

Springwell House

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a previous announced inspection of this practice on 16 April 2015. Breaches of legal requirements were found. Overall, we rated the practice as requires improvement. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 15 HSCA (Regulated Activities) Regulations 2014 Premises and equipment
- Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe care and treatment
- Regulation 10 HSCA (Regulated Activities) Regulations 2014 Dignity and respect

We undertook this comprehensive inspection to check that the practice had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Springwell House on our website at www.cqc.org.uk.

Overall, the practice is rated as requires improvement.

Our key findings were as follows:

- The practice had taken action to address most of the concerns raised at the last CQC inspection. They had developed a clear vision, strategy and plan to deliver high quality care and promote good outcomes for patients. However, there were areas where sufficient progress had not been made. This included infection control procedures, medicines management and arrangements to deal with medical emergencies.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Further improvements were required to how the practice assessed and managed risks.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice had improved their approach to patient confidentiality.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Audits were recorded and used to improve patient care.
- There was a clear leadership structure and staff felt supported by management. The practice had developed a five year business development plan. Staff told us they were aware of the strategy for the practice and felt included and involved in decisions about the future for the practice.

There were areas where the practice must make improvements. The practice must:-

- Improve the arrangements to maintain a clean environment, and assess the risk, detection and prevention of the spread of infections.
- Check the emergency oxygen and defibrillator on a regular basis to ensure they are functioning and ready to use in an emergency.
- Follow best practice guidelines for the management of the cold chain for temperature sensitive medicines.

There were also areas where the practice should make improvements. The practice should:-

- Make sure the practice nurse administered vaccines using directions that were in date and had been produced in line with legal requirements and national guidance.

- Display the results of the latest CQC inspection, including the ratings awarded, prominently within the practice, as well as on the practice website.

I am placing this practice in special measures. Where a practice is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures. This practice has made progress, but the safety domain needs more work therefore we are placing this practice into special measures.

Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they get should improve.

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 inadequate for providing safe services.

The practice had taken action address some of the concerns raised during our previous inspection in April 2015. They had:

- Put in place arrangements to ensure safety alerts were identified and acted upon.
- Improved the approach to responding to significant events.
- Improved some safety systems, such as fire safety.

However, there were some areas where sufficient progress had not been made.

- Improvements had been made to reduce the risk of the spread of infections, but there were still some areas of concern. Staff had not had infection control training and audits had not been established.
- The practice had obtained an oxygen cylinder and defibrillator to help them respond in case of a medical emergency. However, there were no arrangements in place to facilitate checking of either of these on a regular basis to ensure they were functioning and ready to use in an emergency.
- The practice needed to make improvements to bring them in line with best practice to ensure the cold chain was maintained for temperature sensitive medicines.

We also found:

- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to safeguarded patients from abuse.
- The practice had made some improvements to the way they monitored and managed risks to patient and staff safety. However, they should make further improvements to ensure the health and safety of patients, staff and visitor was assessed periodically and mitigating action put in place to reduce any identified risks.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

Action had been taken to address the majority of the concerns raised during our previous inspection in April 2015.

- We found the practice had improved their approach to audit. A programme of audit was in place, which included details of future planned audits. We found these had an increased focus on improving outcomes for patients. We found childhood immunisation rates for the vaccinations given had improved and were now comparable to CCG averages.
- Infection control training had been arranged for staff, but had not yet been completed.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment in most areas.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Action had been taken to address the concerns raised during our previous inspection in April 2015. Improvements had been made to reduce the risk of hearing confidential personal information from the treatment room, whilst in the waiting room area.

- Most results of the National GP Patient survey were now broadly in line with comparators.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Action had been taken to address the concerns raised during our previous inspection in April 2015. They had:

Good



Summary of findings

- Made arrangements for patients to access a female GP for those patients who preferred to.
- Redesigned the practice website and it now included a wider range of information.
- Produced a new leaflet to give information to patients about how to complain.

We found:

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.

Are services well-led?

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

They had made some improvements following the previous inspection, which took place in April 2015. However, further leadership, training and support was needed to drive improvement.

- There was now a five year business development plan, which had been developed with the contribution of staff.
- The practice had demonstrated improvements in a number of areas, including management of safety incidents and information; safeguarding confidential information; management of complaints; and using audit to improve outcomes for patients. There were areas where the practice had demonstrated some improvement, but progress had not been sufficient, such as infection control and arrangements to deal with emergencies and major incidents.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. There was a small patient participation group (PPG). The practice was participating in work to develop a locality PPG, alongside other GP practices in the area and the local Healthwatch.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people.

When we inspected the practice in April 2015 we found there were aspects of the practice which required improvement and related to all population groups. During this inspection we found the practice had taken action to address some of the concerns identified, however they had not made sufficient progress in some areas. This included on infection control, the safe management of medicines and ensuring equipment was safe for use. These concerns related to all population groups. There were, however, examples of good practice.

- Staff provided proactive, personalised care, which met the needs of older patients. Patients aged 75 and over were allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions.

When we inspected the practice in April 2015 we found there were aspects of the practice which required improvement and related to all population groups. During this inspection we found the practice had taken action to address some of the concerns identified, however they had not made sufficient progress in some areas. This included on infection control, the safe management of medicines and ensuring equipment was safe for use. These concerns related to all population groups. There were, however, examples of good practice.

- Effective systems were in place, which helped ensure patients with long-term conditions received an appropriate service,

Requires improvement



Summary of findings

which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for some of the clinical conditions commonly associated with this population group. Performance for asthma related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.1% across the CCG and 97.4% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 72.1%, this compared to a national average of 75.4%.
- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.
- Staff had completed most of the training they needed to provide patients with safe care.

Families, children and young people

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

When we inspected the practice in April 2015 we found there were aspects of the practice which required improvement and related to all population groups. During this inspection we found the practice had taken action to address some of the concerns identified, however they had not made sufficient progress in some areas. This included on infection control, the safe management of medicines and ensuring equipment was safe for use. These concerns related to all population groups. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates had improved for all standard childhood immunisations. For example, childhood immunisation rates for

Requires improvement



Summary of findings

the vaccinations given to under two year olds ranged from 91.7% to 100% for the 12 children eligible within the practice population and five year olds from 66.7% to 100% for the nine children eligible. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 31.6% to 98.9%.

- 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.
- Nationally reported data showed the practice had performed in line with average for providing recommended care and treatment for this group of patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students).

When we inspected the practice in April 2015 we found there were aspects of the practice which required improvement and related to all population groups. During this inspection we found the practice had taken action to address some of the concerns identified, however they had not made sufficient progress in some areas. This included on infection control, the safe management of medicines and ensuring equipment was safe for use. These concerns related to all population groups. There were, however, examples of good practice.

- The practice had assessed the needs of this group of patients and developed their services to help ensure they received a service, which was accessible, flexible and provided continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Nationally reported data showed the practice provided recommended care and treatment that was in line with or above national averages for this group of patients. For example, the percentage of patients with hypertension in whom the last blood pressure reading in the preceding 12 months was 150/90mmHg or less was 86.8%, compared to 83.7% nationally.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

When we inspected the practice in April 2015 we found there were aspects of the practice which required improvement and related to all population groups. During this inspection we found the practice had taken action to address some of the concerns identified, however they had not made sufficient progress in some areas. This included on infection control, the safe management of medicines and ensuring equipment was safe for use. These concerns related to all population groups. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

When we inspected the practice in April 2015 we found there were aspects of the practice which required improvement and related to all population groups. During this inspection we found the practice had taken action to address some of the concerns identified, however they had not made sufficient progress in some areas. This included on infection control, the safe management of medicines and ensuring equipment was safe for use. These concerns related to all population groups. There were, however, examples of good practice.

- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average. For example, 100% of patients with schizophrenia,

Requires improvement



Summary of findings

bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%.

- The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was better than the national average at 88.9% (compared to a national average of 84.0%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest National GP Patient Survey published in date July 2015 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 83.2%). However, this was lower than the local Clinical Commissioning Group (CCG) average (at 88.1%) and lower than the England average (at 84.8%). There were 311 survey forms distributed for Springwell House and 108 forms were returned. This is a response rate of 34.7% and equated to 5.6% of the practice population.

- 97.3% found it easy to get through to this surgery by phone compared to a CCG average of 79.3% and a national average of 73.3%.
- 89.2% found the receptionists at this surgery helpful (compared to a CCG average of 89.9% and national average 86.8%).
- 98.2% were able to get an appointment to see or speak to someone the last time they tried (compared to a CCG average of 83.9% and national average 85.2%).
- 98% said the last appointment they got was convenient (compared to a CCG average of 93.2% and national average of 91.8%).
- 85.9% described their experience of making an appointment as good (compared to a CCG average of 76.2% and national average 73.3%).
- 60.8% usually waited 15 minutes or less after their appointment time to be seen (compared to a CCG average of 70.8% and national average 64.8%).
- 74% would recommend the practice to someone new to the area (compared to a CCG average of 80.5% and national average 77.5%).

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 24 CQC comment cards. All cards included comments which were all positive about the standard of care received. In particular they commented positively on staff, the ease of getting an appointment and their satisfaction with the treatment received. The following words were used to describe staff; caring, respectful, helpful and professional.

We also spoke with five patients, of which one was a member of the patient participation group. They all told us they were satisfied with the service they had received from the practice.

This was also reflected in the national friends and family test (FFT) results. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). In the month of December 2015, 100% of patients completing the test said they were either 'extremely likely' (seven patients) or 'likely' (two patients) to recommend the service to family and friends. In the month of January 2016, patients completing the test said they were either 'extremely likely' (25 patients) or 'likely' (four patients) to recommend the service to family and friends. Three said they would not recommend and one said they didn't know. We noted the practice had taken action to increase the number of patients completing the FFT, and a month on month increase in numbers was evident.

Areas for improvement

Action the service MUST take to improve

- Improve the arrangements to maintain a clean environment, and assess the risk, detection and prevention of the spread of infections the spread of infections.
- Check the emergency oxygen and defibrillator on a regular basis to ensure they are functioning and ready to use in an emergency.
- Follow best practice guidelines for the management of the cold chain for temperature sensitive medicines.

Summary of findings

Action the service **SHOULD** take to improve

- Make sure the practice nurse administered vaccines using directions that were in date and had been produced in line with legal requirements and national guidance.
- Display the results of the latest CQC inspection, including the ratings awarded, prominently within the practice, as well as on the practice website.

Springwell House

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 nurse specialist advisor.

Background to Springwell House

The Springwell House practice is located in Sunderland on the A690, Durham Road, a main road leading to Sunderland city centre. The practice provides services to around 2000 patients. The practice provides services from the following address, which we visited during this inspection:

Springwell House, Durham Road, North Moor, Sunderland, Tyne and Wear, SR3 1RN.

They are a small sized practice providing care and treatment to patients of all ages, based on a Personal Medical Services (PMS) contract agreement for general practice. The practice is part of the NHS Sunderland clinical commissioning group (CCG).

The practice has one lead GP who owns the practice. There is also a regular locum GP, a practice nurse, a healthcare assistant, a practice manager and two administrative support staff. Both GPs are male.

The practice is a single story building with fully accessible treatment and consultation rooms for patients with mobility needs. There is a ramp leading up to the front of the building for patients in wheelchairs and those who have difficulty using stairs. There is a disabled WC. There is nearby parking on the street.

Surgery opening times are Monday 7:30am to 6pm, Tuesday to Friday 8:30am to 6pm. Appointments are available between the following times:

Monday 7:30-10:30am and 4:30-6:00pm

Tuesday 10:00am - 12:30pm and 4:00-6pm

Wednesday 8:30-11am and 4:00-6pm

Thursday 9:30am – 1pm and 4:00-6pm

Friday 9:30am – 12:30pm and 4:00-6pm

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

Information taken from Public Health England placed the area in which the practice was located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 76 years, which is three years lower than the England average and the average female life expectancy is 81 years, which is two years lower than the England average.

The percentage of patients reporting with a long-standing health condition is higher than the national average (practice population is 60.5% compared to a national average of 54.0%). The percentage of patients with health-related problems in daily life is higher than the national average (51.1% compared to 48.8% nationally).

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in April 2015 after which the practice was rated as

Detailed findings

requires improvement. We rated the practice as inadequate for providing safe services and requires improvement for providing effective, caring, responsive services and for being well led.

The purpose of this most recent inspection was to check that improvements had been made.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 February 2016. During our visit we:

- Spoke with a range of staff (including the lead GP, locum GP, practice nurse, health care assistant, practice manager and two administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the action plan put in place by the practice, following the earlier inspection which took place in April 2015.

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

When we inspected the practice in April 2015 we identified some concerns in relation to how the practice addressed safety risks such as acting on national patient safety alerts.

During the inspection in February 2016 we found the practice had addressed these concerns. It had done this by:

- Creating a file to store a paper copy of all the national patient safety alerts received and recording any action taken in a spreadsheet. Clinicians signed the safety alerts to confirm they had read and understood them.
- We saw evidence safety alerts were discussed at team meetings.

When we inspected the practice in April 2015 we found while the practice had a process in place for reporting events, incidents and accidents, it was evident the system did not effectively consider in enough detail the potential learning from these to lead to continuous improvement in patient safety. We found the documented significant events lacked clinical detail, which made it difficult to quantify from the records the level of risk or harm. The practice could not provide any evidence to confirm that themes and trends within incidents and matters of safety were routinely reviewed.

During the inspection in February 2016 we found the practice had improved their approach to significant events. We saw significant events were now a standing agenda item on team meeting agendas. The amount of detail recorded relating to significant events had increased. The practice had introduced a review process six months after the significant event had occurred to check on progress with learning. The number and range of significant events had increased.

Overview of safety systems and processes.

When we inspected the practice in April 2015 we identified some concerns in relation to safety systems and processes. For example, we found weekly fire alarm tests were carried out by staff but these were not documented. There was only verbal evidence that a practice fire evacuation had taken place.

During the inspection in February 2016 we found the practice had addressed this area of concern. The practice

now documented regular checks of the fire safety systems. A fire evacuation test had been carried out in November 2015. However, only the time and date were recorded, not who had been involved.

At the last inspection, we also found the practice nurse did not have full recruitment information recorded. As no new staff had been recruited since the last inspection, we were unable to verify if improvements had been made. The practice manager confirmed they planned to follow their documented recruitment procedures when recruiting any new staff member.

There were some areas where the practice had made progress, but had not sufficiently addressed the concerns raised from the inspection which took place in April 2015. In particular, they had not made sufficient progress with infection control procedures.

Since the last inspection the practice had:

- Arranged for cleaners to attend the practice daily.
- Put in place detailed cleaning schedules.
- Arranged for a revised rubbish collection to reduce the risk of full rubbish bags being stored within the practice.
- Made arrangements for a legionella risk assessment to be carried out, and put in place appropriate risk management strategies as a result. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal).

However, we also found:

- The practice had not undertaken an infection control audit since the last inspection.
- Although infection control training had been organised, staff had yet to undertake this training. The practice had not made arrangements for the practice nurse to attend a more in-depth training in infection control to assist her in the role of infection control lead.
- There had been no hand hygiene training for staff carried out within the last 12 months.
- There was an incomplete record of immunisation status maintained for staff.

Are services safe?

- There was no paper towel dispenser within the patient toilet. The practice used an open top boxed to store paper towels, and this was visibly dirty, underneath the towels.
- The waste bin in the staff toilet was not suitable, as it did not have a waterproof liner.
- The practice did not use a zoned approach for cleaning equipment. This meant cleaning equipment was used across clinical and non clinical areas.
- There was still no separate sink available for the purposes of cleaning. Staff used clinical sinks or patient/staff toilet sinks for this purpose.
- A number of the infection control policies did not contain a date for staff to review them. Some of them, such as the decontamination of equipment and management of body fluid, were linked to South of Tyne and Wear Trust, and were not amended to reflect how the practice did these things.
- The practice did not demonstrate they were aware of these issues. There was no action plan in place to demonstrate how the practice would improve their infection control procedures.

During this inspection in February 2016, we also identified some concerns with the way the practice managed medicines. Although some arrangements in place to maintain the cold chain of temperature sensitive medicines, such as childhood vaccines, there were areas where improvements were needed. The practice did not have arrangements in place to calibrate the temperature of the vaccines refrigerator on a regular basis or to check the temperature reading by using a second thermometer. Without secondary verification, there was a risk the practice would be unable to detect an incorrect reading or malfunction of the refrigerator. There were no arrangements in place to check the refrigerator temperature during annual or sick leave. This led to gaps in recording and a risk medicines could be stored outside safe temperatures and the practice would be unable to verify the period of time this was the case. In October 2015, the practice stopped recording the current temperature of the vaccine refrigerator, although minimum and maximum temperature continued to be recorded. It is best practice to record all three temperature readings.

At the inspection in April 2015, we identified one patient group directive (PGD) was not in place. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) At this inspection we found although all relevant patient group directives were available, three of these were out of date. The practice told us they would contact the relevant agencies immediately to address this concern.

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

There were failsafe systems in place 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.

Monitoring risks to patients

The practice had made some improvements to the way they monitored and managed risks to patient and staff safety. However, the practice should make further improvements.

When we inspected the practice in April 2015 we found there was no risk assessment in place for the boiler being situated in a property next door, which was rented out. During the inspection in February 2016 we found the practice had addressed this concern. A risk assessment had been put in place, and mitigating actions identified to reduce the risks.

Are services safe?

- The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a health and safety risk assessment in place, but it had not been updated since November 2007.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in April 2015 we found the practice was not sufficiently prepared to enable them to respond to medical emergencies. There was no appropriate emergency medical equipment and medicines to allow them to respond to risks of this type. There was no oxygen or defibrillator. There were a few emergency drugs, but some we would expect to see were missing.

During the inspection in February 2016 we found the practice had purchased both an oxygen cylinder and a

defibrillator. However, there were no arrangements in place to check these on a regular basis to ensure they were functioning and ready to use in an emergency. We also found there were no paediatric airways available in the emergency box.

The practice had obtained a wider range of emergency medicines, meaning they were more prepared for a wider range of medical emergencies. However, there were still some key medicines which are recommended, which were not available. For one of these medicines the practice had put together a risk assessment to demonstrate why they did not have this.

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

All staff received annual basic life support training and there were emergency medicines available in the treatment room.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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

When we inspected the practice in April 2015 we identified concerns in relation to the way the practice conducted clinical audit. We found audit was not used effectively to improve quality.

During the inspection in February 2016 we found the practice had improved their approach to audit. A programme of audit was in place, which included details of future planned audits. We found these had an increased focus on improving outcomes for patients. For example, the practice had carried out an audit to increase the number of patients offered statins to help prevent cardiovascular disease and deaths. (Statins are medicines which reduce the amount of cholesterol your body makes). The practice planned to undertake an audit looking at treatment of childhood asthma.

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 99.8% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 94.2%. The practice had 3.3% clinical exception reporting. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

This practice was not a statistical outlier for any QOF (or other National) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national average. The practice achieved 100% of the points available. This compared to an average performance of 93.5% across the CCG and 89.2% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92.6%, compared to a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 97.3%, compared to a national average of 94.5%.
- Performance for asthma related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.1% across the CCG and 97.4% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 72.1%, this compared to a national average of 75.4%.
- The practice performed well on the percentage of patients with atrial fibrillation with CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy. (Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body. A CHADS2 score rates the risk for patients with atrial fibrillation based on identified major stroke risk factors.) The practice had achieved 100% in this indicator, compared to an average of 98.4% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading in the preceding 12 months was 150/90mmHg or less was 86.8%, compared to 83.7% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was better than the national average at 88.9% (compared to a national average of 84.0%).

This practice performance on the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was slightly higher than the national average. (Ambulatory care conditions are conditions where effective community care and case management can help prevent the need for hospital admission.) The practice performance for this indicator was 18.2 compared to the national average of 14.6. We spoke to the GP about this. He was aware this indicator was high across the local CCG area. He contributed this to a number of factors, including the needs of the local population with high numbers of elderly patients with comorbidities (comorbidity is the presence of one or more additional disorders or diseases co-occurring with a primary disease or disorder); levels of deprivation; and, decisions made by other clinicians such as the 111 and out of hours service. The practice told us they continued to take action within this area, to bring them in line with comparators.

Effective staffing

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

- When we inspected the practice in April 2015 we identified staff had not undertaken infection control training. During the inspection in February 2016 we found although arrangements had been made to access this training, staff had not yet undertaken it. We saw evidence to demonstrate staff were enrolled on an e-learning infection control course with a local college. The practice nurse was enrolled on this training. The practice also planned to send her on a more in-depth two day training course, but this had not been possible as the identified course had not been offered since the last inspection. The practice had not sought an alternative course for the practice nurse to attend.
- The practice had an induction programme for all newly appointed staff. It 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire procedures and basic life support. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- 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.

Supporting patients to live healthier lives

When we inspected the practice in April 2015 the practice performed lower than other practices within the local CCG on rates for a number of childhood vaccinations.

When we reviewed the most recent data we found childhood immunisation rates for the vaccinations given

were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.7% to 100% for the 12 children eligible within the practice population and five year olds from 66.7% to 100% for the nine children eligible. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 31.6% to 98.9%.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.5%, which was higher than the national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

When we inspected the practice in April 2015, we found the practice had not taken appropriate steps in some areas to protect the privacy and dignity of patients. Conversations could be overheard in the treatment rooms adjoining the waiting area. There was no music or other sound to muffle this and prevent confidential conversations being overheard. During the inspection in February 2016, we found the practice had addressed this concern by purchasing a television. This was on and the volume was at a level, where it masked the sounds from the treatment room. Conversations could not be overheard.

When we inspected the practice in April 2015 we found the practice scored below the National average for a number of indicators within the National GP Patient Survey.

During the inspection in February 2016 we found these had improved. Results showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 87.3% said the GP was good at listening to them compared to the CCG average of 90.6% and national average of 88.6%.
- 86.2% said the GP gave them enough time compared to the CCG average of 89.4% and national average of 86.6%.
- 96.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.2%
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.5% and national average of 85.1%.
- 84.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.3% and national average of 90.4%.
- 89.2% said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and national average of 86.8%.

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.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients, and one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with national averages for its satisfaction scores on consultations with doctors and nurses. Although still below national average for some indicators, results had improved since the last inspection. For example:

- 87.3% said the GP was good at listening to them compared to the CCG average of 90.6% and national average of 88.6%.
- 86.2% said the GP gave them enough time compared to the CCG average of 89.4% and national average of 86.6%.

Are services caring?

- 96.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.2%
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.5% and national average of 85.1%.
- 84.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.3% and national average of 90.4%.
- 89.2% said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and national average of 86.8%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3.9% (76) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, but results were slightly lower than local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and national average of 86.0%.
- 80.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 81.4%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

When we inspected the practice in April 2015 we identified patients were not offered choice in the gender of GP they wished to consult. Both GPs within the practice were male and there were no alternative arrangements available for those patients who wished to see a female GP.

During the inspection in February 2016 we found the practice had made arrangements to address this concern. Patients could access a female GP at another of the provider's locations. The practice had tried to recruit a suitable GP to increase the choice offered to patients, but had been unable to make an appointment. The practice had identified a female GP locum to provide sessions on an ad hoc basis. The female practice nurse was also able to see patients, within the scope of her competence.

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday morning from 7:30am for 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive NHS travel vaccinations as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

When we inspected the practice in April 2015 we found the practice website was very basic and did not include some important information to help patients access the service.

During the inspection in February 2016 we found the practice had redesigned the practice website and it included a wider range of information. For example, it included details of how to make an appointment, practice opening hours; how to access on-line services and how to make a complaint.

The results of the national GP patient survey with how satisfied patients were with how they could access care and treatment was broadly in line with national and local clinical commissioning group averages.

- 98.2% said they were able to see or speak to someone last time they tried, compared to the CCG average of 83.9% and England average of 85.2%.
- 98% of patients found the appointment was very or fairly convenient, compared to an average of 93.2% in the local CCG area and 91.8% across England.
- 84.5% of patients were satisfied with opening hours, compared to a CCG average of 81.2% and England average of 74.9%.
- 97.3% found it easy to get through to this surgery by phone compared to a CCG average of 79.3% and a national average of 73.3%.
- 85.9% described their experience of making an appointment as good compared to a CCG average 76.2% and a national average of 73.3%.
- 60.8% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average 70.8% and a national average of 64.8%.
- 62% said they felt they normally do not have to wait too long to be seen compared to a CCG average 65% and a national average of 57.7%.

Listening and learning from concerns and complaints

When we inspected the practice in April 2015 we identified concerns with how the practice communicated the complaints process to patients and members of the public. There was no complaints leaflet or other patient information, which set out the process they should follow, and who patients could go to if they needed support in making a complaint. There was also no information available to patients, which set out what they could do if they remained unsatisfied with the way their complaint had been handled. Where mistakes had been made, we noted the practice had not formally apologised to patients.

During the inspection in February 2016 we found the practice had produced a new leaflet to give information to patients about how to complain. It also included information about other agencies that could help if the complainant was unsatisfied with the outcome of their

Are services responsive to people's needs? (for example, to feedback?)

complaint. The practice confirmed they had not received any complaints since the last inspection. They told us they had received a number of positive feedback comments about the practice, which they had shared with staff.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

When we inspected the practice in April 2015 we found the practice did not have a formal business plan in place. We found there was a lack of strategic leadership and vision within the practice. Staff were unclear what the strategy and plan were for the practice. Audits had been carried out, but these did not identify and lead to improvements in the quality of the service provided.

During the inspection in February 2016 we found the practice had made improvements. The practice had developed a five year business development plan, which detailed where the practice was currently and how it could develop in the future. We spoke with staff about the changes made within the practice and the strategy for the future. They told us they felt much more included, and had a greater knowledge of where the practice was going. They told us being included in the development of the plan had given them greater feeling of ownership over the strategy, and had made them feel more included and positive about the future for the practice. We found the practice had improved their approach to audit, and there was a clearer link to improving outcomes for patients as a result of audit.

Governance arrangements

When we inspected the practice in April 2015 we found governance did not always operate effectively. There had been no recent review of the governance arrangements, the strategy, plans or the information used to monitor performance.

During the inspection in February 2016 we found the practice had made improvements, but there were still some areas where the practice needed to improve. The practice had developed a detailed action plan following the inspection in April 2015. This addressed the areas of concern, including those areas where the practice was in breach of regulations. The practice had demonstrated improvements in a number of areas, including management of safety incidents and information; safeguarding confidential information; management of complaints; and using audit to improve outcomes for patients. There were some areas where the practice had demonstrated improvement, but progress had not been

sufficient. This included the arrangements in place for infection control, to deal with emergencies and major incidents and for the safe management of medicines including temperature sensitive medicines.

In April 2015, we found paper medical records were not securely stored and improvements were required to ensure that medical records were stored in a way that protected patient confidentiality. These were stored in areas accessible by patients and were not locked.

During the inspection in February 2016 we found the practice had addressed these concerns. The practice now had safeguards in place to protect the confidentiality of paper patient records.

Leadership and culture

We found the leadership capability within the practice had improved. The lead GP now set aside dedicated time to manage the practice, and had increased his accessibility within the practice. We found the practice had made improvements to prioritise safe, high quality and compassionate care. However, there were some areas where the practice had not made sufficient progress. For example, we found the practice did not have a good understanding of the further improvements they needed to make to strengthen their infection control procedures.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.

Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice had included a link to the last CQC inspection on their website. However, they did not have this information displayed prominently in their practice location in line with legal requirements.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a very small PPG. The practice was participating in work to develop a locality PPG, alongside other GP practices in the area and the local Health Watch.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff had been involved in the development of the business plan and strategy for the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

We were satisfied that the systems they had in place for learning from significant events was satisfactory and showed evidence of continuous improvement. The practice worked hard to maintain their level of Quality and Outcomes Framework (QOF) and performance against national screening programmes. They had showed continuous improvement in the way they addressed the concerns raised at the CQC inspection, which took place in April 2015. However, there were areas where sufficient progress had not been made.

Enforcement actions

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> <ul style="list-style-type: none">• The provider had not assessed the risk of and had not ensured appropriate arrangements to detect, prevent and control the spread of infections.• The provider had not ensured that all premises and equipment used by the service were clean, and had not maintained standards of appropriate hygiene for the purposes for which they were being used.• The provider did not have in place arrangements to make sure emergency equipment was properly maintained and checked for functionality.• The provider did not have effective systems in place for the proper and safe management of medicines. <p>This was in breach of Regulation 12 (1), (2), (e), (f) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>