outstanding practice:

# Summary of findings

- The practice was involved in a national pilot programme to provide services to patients identified as pre-diabetic. The programme aimed to provide patients identified as at risk of developing diabetes with access to a health education programme to reduce the risk of them developing diabetes. The practice was one of only seven practices in the country partaking in the pilot and at the time of our inspection had contacted 300 patients to invite them to join the programme. In addition, following a patient education evening on dementia, the practice expanded training for staff to ensure they understood how to support patients with mental health needs and dementia.

The area where the provider must make improvement is:

- Ensure that appropriate infection control standards are maintained in all areas of the practice to reduce risks to patients and staff including infection control auditing.

In addition the provider should:

- Continue to monitor and support patients with caring responsibilities.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation of events, and a written apology. They were told about any actions taken 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.
- The practice maintained effective working relationships with safeguarding partners such as health visitors.
- Improvements needed to be made to effectively manage risks associated with infection control.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were largely comparable to local and national averages.
- 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 staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).

Good



# Summary of findings

- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer; following up patients who failed to attend appointments.
- All patients had a named GP and the practice allowed patients to see the same GP in an effort to provide continuity of care.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 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.
- The practice had identified approximately 1% of its patient population as carers and was actively working to identify more carers. They had an appointed a Carer's Champion who was able to signpost patients to appropriate support services and regularly attended the local Carer's Hub.

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 Herts Valley Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, we were informed that two of the GP partners and the practice manager were involved in CCG work and were committed to developing and enhancing primary care services for the locality. The practice hosted many locality meetings and was proud of their educational environment.
- The majority of patients we spoke with said they 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 well equipped to treat patients and meet their needs.

Good



# Summary of findings

- 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.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This service was well received by patients as it reduced the need for them to travel to secondary care for the service.

## Are services well-led?

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

- The practice had a clear vision to offer the highest quality holistic care to its patients in a safe environment. There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.
- 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. The Patient Participation Group (PPG), known as the Friends of Parkwood Surgery, and virtual PPG were active.

Good



# 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.

- 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 eligible patients were offered an over 75s health check.
- Longer appointments were available for all patients when needed, including elderly patients.
- All patients over the age of 75 had a named GP.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the Herts Valley Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good control (in the preceding 12 months) was 74%, where the CCG average was 77% and the national average was 78%.
- Longer appointments and home visits were available when needed.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment.
- The practice was involved in a national pilot programme to provide services to patients identified as pre-diabetic. The programme aimed to provide patients identified as at risk of developing diabetes with access to a health education programme to reduce the risk of them developing diabetes.
- 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 more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## 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 were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked in liaison with local Children's Centres to promote childhood health and tackle childhood obesity, for example referring patients for advice on weight management.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Family planning and contraceptive advice was available.

Good



## 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 practice recognised its position on the commuter belt for London and 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 provided health checks to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Pre-bookable appointments were available from 7am on Tuesdays and Wednesdays. Extended hours appointments were also available until 8pm on Mondays and on alternate Saturdays from 9am till 12pm.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice provided a vasectomy service for patients across the locality, including those not registered at the practice.

Good



# Summary of findings

- The practice had invested in a new website and was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

## **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 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 support groups and voluntary organisations.
- The practice held palliative care meetings in accordance with the national Gold Standards Framework (GSF) involving district nurses, GP's and other local services (as needed).
- 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 practice had identified approximately 1% of the practice list as carers. The practice was making efforts to identify and support carers in their population. A member of staff had been trained as a Carers Champion and regularly attended the local Carer's Hub to ensure she was maintained up to date knowledge of support available.
- The practice facilitated the locality Community Navigator once a month to provide social support to patients. This service was provided through a joint venture between the local Council, the CCG and other organisations to support vulnerable patients in a variety of ways. For example, the Community Navigator would help patients complete application forms or would arrange transport for isolated patients to attend social clubs.

Good



## **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).

- The practice provided pre - dementia screening for patients identified as at risk.

Good



# Summary of findings

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 77% which was comparable to the CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Performance for mental health related indicators were comparable to local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 89% where the CCG average was 93% and the national average was 89%.
- The practice held a register of patients experiencing poor mental health and invited them to attend annual reviews. The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice hosted the Tavistock Clinic (a specialist mental health service), providing patients with access to a niche service not normally found within the locality.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- The practice liaised with the local Wellbeing service to support patients suffering from poor mental health and an in-house counsellor was available to support patients with mental health concerns.
- Following a patient education evening on dementia, the practice expanded training for staff to ensure they understood 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 6 July 2016. The results showed the practice was performing comparably to local and national averages. 246 survey forms were distributed and 111 were returned. This represented a response rate of 38% (less than 1% of the practice's patient list).

- 77% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 78% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards of which 20 were positive about the standard of care received. Patients said they

felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients said that GPs took time to listen to them and staff were accommodating of patient requests where possible.

We spoke with six patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients and two comments cards referred to difficulties with the triage system for appointments. These patients found the system to be problematic, for example if they were at work and unable to take a call back from the GP. The practice advised us that they made efforts to accommodate patient requests, for example by calling at a specifically requested time if appropriate to do so.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from May 2016 to October 2016 showed that 90% (311 of the 347 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

# Parkwood 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 advisor and a practice manager specialist advisor.

## Background to Parkwood Surgery

Parkwood Surgery provides a range of primary medical services, including minor surgical procedures and vasectomies from its location on Parkwood Drive, Warners End in Hemel Hempstead, Hertfordshire. The practice has two branch surgeries; Boxmoor Surgery on St John's Road, Boxmoor and Gadebridge Surgery on Galley Hill in Gadebridge. We did not inspect the branch surgeries during our inspection.

The practice serves a predominantly White British population of approximately 17,500 patients. The age distribution is largely in line with national averages with slightly higher proportions of males and females aged 50 to 59 years. The practice is located on the commuter belt to London and national data indicates the area is one of lower than average deprivation and low unemployment in comparison to England as a whole.

The clinical team consists of three male and four female GP partners, six female salaried GPs, a lead practice nurse, three other practice nurses and a health care assistant. The team is supported by a practice manager, an assistant practice manager, a patient services manager and a team of administrative staff. The practice is undergoing a transition to a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract

between general practices and NHS England for delivering general medical services to local communities. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice is a training practice with three accredited GP trainers and one GP registrar. (A registrar is a qualified doctor training to practice as a GP). In addition the practice provides support to medical students training to be doctors and student nurses.

The practice operates from a two storey purpose built property and patient consultations and treatments take place on the ground level. There is car parking available outside the practice for staff and patients with designated disabled parking bays.

The Parkwood Surgery is open between 8am and 6.30pm Monday to Friday. Appointments are available daily from 8.30am. In addition, pre-bookable appointments are available from 7am on Tuesdays and Wednesdays. Extended hours appointments are also available until 8pm on Mondays and alternate Saturdays from 9am till 12pm. Both branch surgeries open from 8.30am till 12.30pm Monday to Friday.

The out of hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

At the time of our inspection, the registration of Parkwood Surgery with CQC to provide regulated activities was not accurate and the practice did not have a registered manager appointed, as required under the CQC (Registration) Regulations 2009. In addition they had not registered all of their existing partners with the CQC. Prior to our inspection the practice submitted applications to ensure their registration with us is accurate.

# Detailed findings

## 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 inspecting, 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 inspection on 22 November 2016. During our inspection we:

- Spoke with a range of staff including three GP partners, the registrar, the lead nurse, a practice nurse, the health care assistant, the practice manager and members of the administrative team.
- We spoke with patients who used the service and observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available 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 an explanation, an apology when needed and action was taken to improve processes to prevent the same thing happening again. For example, we saw that when a member of staff was injured during a clinical procedure the practice followed protocols to ensure the safety of the staff member, sharing the incident with the patient appropriately. Procedures were improved to reduce the risk of recurrence.
- The practice maintained a log of significant events and they were discussed as they occurred, to ensure that lessons learnt were shared and monitored. The practice held six monthly significant event meetings for the clinical team to undertake an analysis of significant events; identifying trends, areas for improvement and learning and to highlight good practice.
- The practice also hosted an annual significant event meeting for the locality. This was an opportunity for practices to share an example of a significant event that they had experienced to share learning and areas of improvement with others.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We noted that the practice had developed a new system in August 2016 for managing these alerts. We saw evidence that appropriate action was taken to improve safety in the practice. For example, we saw that when an alert had been received regarding a medicine used to treat eye conditions, the practice ran a search to identify affected patients. Action was taken to ensure patients were not at risk and recorded in a matrix.

Copies of the alerts and actions taken were kept in a central database for staff to access if needed. The practice informed us that they also intended to review historic alerts.

### 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. The practice had an effective system for monitoring children who regularly attended A&E and for those that regularly failed to attend appointments.
- There were two lead members 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; providing examples of safeguarding concerns they had raised and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- Notices in the waiting room and on all clinical room doors 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).
- Whilst the practice maintained appropriate standards of cleanliness and hygiene in the majority of areas, we identified some areas that needed improvement. In particular the treatment room used for minor surgical procedures and vasectomies did not meet infection control standards. We were concerned that the clinical couch was frayed substantially and that, whilst the flooring was wipeable, it was not sealed around the edges leaving a gap for residual dirt to amalgamate. We also noted that there were blinds on the window which had not been cleaned and the sink had an overflow.

## Are services safe?

- Staff were not able to reassure us that they took appropriate action to reduce the risk of infection in relation to the concerns identified. We were however reassured that the practice would take prompt action to resolve the concerns identified, for example by arranging for an appropriate floor covering to be fitted and replacing the sink. The couch was replaced and blinds removed in the days following our inspection.
- We observed the premises to be otherwise visibly clean and tidy. The health care assistant (HCA) was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. However, the HCA had not undertaken any additional training to support her lead role. There was an infection control protocol in place and staff had received online training. Annual infection control audits were undertaken by the HCA, however upon review they had not been completed thoroughly. For example, we saw that the audit undertaken May/June 2016 stated that 'treatment rooms had smooth, impermeable, easily cleanable flooring with concave skirting edges'. We did not find this flooring to be available in any area of the practice. In addition it was unclear as to whether actions identified during the audit had been completed to reduce risk. We were told that audits would be expanded to note the date of completed actions.
  - 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.
  - We reviewed the system in place to assess and manage risks to patients on high risk medicines. The practice operated a system which ensured patients were reminded to have the necessary checks including any blood tests to keep them safe. We noted that for patients receiving care in hospital the practice needed to download the hospital data using their electronic system to ensure that patients had received the appropriate checks before prescriptions were issued. The practice had developed a protocol to ensure that this was done routinely.
  - The practice carried out regular medicines audits, with the support of the NHS Herts Valley Clinical Commissioning Group (CCG) medicines management 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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 five 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 (DBS).

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Fire alarms were tested weekly and 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 (COSHH), infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked by an external contractor annually to ensure the equipment was safe to use and the practice staff conducted regular visual checks of equipment. Clinical equipment was checked annually and we noted all required items had been checked in June 2016 to ensure they were working properly.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. Staff were divided into groups and a rota system was in place for each staffing group to ensure enough staff were on duty. Staff informed us they worked flexibly as a team and provided additional cover if necessary during holidays and absences.

## Are services safe?

### **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. Panic buttons were also fitted in some rooms.
- 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.

We noted that in response to an emergency scenario the practice had increased the amount of oxygen held on site due to the risk to patients if an ambulance was delayed in arriving on the scene. 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 and a copy was kept off site.

# 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, which included the regular distribution of NICE guidance and discussions at clinical meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available.

Data from 2015/2016 showed other QOF targets to be similar to local and national averages:

Performance for diabetes related indicators was comparable to the Herts Valley Clinical Commissioning Group (CCG) and national averages. For example,

- the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good control (in the preceding 12 months) was 74%, where the CCG average was 77% and the national average was 78%. Exception reporting for this indicator was 6% compared to a CCG average of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Performance for mental health related indicators was comparable to local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 89% where the CCG average was 93% and the national average was 89%. Exception reporting for this indicator was 0% compared to a CCG average of 10% and national average of 13%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 91% which was comparable to the CCG average of 91% and national average of 90%. Exception reporting for this indicator was 4% compared to a CCG average of 11% and national average of 12%.

There was evidence of quality improvement including clinical audit.

- There had been 18 clinical audits undertaken in the last two years, seven of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of patients with renal disease taking a medication used to control blood sugar levels as safety guidance had highlighted a risk of contraindications. The audit undertaken in 2014 had identified 26 patients at risk. The practice had reviewed these patients and changed their medication appropriately. A reaudit in 2016 identified two patients still taking the medication under the guidance of a hospital consultant.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had a comprehensive, tailored induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff involved in reviewing patients with long term conditions such as diabetes and asthma attended regular updates and received training to support them specifically in these roles.

# Are services effective?

## (for example, treatment is effective)

- 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 saw evidence that audits were routinely undertaken of cervical screening results to ensure appropriate samples were being taken.
- The learning needs of staff were identified through a system of appraisals, 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We were told that it was difficult to send multiple members of staff to external training sessions together and therefore staff who attended training would disseminate learning to other relevant staff during practice meetings to ensure consistency in care as far as possible. All staff had received an appraisal within the last 12 months.
- 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.
- The practice had three GPs registered as trainers. Registrars and Foundation Year 2 doctors (a foundation doctor is a grade of medical practitioner undertaking the Foundation Programme – a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training) received regular debriefing after sessions, this acted to both supervise activities and support development.
- The practice regularly employed locum doctors and we saw that appropriate checks were undertaken and that locums received adequate support and information to enable them to understand the practice protocols and procedures; ensuring a consistent approach to standards of care.

### Coordinating patient care and information sharing

- The practice worked with other services within the locality to support vulnerable patients and ensure they could receive care at home when needed. This included, district nurses, the locality Holistic Care Team and Herts Help.
- 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 computer 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. All relevant information was shared with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. The practice held a register of patients at risk of unplanned hospital admission or readmission. We saw that patients on this register and any others who had been recently admitted or discharged from hospital were discussed at clinical meetings and supported as needed. These patients were also prioritised for urgent access to a clinician if needed. At the time of our inspection there were 290 patients on the unplanned admissions register receiving this care.
- The practice held regular multi-disciplinary team (MDT) meetings that made use of the Gold Standards Framework (for palliative care) to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, palliative care nurses, local support services and the out of hours service to ensure patients received appropriate care. Patients were also provided with 'just in case' medications in case their conditions deteriorated rapidly. At the time of our inspection 52 patients were receiving this care.

# Are services effective?

## (for example, treatment is effective)

### 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.
- Written consent forms were used for specific procedures as appropriate and stored in patient records.

### Supporting patients to live healthier lives

- 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 were signposted to the relevant service.
- Several members of staff were trained to provide smoking cessation advice (including three members of the administration team) to patients with the option to refer patients to local support groups if preferred. In-house smoking cessation advice was available during extended hours and weekends to encourage uptake.
- Nurses trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice was involved in a national pilot programme to provide services to patients identified as pre-diabetic. The programme aimed to provide patients identified as at risk of developing diabetes with access to a health education programme to reduce the risk of them developing diabetes. The practice was one of only seven practices in the country partaking in the pilot and at the time of our inspection, had contacted 300 patients to invite them to join the programme.
- The practice worked in liaison with local Children's Centres to promote childhood health and tackle childhood obesity, for example referring patients for advice on weight management. In addition the practice had taken part in a 'Beat the Street' scheme with the local council. Through this scheme patients were given cards that could be scanned at various points. They

were then given maps identifying the scanning points and encouraged to form teams and walk together to scan their cards. The practice both promoted this scheme and participated in an effort to encourage walking for health.

- We saw that the practice actively promoted healthy lifestyles for patients through a number of initiatives. For example, the practice worked in liaison with a local football club to offer exercise classes to male patients aged between 18 and 60 years. They had seen a positive uptake of this service with patients successfully losing weight and improving their general fitness.
- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- The practice provided a variety of health promotion information leaflets and resources for young people. For example the provision of chlamydia testing.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, we saw that the practice had encompassed screening into the front page of its practice newsletter, providing advice to patients on the screening programmes available and encouraging attendance. Data published in March 2015 showed that:

- 56% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 57% and the national average was 58%.
- 70% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 72% and the national average was 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 98% (CCG average 72% to 97%, national average 73% to 95%) and five year olds from 94% to 98% (CCG average 92% to 96%, national average 81% to 95%).

## Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74 years. At the time of our inspection, from the period April 2013 to November 2016, the practice had conducted 840 health checks of the 3,610 patients eligible (23%). Of these an additional 333 patients did not respond to the practice's invitations to attend for a health check.

Health checks were also offered for all new patients and patients over the age of 75 years. We saw that 1,349 of the 1,582 eligible patients had received these checks at the time of our inspection (85%). 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.

20 of the 23 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. Two patients commented on dissatisfaction with the practice's triage system for booking appointments and a third commented on inconsistencies in care.

We spoke with a member of the patient participation group (PPG) (known as the Friends of Parkwood Surgery) and six patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was performing in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% 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%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

The practice facilitated patient education evenings twice a year led by a member of the clinical team or a guest speaker. These sessions were used as an opportunity to provide information on specific health topics, such as dementia. We were told that the sessions were well received and used by the practice to identify any further areas of training for staff. For example, following an education evening on dementia, staff received additional training ensuring they were able to support patients competently.

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:

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

## Are services caring?

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 and provisions were made for patients with impaired sight. A hearing loop was also available.
- Information leaflets were available in easy read format if required.

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

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 248 patients as

carers (1% of the practice list). A member of staff had trained as Carers Champion and was able to provide patients with a carers pack with information to signpost patients to suitable support organisations. A noticeboard in the waiting room also provided written information to direct carers to the various avenues of support available to them. Once identified as a carer, patients were offered a physical health check at the practice. The Carers Champion also attended the local carer's hub to provide support to patients and keep up to date with services and support available.

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

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valley Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We were informed that several of the GP partners were involved in CCG work and were committed to developing and enhancing primary care services for the locality.

The practice hosted many locality meetings and was proud of their educational environment. As a result of this close working and efforts to continually improve services the practice had successfully been chosen to host the Tavistock Clinic (a specialist mental health service), providing patients with access to a niche service not normally found within the locality. A Counsellor from the Tavistock Clinic attended the practice weekly to support patients with medically unexplained symptoms. We were told that the service had been positively received by patients.

- The practice liaised with the local Wellbeing service to support patients suffering from poor mental health and an in-house counsellor was available to support patients with mental health concerns.
- There were longer appointments available for patients with a learning disability. These patients were also invited for annual health checks.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, including Yellow Fever.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a private area for mothers wishing to breastfeed their children.
- The practice facilitated the locality Community Navigator once a month to provide social support to patients. This service was provided through a joint venture between the local Council, the CCG and other organisations to support vulnerable patients in a variety of ways. For example, the Community Navigator would

help patients complete application forms or would arrange transport for isolated patients to attend social clubs. In addition the Citizens Advice Bureau provided sessions from the surgery premises for patients in need of support services.

- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This service was well received by patients as it reduced the need for them to travel to secondary care for the service.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- A phlebotomy clinic ran on Thursdays with additional appointments available throughout the week.
- The practice provided a vasectomy service for patients across the locality, including those not registered at the practice.
- The practice offered a wide range of online services for patients including booking and cancelling appointments, requesting repeat prescriptions and viewing test results. We were told of investment into the development of an updated practice website which would further increase the information and services available to patients.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available daily from 8.30am. In addition, pre-bookable appointments were available from 7am on Tuesdays and Wednesdays. Extended hours appointments were also available until 8pm on Mondays and on alternate Saturdays from 9am till 12pm.

The practice operated a triage system for patients presenting with new symptoms. This triage system was managed by GPs ensuring that patients received a clinical assessment and were prioritised accordingly. We saw that the practice regularly reviewed the triage system in an effort to ensure it was operating effectively. For example, we saw that more GPs would handle triage calls during peak periods. Patients identified as in need of urgent attention were prioritised for response.

The out of hours service was provided by Hertfordshire Urgent Care and could be accessed via the NHS 111 service. Information about this was available in the practice and on the practice website and telephone line.

# Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

Patients told us they were able to get appointments when they needed them. Two patients we spoke with commented on problems with the triage system, for example, difficulties for patients to receive call backs from GPs when at work.

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.

Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. 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**

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

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

We looked at two complaints received since November 2015 and found they had been dealt with in an open and timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw evidence that following a complaint from a patient regarding their interpretation of advice provided during a consultation, staff were reminded to ensure they provided clear information. The patient also received an apology from the practice.

# 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 had a clear vision to offer the highest quality holistic care to its patients in a safe environment.

- The practice had statement of purpose which reflected this vision and was understood by the staff within the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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. An organisational chart clearly identified various staff responsibilities. There were GP leads for different clinical and non-clinical areas, for example, diabetes care and safeguarding. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the shared drive on the computer system. We looked at a sample of policies and found them to be available and up to date.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that the practice had assigned leads for different areas of QOF and that the data was regularly discussed and actions taken to maintain or improve outcomes for patients.
- 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. We looked at examples of significant event and incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made or were planned to be implemented in the

practice as a result of reviewing significant events. However, monitoring of, and action taken in response to risks associated with infection control needed improvement.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of 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). 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 support, an explanation of events 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 and we saw evidence of regular formal communications between the practice team. In addition the practice facilitated regular social events for staff, including quizzes and family barbeques, encouraging the development of a cohesive team.
- 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, particularly by the partners in the practice. We noted that several staff had worked at the practice for many years and staff turnover rates were relatively low. All staff

# Are services well-led?

Good 

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

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 patient participation group (PPG), The Friends of Parkwood Surgery, virtual PPG (vPPG) and through surveys and complaints received. For example, the PPG had helped the practice undertake surveys and supported improvements to access through the provision of extended hours services. We were told by a member of the PPG that the practice was responsive to feedback given and that they felt the PPG made a valued contribution to how the practice operated. The PPG also raised funds for the practice and we saw that funds had been donated towards a spirometer (a device used to test of how well a person can breathe; it can help in the diagnosis of different lung diseases such as COPD).

- 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.

## 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. We saw evidence of a strong educational culture and environment through the practices provision of training to doctors and medical students.

The practice was proud of its involvement in medical research programmes, facilitating an average of two per year. For example, at the time of our inspection, the practice was working in liaison with the University of Dundee and undertaking a research project investigating the possible use of a medicine, traditionally used to treat a type of arthritis, for the treatment of Ischemic Heart Disease (a condition affecting the supply of blood to the heart).

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess the risk of, and prevent, detect and control the spread of infections. They had failed to identify risks associated with infection control and the infection control audit undertaken was inaccurate.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>