

Littleton Surgery

Quality Report

Littleton Surgery
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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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Littleton Surgery on 26 November 2014. We visited the practice location at Buckland House, Esher Park Avenue, Esher, Surrey, KT10 9NY.

We have rated the practice as requires improvement. Specifically, we found the practice to be inadequate for providing well led services. The practice was good for providing a caring service and requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice. Therefore the different population groups are also rated as requires improvement. The inspection team spoke with staff and patients and reviewed policies and procedures implemented throughout the practice.

Our key findings were as follows:

- There was a range of appointments to suit most patients' needs. Patients reported good access to the practice and a named GP or GP of choice, with urgent appointments available the same day.
- The practice engaged effectively with other services to ensure continuity of care for patients.
- Patient feedback showed that patients felt they were involved in making decisions about their care and were mostly treated with kindness and respect. However, one patient we spoke with and five patients who had made complaints, expressed concerns that they were not well supported and had been treated dismissively.
- The practice did not have systems in place to ensure the safety of patients, staff and visitors. Significant events, incidents and complaints were not well recorded and reviewed in order to ensure learning and promote continuous improvement.
- Risks to staff and patients were not assessed and managed to ensure they were minimised.
- Staff were not always well supported in reporting concerns.

Summary of findings

- There was a lack of openness and transparency within the management team which meant that information and concerns were not shared and reviewed.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure risk assessment and monitoring processes effectively identify, assess and manage risks relating to the health, safety and welfare of patients and staff.
- Ensure incidents, significant events and accidents are recorded and analysed in order to identify learning points and promote continuous improvement to the health, safety and welfare of patients and staff.
- Ensure audit cycles are fully completed in order to demonstrate actions taken have enhanced care and resulted in improved outcomes for patients.
- Ensure complaints information is accessible to patients within the practice in order to encourage patients to make complaints. Ensure complaints information is shared and reviewed to ensure learning and continuous improvement.
- Ensure criminal record checks are undertaken via the Disclosure and Barring Service for all staff trained to provide chaperone services.
- Ensure all staff receive up to date training in mandatory areas such as safeguarding of vulnerable adults, infection control and where necessary, chaperoning.
- Ensure all staff have access to appropriate policies, procedures and guidance to carry out their role.
- Ensure all members of the management team and staff undergo an annual appraisal of performance.
- Undertake assessment and monitoring of water supplies in order to reduce the risk of exposure of staff and patients to legionella bacteria.

In addition the provider should:

- Ensure processes to record GP responses to blood tests and other results are consistent and generate a clear audit trail.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services and improvements must be made. Staff were not always supported in reporting and recording incidents, near misses and concerns. Significant events and incidents had not been recorded over time and there was little evidence of learning from them. One significant event recorded by a nurse in July 2014 had not yet been reviewed by the management team. Accidents which had occurred within the practice had not been recorded. The practice had not undertaken an assessment of any potential risks associated with individual staff roles. The practice had not considered the risks associated with potential exposure to legionella bacteria which is found in some water systems. Staff had some knowledge of how to recognise signs of abuse in older people, vulnerable adults and children but had not received training in the safeguarding of vulnerable adults. There was no chaperone policy in place and no information on display offering this service. Therefore patients may not know they could request a chaperone if they wished. No chaperone training had been provided for reception staff. Staff undertaking chaperone duties had not been subject to a criminal records check through the Disclosure and Barring Service and the practice had not undertaken a risk assessment to support this decision.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or above average for the locality. We saw evidence of some clinical audit but no evidence of completed audit cycles. Patients' needs were assessed and care was planned and delivered in line with current legislation. Not all staff had undergone an appraisal. Some staff had not received training appropriate to their roles. For example nurses had not received training in infection control and reception staff had not received chaperone training. Multidisciplinary working was taking place and the practice held regular multidisciplinary team meetings. However, we saw no evidence of record keeping in regard to these meetings.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt

Good



Summary of findings

cared for, supported and listened to. Some patients felt they had been treated dismissively. The practice had received five complaints over a three month period in 2014 expressing concerns about the manner in which they had been treated by their GP. One patient we spoke with expressed the same concerns. The practice provided practical support to patients who were carers.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. The practice had reviewed the needs of its local population and had put in place a plan to secure improvements for the areas identified. Feedback from patients reported good access to a named GP and urgent appointments were usually available the same day. The practice was equipped to treat patients and meet their needs. Information to patients about how to make a complaint was not available to patients within the practice. We found that complaints received in 2014 had not yet been formally reviewed or the learning noted and disseminated to staff. There was no evidence of learning or continuous improvement as a result of complaints made. However, we saw that complainants had received written responses from the practice manager.

Requires improvement



Are services well-led?

The practice is rated as inadequate for being well-led. Some staff told us they felt supported by management but we found that staff were not always fully supported in reporting concerns. We found a lack of openness and transparency within the management team which meant that information and concerns were not shared and reviewed. Although the practice informally reviewed some incidents when things went wrong, lessons learned were not identified or communicated and so safety was not improved. Patients and staff were at potential risk of harm because systems and processes were not in place to identify and assess risks. Safety records and incident reports were incomplete and we were unable to see evidence of ongoing recording of events in order to confirm the practice was able to demonstrate a safe track record over time. The practice had some policies and procedures in place to govern activity and these were available to staff. However, the practice told us they were unable to locate a large number of their written policies and procedures following a recent computer upgrade. The practice sought some feedback from patients and requested annual completion of a practice survey by members of their patient participation group (PPG). Some staff had received regular performance reviews and attended staff meetings.

Inadequate



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 provider was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider was rated as good for caring and inadequate for providing well led services.

Nationally reported data showed that outcomes for patients were positive for conditions commonly found in older patients. There were arrangements in place to provide flu and pneumococcal immunisation to this group of patients. Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues. Clinics included diabetic reviews, blood tests and blood pressure monitoring. The practice was responsive to the needs of older patients, and offered home visits. The practice had good relationships with a range of support groups for older patients.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider was rated as good for caring and inadequate for providing well led services.

Longer appointments and home visits were available when needed for patients with long term conditions. These patients had structured annual reviews to check their health and medicine needs were being met. The GPs followed national guidance for reviewing all aspects of a patient's long term health. 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. Patients with palliative care needs were supported. The practice nurses were trained and experienced in providing diabetes and asthma care to ensure patients with these long term conditions were regularly reviewed and supported to manage their conditions. Flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated illness.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider was rated as good for caring and inadequate for providing well led services.

Appointments were available outside of school hours and the practice ensured that children needing an urgent appointment would be seen the same day. The practice provided a full range of immunisations but had recognised that its rates for childhood immunisations were low compared with the national and regional average. The practice had reviewed how they delivered information to parents in order to encourage higher immunisation rates. The premises were suitable for children and babies. There was good communication and collaboration between the practice and other services including health visitors and support organisations. Monthly meetings between the practice and the health visitor enabled them to share concerns when they arose. The practice had safeguarding processes in place to protect children from abuse. Staff were aware of the process and were able to describe what action to take if they suspected abuse or had concerns.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider was rated as good for caring and inadequate for providing well led services.

The needs of working age patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs of this age group. The practice provided early morning appointments on two days each week to accommodate the needs of working age people.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider was rated as good for caring and inadequate for providing well led services.

The practice worked closely with district nurses and the community matron which enabled an improved continuity of care for their

Requires improvement



Summary of findings

housebound patients. The practice regularly worked with multi-disciplinary teams in the case management of adults and children who were vulnerable. The practice had sign-posted these patients to various support groups and voluntary sector organisations. Staff had some understanding of how to recognise signs of abuse in vulnerable adults and children. GPs were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours. The practice provided support to patients who were registered as a carer.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider was rated as good for caring and inadequate for providing well led services.

The practice had a lead GP for mental health and held a register of patients experiencing poor mental health and those with learning disabilities. We saw evidence of effective collaboration and information sharing with community mental health services. The practice had sign-posted patients experiencing poor mental health to various support groups and local organisations. The practice had safeguarding procedures to protect vulnerable adults, including those with poor mental health.

Requires improvement



Summary of findings

What people who use the service say

We reviewed recent results of the national GP patient survey. We saw that 94% of patients who had responded found it easy to get through to the practice by phone. Of the patients who had responded, 93% described the overall experience of the practice as good or very good compared with a national average of 85%. The survey showed that 85% of patients felt their GP was good at involving them in decisions about their care compared with a national average of 81%. The number of respondents who said the last nurse they saw was good at treating them with care and concern was also above the national average.

We spoke with three patients on the day of inspection and reviewed 34 comment cards completed by patients in the two weeks before the inspection. The patients we spoke with and the comments we reviewed were mostly positive and described excellent care and courteous, supportive staff. One patient we spoke with told us that whilst they received excellent care from one GP within the practice, they were unwilling to be seen by another GP due to the manner in which they had been treated. Patients who had completed comment cards provided examples of excellent care provided to children and families and high levels of support for patients at very difficult times.

Areas for improvement

Action the service **MUST** take to improve

- Ensure risk assessment and monitoring processes effectively identify, assess and manage risks relating to the health, safety and welfare of patients and staff.
- Ensure incidents, significant events and accidents are recorded and analysed in order to identify learning points and promote continuous improvement to the health, safety and welfare of patients and staff.
- Ensure audit cycles are fully completed in order to demonstrate actions taken have enhanced care and resulted in improved outcomes for patients.
- Ensure complaints information is accessible to patients within the practice in order to encourage patients to make complaints. Ensure complaints information is shared and reviewed to ensure learning and continuous improvement.
- Ensure criminal record checks are undertaken via the Disclosure and Barring Service for all staff trained to provide chaperone services.

- Ensure all staff receive up to date training in mandatory areas such as safeguarding of vulnerable adults, infection control and where necessary, chaperoning.
- Ensure all staff have access to appropriate policies, procedures and guidance to carry out their role.
- Ensure all members of the management team and staff undergo an annual appraisal of performance.
- Undertake assessment and monitoring of water supplies in order to reduce the risk of exposure of staff and patients to legionella bacteria.

Action the service **SHOULD** take to improve

- Ensure processes to record GP responses to blood tests and other results are consistent and generate a clear audit trail.

Littleton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Littleton Surgery

Littleton Surgery offers primary medical services, via a general medical services (GMS) contract, to approximately 4,000 patients living in Esher, Claygate, Weybridge, Thames Ditton and surrounding areas. The practice has a slightly higher proportion of patients over the age of 65 years compared to the national average and serves a population which is more affluent than the national average.

The practice has two GP partners, one female and one male, who are supported by a locum GP. The practice employs a team of two practice nurses. GPs and nurses are supported by the practice manager and a team of reception and administration staff. The practice has not been subject to a previous inspection.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service.

We visited the practice location at Buckland House, Esher Park Avenue, Esher, Surrey, KT10 9NY.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Healthwatch and Surrey Downs Clinical Commissioning Group (CCG). We carried out an announced visit on 26 November 2014. During our visit we spoke with a range of staff, including GPs, practice nurses and administration staff.

We observed how patients were being cared for and talked with three patients and reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 34 comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit.

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?

Detailed findings

- 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)

Are services safe?

Our findings

Safe track record

We reviewed some safety records and incident reports. However records were incomplete and information sharing was informal and not well documented. We were not able to see evidence of ongoing recording of events in order to confirm the practice was able to demonstrate a safe track record over time.

The practice nurses told us that national patient safety alerts were reviewed at weekly clinical meetings but minutes of these meetings were not recorded.

Learning and improvement from safety incidents

The practice had some systems in place for reporting, recording and monitoring some significant events, incidents and accidents but these were incomplete. We reviewed two brief records of significant events that had occurred during 2014. The practice manager told us that significant events were discussed at weekly GP meetings and reviewed at twice yearly review meetings but we did not see evidence of these meetings. Records relating to one clinical incident dated July 2014 were presented to us by a member of staff during our inspection. The incident related to an error in medicine administration. The incident had not been reviewed by the management team. As a result, actions required and learning outcomes had not been identified, recorded or shared with other staff and the patient concerned. The practice did not hold records of any other significant events which had occurred. We were told about incidents, including falls, which had occurred on a number of occasions, within the premises. There was no recording of these accidents or actions taken to prevent future recurrences.

National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at weekly clinical meetings to ensure staff were aware of any that were relevant to the practice and where they needed to take action. However, minutes of these meetings and the reviews of alerts received were not recorded.

Reliable safety systems and processes including safeguarding

Systems were in place to safeguard children and adults. A designated GP partner was the practice lead for safeguarding children and another GP partner was the lead for safeguarding of vulnerable adults. Safeguarding policies and procedures were consistent with local authority guidelines and included local authority reporting processes and contact details. Staff had some knowledge of how to recognise signs of abuse in older people, vulnerable adults and children.

The GP partners had undertaken safeguarding training appropriate to their role. All staff had received on line training in the safeguarding of children at a level appropriate to their role. Staff had not undertaken training in the safeguarding of vulnerable adults. However, we reviewed the minutes of a receptionists meeting dated March 2014 which recorded a safeguarding overview provided to six members of staff by one of the GP partners.

There was no chaperone policy in place and we noted there were no visible signs advertising this service. Therefore patients may not have been aware that they were able to request a chaperone if they wished. The practice manager told us that it was always a nurse who provided chaperone support. However some of the reception staff told us they had been required to act as chaperones. No chaperone training had been provided for reception staff. Staff undertaking chaperone duties had not been subject to a criminal records check through the Disclosure and Barring Service and the practice had not undertaken a risk assessment to support this decision.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators. We found they were stored securely and were only accessible to authorised staff. There was a clear process for ensuring medicines were kept at the required temperatures. We reviewed records to confirm this. The correct process was understood and followed by the practice staff, and they were aware of the action to take in the event of a potential power failure.

The practice had processes to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Are services safe?

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw that nurses had received appropriate training to administer vaccines.

There was a process for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patients' repeat prescriptions were still appropriate and necessary. Reviews were undertaken for patients on repeat medicines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance and kept securely at all times.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules and that cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. Hand washing notices were displayed in all consulting and treatment rooms. Hand wash solution, hand sanitizer and paper towels were available in each room. Disposable curtains were in place in each room and we saw evidence that these were changed every six months.

The practice had a lead nurse for infection control. The practice had carried out infection control audits in November 2013 and November 2014 and improvements identified were actioned. The lead nurse told us that prior to the establishment of a service to provide minor operations in March 2014, they had identified concerns relating to the clinical room to be used. Improvements had been made to the designated room as a result, such as the installation of an air vent and steam cleaning of all surfaces. However, the room remained poorly decorated,

with staining on walls, pitted wall surfaces and window blinds which would be difficult to clean. The practice used only single use instruments for all minor operations they performed.

The infection control lead told us they had undergone advanced training in infection control several years previously but had not recently received any updated training. The lead provided some basic infection control training for the team of receptionists within the practice.

We saw that the practice had arrangements in place for the segregation of clinical waste at the point of generation. Colour coded bags were in use to ensure the safe management of healthcare waste. An external waste management company provided waste collection services. Sharps containers were available in all consulting rooms and treatment rooms, for the safe disposal of sharp items, such as used needles.

The practice had not considered the risks associated with potential exposure to legionella bacteria which is found in some water systems. A legionella risk assessment had not been undertaken and there were no processes in place to ensure regular checks were carried out to reduce the risk of exposure to staff and patients.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this.

Records showed essential maintenance was carried out on the main systems of the practice. For example the boilers and fire extinguishers were serviced in accordance with manufacturers' instructions. However, the practice manager told us that portable electrical equipment was not routinely tested and we saw no evidence of a risk assessment relating to each piece of equipment to support this decision.

Staffing and recruitment

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. However, one staff member told us that they sometimes did not get a break whilst working on reception as there were insufficient staff to provide cover.

Are services safe?

We examined the personnel records of four members of staff and found that most appropriate recruitment checks had been undertaken prior to employment. The practice manager told us that all nurses had been subject to criminal records check via the Disclosure and Barring Service (DBS). The practice manager told us details of the criminal records checks were stored separately to the personnel records but was unable to locate them.

Monitoring safety and responding to risk

We observed the practice environment was organised and tidy. Safety equipment such as fire extinguishers and emergency oxygen were checked and sited appropriately.

The practice did not have adequate systems and processes in place to manage and monitor risks to patients, staff and visitors to the practice. A fire risk assessment had been undertaken in July 2014 but we were unable to see evidence of other risk monitoring. We were told about incidents, including falls, which had occurred on a number of occasions, within the premises. The practice had not undertaken an assessment of the risk of future falls and had not put in place measures to minimise those risks. The practice had not undertaken an assessment of any potential risks associated with individual staff roles.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For patients with long term conditions and those with complex needs there were processes to ensure these patients were seen in a timely manner. Staff told us that these patients could be urgently referred to a GP and offered double appointments when necessary.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and emergency medicines. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A disaster recovery plan had been developed to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with were able to outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners. The GPs and nurses told us they attended weekly clinical meetings where new guidance, alerts and patient treatment outcome data were disseminated and discussed. However, these meetings were not recorded.

The staff we spoke with told us that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with National Institute of Clinical Excellence (NICE) guidelines, and these were reviewed when appropriate.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. GPs we spoke with used national standards for the referral into secondary care. For example, suspected cancers were referred and seen within two weeks.

One patient we spoke with on the day of inspection told us how effective the practice had been in promptly diagnosing their urgent acute condition which resulted in an emergency ambulance being called directly from the practice. Another patient we spoke with described how their GP had supported them in making a difficult decision about referral options available to them.

The practice used computerised tools to identify patient groups for whom they held registers. For example, carers, patients with learning disabilities or patients with long term conditions. We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and medicines

management. There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly ensured that patients requiring medicines reviews were flagged with their GPs.

The practice had undertaken some clinical audit but there were no fully completed audit cycles. For example, we saw that one GP partner had recently attended a GP prescribing meeting which highlighted the monitoring requirements for a medicine prescribed in the treatment of acne. The GP had identified one patient who was currently prescribed this medicine within the practice, one week prior to our inspection. The GP indicated they had removed this patient from the repeat prescribing list. They planned to repeat the search for such patients three months, six months and one year later in order to ensure appropriate monitoring was in place. We reviewed another audit produced as a requirement to achieve a practice target for the Quality and Outcomes Framework (QOF) in January 2013. This audit was conducted to review patients who were prescribed non-steroidal anti-inflammatory medicines (NSAIDs). The GPs had reviewed each patient being prescribed NSAIDs, their condition, the reason for prescribing the medicine and the need for continuation or change. We saw that the audit conclusions had been recorded but were unable to see evidence of a completed audit cycle in this regard.

The practice also used the information they collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients. QOF is a national performance measurement tool.

QOF data showed that the practice performance was comparable with the national average. For example, the number of patients with diabetes who had received an influenza immunisation was recorded as 95.3%, compared with a national average of 90%.

However, the practice had recognised that its rates for childhood immunisations were low compared with the national and regional average. For example, we saw that 53.6% of children attending the practice received their whooping cough vaccination at 5 years of age, compared with a regional average of 64.2%. We also noted that 70% of children aged 12 months of age received their meningitis vaccination compared with a regional average of 87%. The practice nurses told us they had reflected upon and reviewed how they delivered information to parents in order to encourage higher immunisation rates.

Are services effective?

(for example, treatment is effective)

The practice worked closely with a local hospice. They held a palliative care register and participated in regular multidisciplinary meetings to discuss the care and support needs of patients and their families.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with attending most mandatory training courses such as fire safety and safeguarding of children. However, staff had not been provided with training in the safeguarding of vulnerable adults. A number of reception and nursing staff were required to act as chaperones within the practice. However, no chaperone training had been provided for reception staff. The practice nurses provided support to a wide range of patients with long term conditions, such as asthma, diabetes and chronic obstructive pulmonary disorder. They had previously undergone advanced training in the support and management of these conditions and had recently received updated training. However, this training was often required to be undertaken within their own time. The infection control lead nurse who had previously undertaken advanced training in infection control, had not recently received any updated training to support this role.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

Staff we spoke with told us they had received regular appraisals which gave them the opportunity to discuss their performance and to identify future training needs. Personnel files we examined confirmed this. A practice nurse told us they last had an appraisal with the lead GP partner in March 2014. This had included a review of performance and the setting of objectives and learning needs. We saw evidence which confirmed this. However, the practice manager told us that they did not undergo appraisal themselves.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, X ray results, and letters from the local

hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. All staff were clear on their responsibilities for passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. However, we found that on some occasions responses to results were not recorded electronically by the GP reviewing them when being returned to an administrator to action. This meant that there was not an audit trail of responses and actions required. GPs did not consistently use the electronic task system which was part of their patient management software system to ensure this audit trail. There was a system for GPs to review results for absent colleagues.

The practice held multidisciplinary team meetings monthly to discuss the needs of complex patients. For example, the practice worked closely with a local hospice and palliative care nurses to support those patients with end of life care needs. The practice invited representatives from social services, mental health, district nursing, the community matron and hospice teams to their multidisciplinary team meetings. Regular meetings with the health visitor enabled the GPs and nurses to discuss children who had not attended immunisation appointments and to share information about other children of concern. Staff felt this system worked well and valued the opportunity to share information with other services.

Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were used to make referrals through the choose and book system. (The choose and book system enabled patients to choose which hospital they would be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems available to provide staff with the information they needed. An electronic patient record was created within the practice computer software system and was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We found that most staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. GPs we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. They gave examples of how a patient's best interests were taken into account if they did not have capacity to make decisions or understand information.

Patients with more complex needs, for example patients with dementia, were supported to make decisions through the use of care plans which they were involved in agreeing. GPs demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

We were unable to see evidence that the practice had a written policy for consent. However, the practice required documented consent from patients for specific interventions. For example, written consent was obtained for all minor surgical procedures. A patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. The GPs and nurses we spoke with told us they always sought consent from patients before proceeding with treatment. They told us they would give patients information on specific conditions to assist them in understanding their treatment and condition before consenting to treatment.

Health promotion and prevention

GPs and nurses we spoke with told us that regular health checks were offered to those patients with long term conditions. We saw that medical reviews for those patients took place at appropriately timed intervals. Staff told us they also offered health checks with the practice nurse, to any patient who requested a check.

One patient we spoke with on the day of inspection told us how the nurses promoted health and wellbeing during all consultations. For example, they had been provided with advice and a demonstration on breast checking whilst attending for a cervical smear appointment.

The practice had ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities.

The practice offered a full range of immunisations for children, travel vaccines, flu and shingles vaccinations in line with current national guidance.

We noted that a wide range of health promotion information leaflets were available in the practice waiting room.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed recent GP national survey data available for the practice on patient satisfaction. The evidence from the survey indicated patients were satisfied with how they were treated and this was with compassion, dignity and respect. Data from the national patient survey showed that 93% of patients rated their overall experience of the practice as good. We saw that 86% said the last GP they saw or spoke to was good at treating them with care and concern and 85% said the last GP they saw or spoke to was good at involving them in decisions about their care. Of those patients who had seen a nurse within the practice, 96% said the nurse was good at treating them with care and concern.

We spoke with three patients on the day of inspection and reviewed 34 comment cards completed by patients in the two weeks before the inspection. The patients we spoke with and the comments we reviewed were mostly positive and described excellent care and courteous, supportive staff. One patient we spoke with expressed concerns about the manner in which they had been dealt with by one GP. We reviewed the practice complaints log and saw that the practice had received five complaints over a three month period in 2014 which described patient concerns about the manner in which they had been treated by their GP.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains or screens were provided in consulting rooms and treatment rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted that doors were closed during consultations and that conversations taking place in these rooms could not be overheard. An electronic display board in the waiting area displayed patient names in order to call them in for their appointment.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. Staff had a good understanding of confidentiality and how it applied to their working practice. For example, reception staff spoke discretely to avoid being overheard. However, the practice reception and waiting areas were combined which meant that staff speaking with patients at the reception desk could be overheard by those in the waiting

area. No music was played in the waiting room in order to minimise this. We noted there was a quiet seating area away from the reception desk where patients could speak more privately to staff. We saw that staff spoke respectfully and professionally to patients and demonstrated a caring and courteous manner.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 85% of practice respondents said the GP involved them in care decisions and 89% felt the nurses were good at involving them in decisions about their care. Both these results were above average compared to the national average and local clinical commissioning group area.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice was providing enhanced services to patients attending the practice who were most likely to be subject to unplanned hospital admissions or using out of hours services. For example, elderly frail patients and those with long term conditions. The practice told us care plans had been put in place for those patients. However, many of the care plans we reviewed did not contain key information which reflected the patients' wishes should their condition deteriorate and the management of emergency situations.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey showed that 86% of patients said the last GP they saw or spoke to was good at treating them with care and concern and that 96% of patients said the nurses were also good at treating them with care and concern. Patients we spoke with on the day of our inspection and some of the comment cards we

Are services caring?

received gave examples of where patients had been well supported by the practice. For example, one patient with a newly diagnosed condition told us they had felt supported in managing their condition.

We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and the practice website signposted patients to a number of support groups and organisations. The practice had developed a carer's resource display within the waiting area which provided extensive information to support

patients and their carers to access support groups. This included a carer's resource file and information pack and information about Action for Carers Surrey, a local support group.

The practice held a register of patients who were carers and new carers were encouraged to register with the practice. The reception manager told us that they were responsible for processing all referrals to a local community support group for carers. The practice computer system then alerted GPs and nurses if a patient was also a carer. One patient we spoke with on the day of inspection described the support they had received from the practice in their role as a carer.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked collaboratively with other agencies and regularly shared information to ensure good, timely communication of changes in care and treatment. For example the practice held a palliative care register and worked closely with a local hospice. Regular multidisciplinary meetings were held to ensure the care and support needs of patients on the register and their families.

Comments we received via CQC comment cards and patients we spoke with told us they were satisfied with the speed and quality of referrals. Patients had a named GP to ensure a degree of continuity of care for patients, especially older patients and those with long term conditions.

Longer appointments were available for patients who needed them and those with long term conditions. Patients could request a GP telephone consultation and patients who needed to be seen urgently were offered same day appointments.

The practice had a patient participation group (PPG) which did not meet but whose function was to participate in an annual survey about the practice. We reviewed the findings of the 2013/2014 survey. The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG) survey. These included ensuring the provision of an additional telephone line to respond to increased demand during the first hour of each day and an increase in the number of phlebotomy (blood taking) appointments available to patients. The practice had also responded to patient requests for on line appointment making and prescription ordering facilities.

Tackling inequity and promoting equality

The premises and services were suitable to meet the needs of patients with disabilities. Access to the premises by patients with a disability was supported by an automatic door. The practice was situated over three floors in a listed building. Patients were seen on the ground floor and first floor. The practice did not have a lift but we were told that patients not able to use the stairs were seen in a ground floor consulting room. We saw information was available to patients on the practice website which supported this. The waiting area was large enough to accommodate patients

with wheelchairs and prams and allowed for access to the ground floor treatment and consultation rooms. Toilet facilities were available for all patients. The toilet for disabled patients contained grab rails for those with limited mobility and an emergency pull cord.

The reception manager told us that frail elderly patients and those with a disability were supported by a volunteer car service which provided transport to the practice. The practice supported these patients by making transport arrangements with the car service on the patients' behalf.

The practice had recognised the needs of different groups in the planning of its services. The number of patients with a first language other than English was low. Staff knew how to access language translation services if these were required.

Access to the service

The practice was open from 8.30am until 6.30pm on weekdays. Patients could call to make appointments from 8.30am and there were online facilities for patients to book appointments at times convenient to them. The practice had extended access and opened early on two mornings each week. Appointments could be booked on the day or up to three months in advance. Patients could request telephone consultations and urgent appointments were available on the day. Patients who had chosen to were able to receive a text message to remind them of their appointment.

Information was available to patients about appointments on the practice website. This included how to arrange home visits, how to book appointments through the website and the number to call outside of practice hours. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Patients were advised to call the out of hours service.

Patients spoken with and comments left on CQC comment cards confirmed that patients were mainly happy with the appointment system. One patient we spoke with told us they were always able to obtain an urgent same day appointment for their young child. The results from the 2013 GP patient survey indicated that 91% of patients were very satisfied or fairly satisfied with the practice's opening hours.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice.

We noted there was no information on display within the practice to inform patients of the complaints process. The practice manager told us they felt that this would encourage patients to make complaints. We were told there was no information available at the reception desk for staff to give to patients should a patient ask how to make a complaint. However, staff we spoke with knew how to support patients wishing to make a complaint and told us that learning from complaints was shared verbally with the relevant team or member of staff. Staff told us they felt supported by the practice manager in dealing with verbal complaints made at the reception desk or on the telephone.

The practice website included complaints information for patients but we noted it was out of date. The guidance contained information regarding an external organisation the complainant could use to help them with their complaint. However this organisation was no longer in existence. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at seven complaints received by the practice in the last twelve months. The practice manager told us that complaints meetings were held twice yearly. The practice complaints log indicated that these meetings were scheduled for December 2014 and March 2015. We saw that the seven complaints received since March 2014 had not yet been formally reviewed or the learning noted and disseminated to staff. However, we saw that complainants had received written responses from the practice manager.

We noted that five complaints had been received over a three month period in 2014 which described patient concerns about the manner in which they had been treated by their GP. Letters of apology had been sent to the patients but there was no evidence of formal review or noted learning in relation to these complaints. The practice manager told us that this cluster of complaints was likely to be due to the GPs being particularly busy during that time. However, there was no evidence to confirm that this had been concluded with the GPs and no evidence of actions taken to minimise the risk of recurrence.

We noted that one complaint involved an incident whereby the complainant had visited the practice and had become very aggressive. Despite involvement of the police, the incident had not been recorded as a significant event. The event had not been formally reviewed or the learning noted.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

We saw that the practice charter was described on the practice website and outlined the practice's responsibilities to its patients. The practice described their aims and objectives as delivering a traditional family doctor service whilst providing patients with the highest standards of care. However, governance and leadership arrangements within the practice did not always ensure the implementation of these aims and objectives. Staff we spoke with had some understanding of this ethos for the practice.

Governance arrangements

The practice had some policies and procedures in place to govern activity and these were available to staff. However the practice manager told us that they were unable to locate a large number of their written policies and procedures following a recent computer upgrade. As a result, we were unable to confirm the existence of some policies and procedures or to confirm they had been recently reviewed and were up to date.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. GPs and nurses held weekly meetings to regularly review new guidance and alerts and for the dissemination of information.

The practice had undertaken some clinical audit but there were no fully completed audit cycles. For example, we saw that one GP partner had attended a GP prescribing meeting which highlighted the monitoring requirements for a medicine prescribed in the treatment of acne. The GP had identified one patient who was currently prescribed this medicine within the practice, one week prior to our inspection. The GP indicated they had removed this patient from the repeat prescribing list. They planned to repeat the search for such patients three months, six months and one year later in order to ensure appropriate monitoring was in place. We reviewed another audit produced as a requirement to achieve a practice target for the Quality and Outcomes Framework (QOF) in January 2013. This audit was conducted to review patients who were prescribed non-steroidal anti-inflammatory medicines (NSAIDs). The GPs had reviewed each patient being prescribed NSAIDs,

their condition, the reason for prescribing the medicine and the need for continuation or change. We saw that the audit conclusions had been recorded but we were unable to see evidence of a completed audit cycle in this regard.

The practice used some information to identify risks and improve quality in relation to patient safety. For example, from national patient safety alerts. The practice nurses told us that national patient safety alerts were reviewed at weekly clinical meetings but minutes of these meetings were not recorded.

The practice had not ensured that other risks had been assessed, identified and minimised. For example, the practice had not assessed the risks associated with potential exposure to legionella bacteria which is found in some water systems. Some reception staff told us they had been required to act as chaperones. None of those reception staff undertaking chaperone duties had been subject to a criminal records check through the Disclosure and Barring Service and the practice had not undertaken a risk assessment to support this decision. The practice had not undertaken an assessment of any potential risks associated with individual staff roles.

We reviewed some safety records and incident reports. However records were incomplete and information sharing was informal and not well documented. We were not able to see evidence of ongoing recording of events in order to confirm the practice was able to demonstrate a safe track record over time.

Leadership, openness and transparency

GPs and staff told us about the leadership structure and which members of staff held lead roles. For example, there was a lead nurse for infection control and one GP partner was the lead for safeguarding children and another for the safeguarding of vulnerable adults. We spoke with seven members of staff and they were all clear about their own roles and responsibilities. Staff mostly told us they felt valued, well supported and knew who to go to in the practice with any concerns. However, we found that staff were not always fully supported in reporting concerns. We reviewed staff files and noted that concerns reported to the practice manager had not been acted upon. Although the comments and concerns had been recorded, the information had not been shared amongst the management team and action did not appear to have been taken to investigate the concerns raised.

Are services well-led?

Inadequate 

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

We found a lack of openness and transparency within the management team which meant that information and concerns were not shared and reviewed. This resulted in a lack of risk assessment and implementation of changes to ensure the safety of staff and patients. The practice manager and the GP partners met on a weekly basis but minutes of these meetings were not recorded.

Reception staff told us that they attended team meetings every three to four months. We reviewed the minutes of one meeting dated March 2014. We saw there was a clear agenda which indicated the meeting had been used to provide training and dissemination of information to the reception team. The meeting had included a presentation on safeguarding by one of the GP partners, a review of relevant infection control processes by a practice nurse and discussions relating to a number of practice systems.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys and compliments and complaints received.

The practice had a patient participation group (PPG) which did not meet but participated in an annual survey about the practice. We looked at the results of the annual practice patient survey from 2013/2014 and the corresponding action plan. The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group survey. These included ensuring the provision of an additional telephone line to respond to increased demand during the first hour of each day and an increase in the number of phlebotomy (blood taking) appointments available to patients. The practice had also responded to patient requests for on line appointment making and prescription ordering facilities.

We noted there was no information on display within the practice to inform patients of the complaints process. The practice manager told us they felt that this would encourage patients to make complaints. However, staff we spoke with knew how to support patients wishing to make a complaint and told us that learning from complaints was shared with the relevant team or member of staff. Staff told us they felt supported by the practice manager in dealing with verbal complaints made at the reception desk or on the telephone.

We looked at seven complaints received by the practice in the last twelve months. We saw that the seven complaints received since March 2014 had not yet been formally reviewed or the learning noted and disseminated to staff. However, we saw that complainants had received written responses from the practice manager.

We noted that five complaints had been received over a three month period in 2014 which described patient concerns about the manner in which they had been treated by their GP. Letters of apology had been sent to the patients but there was no evidence of formal review or noted learning in relation to these complaints. The practice manager told us that this cluster of complaints was likely to be due to the GPs being particularly busy during that time. However, there was no evidence to confirm that this had been concluded with the GPs and no evidence of actions taken to minimise the risk of recurrence.

We were unable to see evidence that the practice had a whistleblowing policy. However, staff we spoke with knew how they could whistleblow internally and externally to other organisations.

We found that staff were not always fully supported in reporting concerns. We reviewed staff files and noted that concerns reported to the practice manager had not been acted upon. Although the comments and concerns had been recorded, the information had not been shared amongst the management team and action did not appear to have been taken to investigate the concerns raised.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training, although this often had to be completed in their own time. We spoke with seven staff and they confirmed they participated in regular appraisals which identified their training and personal development needs. However, the practice manager told us that they did not undergo appraisal themselves.

We reviewed staff training records and saw that staff were up to date with attending most mandatory training courses such as fire safety and safeguarding of children. However, staff had not been provided with training in the safeguarding of vulnerable adults.

Are services well-led?

Inadequate



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

All of the GPs within the practice had undergone training relevant to their lead roles, such as mental health and child safeguarding. All of the GPs had undergone annual appraisal and had been revalidated.

The practice had some systems in place for reporting, recording and monitoring some significant events, incidents and accidents but these were incomplete. We reviewed two brief records of significant events that had occurred during 2014. The practice manager told us that significant events were reviewed at twice yearly review meetings but we did not see evidence of these meetings.

Records relating to one clinical event dated July 2014 were presented to us by a member of staff during our inspection. The incident related to an error in medicine administration. The event had not been reviewed by the management team. As a result, actions required and learning outcomes had not been identified, recorded or shared with other staff and the patient concerned. The practice did not hold records of any other significant events which had occurred. We were told about incidents, including falls, which had occurred on a number of occasions, within the premises. There was no recording of these accidents or actions taken to prevent future recurrences.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person had not always protected service users and others against the risks of inappropriate or unsafe care and treatment by means of effective operation of systems in regards to:</p> <p>The regular assessment and monitoring of the quality of the services provided in the carrying on of the regulated activity.</p> <p>The identification, assessment and management of risks relating to the health, welfare and safety of service users and others.</p> <p>Having regard to the complaints and comments made and views expressed by service users and those acting on their behalf.</p> <p>Where necessary making changes to the treatment or care provided in order to reflect information relating to the analysis of incidents that resulted in or had the potential to result in harm to a service user.</p> <p>This was in breach of regulation 10 (1)(a)(b) (2)(b)(i) (c)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1) (2) (a) (b) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not ensured that patients and staff were protected against the risk of infection from legionella bacteria which is found in some water systems.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12 (1) (a) (b) (c) (2) (a) (c) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

We found that the registered person had not ensured that effective systems were in place to identify, receive, handle and respond appropriately to complaints and comments made by service users.

This was in breach of regulation 19 (1) (2) (a) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person had not ensured that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying out the regulated activity, and such other information as appropriate.

This was in breach of regulation 21(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

We found that the registered person did not have suitable arrangements in place to ensure the persons employed for the purposes of carrying on the regulated activity were appropriately supported by means of receiving appropriate training, professional development, supervision and appraisal.

This was in breach of regulation 23(1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the registered person had not ensured that service users were protected against the risks of unsafe or inappropriate care and treatment due to a lack of records and policies relating to the management of the regulated activity.

This was in breach of regulation 20(1)(b)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.