Featherstone Family Health Centre

Quality Report

Featherstone Family Health Centre
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Featherstone Family Health Centre on 3 March 2015. The overall rating for the practice was good with requires improvement in providing a safe service. The practice was served Requirement Notices in Regulation 12, Safe Care and Treatment, of the Health and Social Care Act (Regulated Activity) Regulations 2014. The full comprehensive report on 3 March 2015 inspection can be found by selecting the 'all reports' link for Featherstone Family Health Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 16 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation identified in our previous inspection on 3 March 2015. This report covers our findings in relation to those requirements.

We found the service had improved when we undertook a comprehensive follow up inspection on 16 August 2017. However, the practice remains rated as requires improvement for providing a safe service and requires improvement in well led.

Overall the practice is rated as requires improvement.

Our key findings were as follows:

- There was an inconsistent approach applied to reporting and recording significant events with no formal system in place to share learning from significant events and analysis of trends with staff to maximise learning and help mitigate further errors.
- Staff were aware of current evidence based guidance. The staff training logs were not up to date and some staff were overdue refresher training. The practice recognised prior to the inspection that there were gaps in staff training and planned staff training updates. The staff training log required management oversight.

Summary of findings

- Patient monitoring of a specific high risk medicine had taken place for most patients however monitoring results had not been seen by a clinician prior to repeat prescribing.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- All appropriate recruitment checks prior to employment had not been completed for some staff.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 areas where the provider must make improvement are:

Ensure care and treatment is provided in a safe way to patients in particular:

- Implement a formal system to share learning from significant events and analysis of trends with staff to maximise learning and help mitigate further errors.
- Ensure that fire safety training is provided to all staff from induction, staff members are in receipt of regular training updates and all staff attend fire drills.
- Introduce a process or system to be assured that appropriate actions are taken in response to medicine safety and devise alerts.
- Implement a formal system to ensure that appropriate monitoring takes place for all patients in receipt of high risk medicines.
- Ensure there are appropriate systems in place to manage staff training.
- Complete appropriate recruitment checks prior to commencement of employment, including references and, where appropriate, disclosure and barring checks (criminal record checks).

The areas where the provider should make improvement are:

- Safeguarding adults and children training and refresher training should be completed by all staff within the intervals recommended as best practice.
- Medicine dosage instructions stated the dose and frequency but needed a detailed and consistent formulation to be applied. For example, in one case reviewed the prescription noted the medicine dose in number of tablets and in another the medicine dose in number of milligrams.
- Infection prevention and control refresher training should be completed and documented.
- Policy and procedure revisions and updates should be completed.
- Consider documenting the practice strategy and business plan.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- From the sample of documented examples we reviewed, we found the process for reporting and recording significant events was inconsistently applied. Staff told us lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support and a written apology.
- There was no formal process or system to be assured that appropriate actions were taken in response to medicine safety and devise alerts.
- There was no formal system to ensure that appropriate monitoring took place for all patients in receipt of a specific high risk medicine prior to prescribing repeat medicines. The practice responded immediately following the inspection and reviewed patients on a specific high risk medicine and informed the Care Quality Commission that appropriate monitoring had taken place.
- Medicine dosage instructions for a particular high risk medicine did not follow current prescribing guidelines. The practice responded immediately following the inspection and reviewed patients on a specific high risk medicine to ensure these were revised and patients had appropriate dosage instructions.
- Appropriate recruitment checks prior to commencement of employment had not been fully implemented. For example, references and for one staff member appropriate disclosure and barring checks (criminal record checks).
- Staff training records demonstrated gaps which were evident in some of the regular training the practice expected staff to complete. For example; information governance, fire safety and infection prevention and control (IPC). The practice had booked training for all staff in fire safety, basic life support and defibrillator training and manual handling. There were plans for staff to complete IPC training in 2018.
- Staff demonstrated that they understood their responsibilities relevant to their role on safeguarding children and vulnerable adults. Not all staff had received regular safeguarding adults or children training. The practice had recognised there were gaps in some staff members training and had booked training for all staff to take place in October 2017.

Summary of findings

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

Good

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.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent and routine appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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 not clear on the practice vision, values or strategy or of their responsibilities in meeting them.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular meetings. Some policies required review which the practice manager assured us would be addressed. The meetings were not structured to contain regular agenda items such as complaints, patient safety alerts and significant events for example and the minutes reviewed lacked content.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- We found a lack of systems and processes to enable clear governance in some areas of the practice. For example; the monitoring of high risk medicines, medicine safety and devise alerts, staff training and refresher oversight, recruitment and an inconsistent system applied to reporting, recording, learning and sharing of incidents and significant events.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and told us they shared the information with staff and to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the 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 resulting overall rating applies to everyone using the practice, including this patient population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- A recent toolkit had been introduced to identify patients aged 65 or over and their current frailty status using an electronic software system.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly multidisciplinary meetings took place for example between GPs, nurses, district nurses, the community matron. If patients were admitted to hospital following their discharge they were contacted by a nurse at the practice to discuss with them if their admission could have been avoided.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Practice nurses with a diploma in diabetes care provided regular reviews of patients with diabetes. The practice performed its own Glucose Tolerance Tests (GTT) as the waiting time for a hospital-performed test was described as in excess of three months. Newly diagnosed diabetics were offered a local diabetes educational programme (DESMOND and DAFNE). Those unable to attend were given structured education by the

practice nurse. The practice worked closely with the local diabetic centre and the community diabetic specialist service. The nursing staff had been trained by a podiatrist to perform diabetic foot checks.

- Performance for diabetes related indicators was higher than the CCG and national averages. For example, 93% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 79% and national average of, 78%.
- The practice nurses had a diploma in asthma and/or respiratory disease and took a lead in the routine care of patients with asthma and Chronic Obstructive Pulmonary Disease (COPD is a term used for a collection of lung diseases). Spirometry was performed at the practice for the purpose of patient reviews. Self-management plans had been found to be particularly helpful to patients with frequent exacerbations of COPD with the availability of rescue medication, to prevent hospital admissions. Pulmonary rehabilitation was encouraged for those patients who qualified. In October 2017 one of the practice nurses was to complete a spirometry course to perform and interpret results which on successful completed would enable them to be on the accredited spirometry (ARTP) register. This is a database of all individuals who have successfully completed an ARTP certificate of competence which is a requirement for all practitioners by 2020. Another practice nurse planned to undertake a COPD degree from September 2017.
- Patients with care plans in place for their long-term conditions were added to the practice admission avoidance register. They were signposted to other agencies for help with care and aids. Monthly meetings with the district nurse, community matron and social services had improved management of these patients.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Summary of findings

Families, children and young people

Requires improvement

The resulting overall rating applies to everyone using the practice, including this patient population group.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. The practice had an on-site community midwife who ran a clinic at the practice once a week. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice offered a free Chlamydia screening service and self-test kit for patients (this service however had recently been decommissioned).The practice had had positive uptakes of this service. Free condoms were also available upon request. The practice provided contraception counselling services and had three nurses who were trained to provide this service. Pregnancy tests were also available.
- The practice also referred patients to the Local Support Team, run by Staffordshire Council provided counselling for children and parents offering family therapy sessions as well as guidance on parenting skills.

Working age people (including those recently retired and students)

Requires improvement

The resulting overall rating applies to everyone using the practice, including this patient population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours. Appointments were available on a Monday until 8.15pm and enquiries were also welcomed via e-mail.
- 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.

Summary of findings

- Patients had access to many health professionals at the practice including GP's, three practice nurses, two healthcare assistants, chiropodist, physiotherapists, midwife, health visitor, phlebotomist and other allied health professionals.
- Additional specialised services were available at the practice which covered health issues such as substance misuse, depression, 24 hour heart trace monitoring, 24 hour blood pressure monitoring and practical procedures such as minor surgery.

People whose circumstances may make them vulnerable

Requires improvement

The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice provided a GP service for three local traveller communities.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which exceeded the local CCG average of 88% and national average of, 84%.

Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was higher than the CCG and national averages and had reported no clinical exceptions. For example, 100% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG and national averages of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. They held regular clinics with the community psychiatric nurse (CPN) and liaised with the secondary mental health service. The CPN had meetings with the practice nurses to discuss cases if required.
- Patients at risk of dementia were identified and offered an assessment. The practice raised awareness worked with organisations to create dementia friendly communities and referred patients to the memory clinic for further assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice provided carers with an emergency contact number to use at night and weekends if needed for help and support.
- Once diagnosed the majority of patients had a dementia or mental health care plan in place and patients were encouraged to contact their primary care worker to enable a consistent care plan approach.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- In case of a crisis the practice liaised with the mental health team's 'Single Point of Access'based in Lichfield, Staffordshire.
- The practice referred patients to the local drug and addiction service, called, One Recovery.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above local and national averages. Two hundred and twenty-six survey forms were distributed and 96 were returned. This represented a 42% return rate.

- 92% of respondents described their overall experience of this GP practice as good compared to the Clinical Commissioning Group (CCG) and national average of 85%.
- 92% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and national average of 77%.
- 86% of respondents found it easy to get through to this practice by phone compared to the CCG average of 67%, and national average of 71%.
- 89% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of, 84%.

As part of our inspection, we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 29 comment cards, all were positive about the care and treatment received, two expressed views regarding gaining appointments and one in respect of a home visit.

We spoke with a member of the patient participation group. They told us staff were respectful, caring, kind, and compassionate and treated them with dignity and respect. They were positive about their working relationship with the practice. They found the practice actioned and responded to issues raised and used patient feedback to improve services for patients.

Featherstone Family Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Featherstone Family Health Centre

Featherstone Family Health Centre is a well-established GP practice located in Featherstone, Wolverhampton. The practice is situated within an area where there are pockets of deprivation. The practice provides a service to a significant number of children and young adults. Their main population group are patients aged between 40 and 59. At the time of our inspection the practice had 4, 700 patients. The practice premises are in a single storey building with good access for cars and with parking bays for patients with a physical disability. There is level access to the building for ease of access for wheelchairs and pushchairs and automated doors to the reception entrance.

The opening times at the practice are between 8am and 6.30pm Monday to Friday. Patients can book appointments in person, on-line or by telephone. Extended hours are available on Monday evening between 6.30pm and 8.15pm. The practice does not provide an out-of-hours service to its own patients but patients are directed to the out of hours service, Northern Doctors Urgent Care/Southern Doctors Urgent Care when the practice is closed. Information is provided to patients about how to access out of hours care through the NHS 111 service.

The team of clinical staff at the practice is made up of three practice nurses (female), two healthcare assistants, two male GP Partners and two regular female locum GPs. The GPs provide the equivalent hours of two full time GPs. A practice manager, secretary/Information technology lead, commissioning administrator, senior receptionist and three receptionists provide management and administration support for the practice as well as a practice employed cleaner.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. Services provided at Featherstone Family Health Centre include the following clinics; family planning, new patient medical health checks, asthma, diabetic, baby vaccination and wellbeing screening clinics.

Featherstone Family Health Centre is an approved GP training practice for Registrars (qualified doctors who undertake additional specialist training to gain experience and higher qualification in General Practice and family medicine) and medical students.

Why we carried out this inspection

We undertook a comprehensive inspection of Featherstone Family Health Centre on 3 March 2015 under Section 60 of the Health and Social Care Act 2008 as part of our

regulatory functions. The practice was rated as good overall with requires improvement for providing a safe service. The practice was served a Requirement Notice in Regulation 12 HSCA (RA) Regulations 2014, Safe Care and Treatment. The full comprehensive report on 4 March 2015 inspection can be found by selecting the 'all reports' link for Featherstone Family Health Centre on our website at www.cqc.org.uk.

We undertook a comprehensive follow up inspection on 16 August 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, the Clinical Commissioning Group and NHS England to share what they knew. We carried out an announced visit on 16 August 2017. During our visit we:

- Spoke with a range of staff including a GP partner, the practice manager, a practice nurse, reception and administration staff and spoke with a member of the patient participation group.
- Observed how patients were being cared for in the reception area
- 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?

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

Requires improvement

Are services safe?

Our findings

At our previous inspection on 3 March 2015, we rated the practice as requires improvement for providing safe services. This was because the practice had not:

- Ensured that a legionella risk assessment of the premises was carried out and systems put in place to prevent, control, monitor and manage any risks identified.
- Ensured consistency in recording the analysis and outcome of investigations of safety incidents, significant events and complaints.
- Documented health and safety assessments to demonstrate whether any specific risks related to the practice had been identified, appropriate action taken and risk assessments put in place to mitigate the risk.

We issued a Requirement Notice in respect of these issues. There had been some improvements when we undertook a comprehensive follow up inspection on 16 August 2017. However, the practice remains rated as requires improvement for providing a safe service.

Safe track record and learning

There was a system 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 reviewed safety records, incident reports, patient safety alerts.

- There were four significant events reported between April 2016 and January 2017.From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, and a written apology. However, the documents reviewed lacked detail. For example, there was no evidence as to how learning from events was cascaded, including any meetings or policy/procedure updates taken as a direct result.
- We found there had been no annual analysis of significant events to identify any common trends. Staff spoken with said that lessons were informally shared between relevant staff and action was taken to improve safety in the practice following complaints or events. There was no formal system in place to share learning with staff to maximise learning and help mitigate further errors.
- We saw the minutes of two GP meetings minuwhere significant events were mentioned; these minutes were brief and did not record the activity undertaken as a result.
- Some incidents described by staff during the inspection had not been reported as an incident or event.

Medicine safety and devise alerts were received into the practice via email directly to the GPs, lead practice nurse and medical secretary.

- The practice nurse told us they actioned alerts applicable to the nursing team. An example was given of a recent diabetic medicine device alert. They had searched the practice patient list and found no patients were on this medicine. They checked the practice medicines stock and returned the one found as directed by the alert. However, there was no documented evidence of the patient searches completed or the actions taken to verify this activity had taken place.
- The medical secretary saved medicine safety alerts she had received onto a spreadsheet in the practice shared electronic system. The spreadsheet we reviewed highlighted they had not received all alerts, as the last alert saved was dated September 2016. During the inspection the practice manager signed up for the appropriate medicine safety and devise alerts.
- The GP partner demonstrated that current alerts were received by the GPs. However, there was no documented evidence of the patient searches completed or the actions taken to verify the activity undertaken by the GPs.

Requires improvement

Are services safe?

- There was no process or system in place to be assured that appropriate actions were taken in response to medicine safety and devise alerts.

Overview of safety systems and process

The practice had the majority of the systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. Staff held regular meeting with the health visitor to discuss child safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. GPs were trained to child protection or child safeguarding level three. In the training log reviewed one GP last completed their safeguard children level three training in 2013 and another in July 2016. One of the GPs had no listed safeguarding adults training. One of the practice nurses had no safeguarding training noted within their training record and another had had no adult safeguarding training since 2014 and level three children's safeguarding in 2015. A healthcare assistant also had no safeguarding training recorded within their training records. The practice manager and GP felt that it was likely that the training log was not up to date and/or that staff had not provided their certificates in respect of refresher training attended. The practice had booked prior to the Care Quality Commission inspection safeguarding children and adults training for all staff in October 2017 having recognised from staff training folders that several staff were out of date with their refresher training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received internal training for the role, as evidenced from minutes of a meeting (however this was not recorded within staffs training log) and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- The practice maintained appropriate standards of cleanliness and hygiene. On reviewing staff training files gaps were noted in Infection Prevention and Control (IPC) refresher training which the practice were aware of and planned to action. There was an IPC protocol and annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions, these were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Blank prescription forms and pads were securely stored and there were systems to monitor their use. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.
- There was no systematic process in place to ensure that all patients on a specific high risk medicine received regular monitoring in line with best practice. For example, we reviewed six of the 20 patients the practice electronic system showed as prescribed a particular medicine used in conditions such as Rheumatoid Arthritis (a long-term condition that causes pain, swelling and stiffness in joints). Three patients were under a shared care arrangement with a local hospital provider and three under the total care of the practice. There was no formal system in place or electronic alerts to prompt staff to ensure that appropriate monitoring had taken place prior to repeat prescribing. For

example, one patient record showed monitoring last took place in March 2017. They had visited the practice in August 2017 and no medicine monitoring took place during that visit and a repeat prescription was issued without sight of the last monitoring result. The practice demonstrated that unsuccessful contact was attempted with the patient but the record did not highlight why the patient was being contacted. There was no record of a follow up seen. Immediately following the inspection the patient was reviewed. The GP confirmed they had not seen patients monitoring results prior to repeat prescribing or therefore been assured that patients had actually attended for monitoring in secondary care. The practice nurse confirmed that secondary care blood results could be viewed by a particular web link with the hospital. Immediately following the inspection the monitoring blood results were reviewed by the GP for each patient on this medicine and they had all been in receipt of regular monitoring with one exception and that patient then received immediate monitoring.

- Medicine dosage instructions stated the dose and frequency but needed a detailed and consistent formulation to be applied. For example, in one case reviewed the prescription noted the medicine dose in number of tablets and in another the medicine dose in number of milligrams.The dosage instructions recorded for each of the records reviewed for a specific high risk medicine we found lacked detailed information. For example, 15 milligrams weekly, eight on Friday and six tablets weekly. We were informed that the practice electronic system led to this type of record and that the GP would rectify this immediately. Immediately following the inspection we received confirmation that patients' dosage instructions had been made explicit following current prescribing guidelines.
- We reviewed patients on another high risk medicine used to treat serious mental ill health and found that appropriate regular monitoring took place.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

We reviewed three personnel files and found gaps in the appropriate recruitment checks undertaken prior to employment. Records seem included, proof of identification, but no evidence of satisfactory conduct in previous employments in the form of references or qualifications and there were appropriate checks of staffs registration with the appropriate professional body. One practice nurses record showed that the appropriate checks were not completed through the DBS prior to their employment with the practice. The practice had already taken measures to rectify this and had submitted documents for the appropriate DBS check and the staff member was until its satisfactory return not have patient contact at the practice.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. The records of drills noted the numbers of attendees rather than their names. To ensure that all staff at the practice had attended a fire drill the practice manager told us they would in the future record the name of the attendees. Staff training records demonstrated that not all staff had received fire safety training. The practice had recognised there were gaps in staffs fire safety training and prior to the Care Quality Commission inspection had booked fire safety training for all staff to take place in November 2017. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The inspection in March 2015 found that a legionella risk assessment had not been completed. The inspection in August 2017 found that legionella risk assessments were completed, reported on and actioned and a second legionella risk assessment report undertaken in 2017 with planned actions in progress.

Requires improvement

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 basic life support training and training and this was booked for 2017. 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 3 March 2015, we rated the practice as good for providing an effective service.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 2015/16, the practice had achieved 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. For example, 93% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 79% and national average of, 78%. The practice exception reporting was lower at just below 2% when compared to the CCG exception reporting of 6% and national 5.5%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.
- Performance for mental health related indicators was higher than the CCG and national averages and had reported no clinical exceptions. For example, 100% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average and national average of 89%.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 100%, which was higher than the local CCG average of 88% and national average of, 84%. The practice exception reporting was lower at just over 3% when compared to the CCG exception reporting of 4% and national of, 7%.

The practice management of patients with long term conditions were also reflected in the positive QOF data from 2015/16 which showed:

- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months, was 89%, when compared with the CCG average of 77% and national average of 76%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD is the name for a collection of lung diseases) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 93% when compared with the CCG average of 92% and national average of 90%.
- The percentage of patients with hypertension (high blood pressure) in whom the last blood pressure reading was within a specific range was 89%, when compared with the CCG average of 84% and national average of 83%.

There was evidence of quality improvement including clinical audit:

- There had been twoclinical audits commenced in the last two years and were due to be repeated. Both audits measured practice against criteria set out in current national guidelines. For example an asthma audit in children conducted in March 2017. The practice found that of the 74 patients, 98% had been assessed using the Royal College of Physicians questions. The recommendations following the audit were that practitioners used the Children's Asthma Control Test or Asthma Control Questionnaire, that patients had a personalised action plan, adherence on the use of their medicines, for older children up to 18 years old to

discuss smoking and those environmental questions on others who may smoke within their home. The practice had implemented these recommendations and the audit was due to be repeated.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an 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, for those reviewing patients with long-term conditions. Basic life support defibrillator training for all staff was booked for November 2017. Manual handling was booked for November 2017 and fire safety training booked for 25 September 2017. On reviewing staff training files gaps were noted in Infection Prevention and Control (IPC) refresher training and information governance training all of which were being addressed by the practice manager. Safeguarding children and adults training refresher training was booked for October 2017.
- 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.
- 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 and facilitation and support for revalidating GPs and nurses. 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.

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.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Both the practice and community staff we spoke with gave specific examples of how end of life care was managed to ensure patients preferred place of death was achieved. A future audit was being considered by the partners on the coding of patients preferred place of death and whether patient's choices were met.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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 could be monitored through patient record audits via the practice electronic system.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG and the national average of, 81%.There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 94% to 100% and five year olds from 88% to 94%.

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.

Good

Are services caring?

Our findings

At our previous inspection on 3 March 2015, we rated the practice as good for providing a caring service.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 29 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 results were slightly lower than both the local CCG and National averages for its satisfaction scores on consultations with GPs, the nurses' results were higher than both the national and local CCG averages. For example:

- 83% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average and national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of, 86%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 96% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings.

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. However, the GP results were lower than both the local CCG and national averages and the nurses were slightly higher than both. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 81% and national average of 82%.

Good

Are services caring?

- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of, 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language
- Information leaflets could be made available in easy read format on request.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 86 patients as carers (1.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 3 March 2015, we rated the practice as good for providing a responsive service.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 8.15pm which assisted working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, automated doors to the reception area of the practice.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Patients could book appointments in person, on-line or by telephone. Extended hours were available on Monday evening between 6.30pm and 8.15pm. The practice did not provide an out-of-hours service to their own patients but patients were directed to the out of hours service, Northern Doctors Urgent Care or Southern Doctors Urgent Care when the practice was closed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment exceeded local and national averages with the exception of waiting times to be seen. The national GP survey results in July 2017 showed:

- 82% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of, 71%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of, 84%.
- 84% of patients said their last appointment was convenient compared with the CCG and the national average of, 81%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of, 73%.
- 82% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of, 58%.

The practice had a system to assess:

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

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system 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.

We looked at two of the complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. Lessons were learned from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, following a complaint in respect of a prescription issued to a patient the matter was highlighted and discussed at the GPs educational supervision.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 3 March 2015, we rated the practice as good for providing a well-led service.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were not clear what the practice vision, values or strategy was or of their responsibilities in relation to them.

- The practice had no documented strategy in place but evidenced that they worked with practices within their Clinical Commissioning Group locality to develop plans to meet the needs of the local population and reflect the practice vision and values.

Governance arrangements

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, a lead nurse for infection prevention and control and a GP lead for significant events and complaints.
- Practice specific policies were implemented and were available to all staff. The practice manager was aware there were gaps in policy reviews and advised they planned to complete the reviews following the practice transition from one electronic software system to another.

A comprehensive understanding of the performance of the practice was maintained.

- Nurse meetings were held monthly, GP clinical meetings monthly, whole staff meetings in general were held on a quarterly basis and the practice manager held a meeting every Thursday. These meetings provided an opportunity for staff to learn about the performance of the practice.
- Meeting minutes seen were brief and demonstrated an unstructured approach without regular agenda items such as, lessons to be learned and shared following significant events, complaints, receipt of Medicines and Healthcare products Regulatory Agency (MHRA) patient safety alerts and whether any action was required or taken. Meeting minutes were available to all staff.Following the inspection the practice forwarded a proforma of a meeting template they intended to use to structure meetings and the minutes taken.
- Multidisciplinary meetings were held and included for example, district nurses, community matron and social workers.

The majority of appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place. Exceptions included:

- A formal system consistently applied to share learning from significant events and analysis of trends with staff to maximise learning and help mitigate further errors.
- A process or system to be assured that appropriate actions were taken in response to medicine safety and devise alerts.
- A formal system to ensure that appropriate monitoring takes place for all patients in receipt of high risk medicines.
- An up to date system to manage staff training and refresher training oversight.
- Appropriate recruitment checks prior to commencement of employment, including references and where appropriate disclosure and barring checks (criminal record checks).
- To document the names of the attendees at practice fire drills rather than the number of attendees to be assured that all staff attended drills at least annually.
- A documented practice strategy and business plan.

Leadership and culture

The practice 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 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

Are services well-led?

Requires improvement

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

culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, 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 and staff felt supported by management.
- The practice held a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs, where required, would meet with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. We saw these meetings were minuted in brief and accessible to staff.
- 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. All staff met said they 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- the NHS Friends and Family test, complaints and compliments received
- 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

The practice was working with other practices in their locality to determine how they could best meet the needs of their local communities. The practice was an approved GP training practice for Registrars (qualified doctors who undertake additional specialist training to gain experience and higher qualification in General Practice and family medicine) and medical students.

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 Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Significant event reporting was inconsistently applied. • Had not ensured that staffs were in receipt of regular fire safety training. • There was no process or system in place to be assured that appropriate actions were taken in response to medicine safety and devise alerts. • Patient monitoring of a specific high risk medicine had taken place for most patients however monitoring results had not been seen by a clinician prior to repeat prescribing. • Medicine dosage instructions stated the dose and the frequency but needed a detailed and consistent formulation to be applied. For example in one case reviewed the prescription noted the medicine dose in number of tablets and in another the medicine dose in number of milligrams. • Some staff had not received regular refresher training. • Completed all appropriate recruitment checks prior to commencement of employment, including references and where appropriate disclosure and barring checks (criminal record checks). • Infection prevention and control refresher training completed should be documented.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:

- No formal system to share learning from significant events and analysis of trends with staff to maximise learning and help mitigate further errors.
- There was no process or system in place to be assured that appropriate actions were taken in response to medicine safety and devise alerts.
- No formal system was in place to ensure that appropriate monitoring took place for all patients in receipt of high risk medicines.
- The practice had not ensured robust systems were in place to manage staff training oversight.