Whitby Group Practice Surgery - Green

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?	Requires improvement
Are services effective?	Requires improvement
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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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. (Previous inspection 19 November 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We rated the population groups as Requires Improvement overall because the issues identified as inadequate and relating to patient safety, effectiveness and providing a well-led service affected all patients**.**

At this inspection we found:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, the system for the management of safety incidents was not robust and needed improvement.
- Staff were able to identify and report safeguarding vulnerable adults and children concerns. However, the training of some staff was not up to date.
- The systems to manage high risk medication needed improvement to ensure sufficient safety measures were in place.
- Improvements were needed to the systems to manage infection prevention and control.
- Recruitment records did not contain all the necessary information to demonstrate the suitability of staff.
- A system was not in place to ensure the required safety checks of the premises took place when they were due.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff told us they felt supported and they had access to training and development opportunities appropriate

Summary of findings

to their clinical and non-clinical roles. However, improvements were needed to ensure all staff had completed the generic training they needed to ensure safe working practices.

- We saw staff treated patients with kindness and respect.
- Access to the service met patient's needs. Access was monitored to ensure improvements where made if necessary.
  - A system was in place to respond to and investigate patient complaints.
  - The systems to promote good governance and management were not sufficiently robust.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out their duties.
- Ensure care and treatment is provided in a safe way to patients.
- Ensure that any complaint received is investigated.

The areas where the provider **should** make improvements are:

- The cleaning of clinical areas should be documented by all clinicians. Checks undertaken of the standards of cleanliness provided by the cleaners should be documented.
- The vaccine fridges should be hardwired or the plugs should be labelled to prevent them being turned off accidentally.
- Provide guidance to reception staff on how to identify symptoms that might be reported by patients with sepsis and how to respond.
- A risk assessment of the storage of paper patient records should take place.
- A log of MHRA alerts should be maintained so that the action taken and the alert can be referred to.
- The system to ensure alerts are placed on the parents of children where safeguarding concerns have been identified and on the records of vulnerable adults should be reviewed to ensure this alert is placed on all relevant patients' records.
- The two week rule referral system should be improved by monitoring whether patients have been provided with an appointment.
- Develop a policy and procedure to increase staff awareness of the Accessible Information Standard.

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

Summary of findings

The six population groups and what we found

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

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

Whitby Group Practice Surgery - Green

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector and included a GP specialist adviser.

Background to Whitby Group Practice Surgery - Green

Whitby Group Practice Surgery - Green is operated by Whitby Group Practice Surgery – Green. The practice is situated at 114 Chester Road, Whitby, Ellesmere Port, Merseyside, CH65 6TG. The website address is **www.whitbygroup.co.uk** . The practice is one of three group practices based within the same building. The three practices jointly own the premises and employ the practice manager, nursing team and administrative and reception staff. The three practice have their own designated administrative team.

The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as clinics for patients with diabetes, asthma and hypertension.

The practice is responsible for providing primary care services to approximately 5,200 patients.

The staff team includes two full-time and one part-time general practitioners who are partners and one part-time salaried general practitioner. Five practice nurses, two healthcare assistants, a practice manager, deputy practice manager and administration and reception staff. One GP is male and three GPs are female and the nursing team are female. The practice manager has been in post for 10 months.

The practice is open 8am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hours service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including minor surgery, minor injuries, anticoagulation and long term condition management.

Requires improvement

Are services safe?

Our findings

We rated the practice as requires improvement for providing safe services. We rated the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because staff records did not contain all the required information to demonstrate their suitability, the systems for managing infection control needed to be more robust and a system to ensure safety checks of the premises took place when needed was not in place. The system for the management of safety incidents was not robust to ensure these events were reviewed, learning and subsequent actions documented and shared and the processes for managing repeat medication needed improvement.

Safety systems and processes

The practice did not have clear systems to keep patients safe.

- Staff received health and safety information for the practice as part of their induction. The training records showed that a number of staff had not had training relating to safe practices or that refresher training was needed. A system to address this was in the process of being put in place and following the inspection the revised training records showed that some staff had completed this and 7 staff needed to complete this. The practice manager had carried out an overall risk assessment of the premises and identified where actions were required. We found that the pull cords to window blinds were very long and presented a safety risk. Following the inspection the practice manager informed us that this had been addressed and provided a photograph of how the pull cords had been secured.
- A flow chart was available demonstrating how concerns about children and adults were to be reported. The practice had recently put in place up to date child and vulnerable adult safeguarding procedures. Staff we spoke to were able to describe how they would refer any concerns to the local authority however two of the non-clinical staff we spoke to were not fully aware of Prevent, Child Sexual Exploitation or FGM. The lead GP for safeguarding had completed training in safeguarding children in 2017. The training records showed. that the other GPs and the nursing team had completed child safeguarding training relevant to their roles. Two GPs and 3 nurses and had completed this in 2015. The majority of the reception and administrative staff had completed this training in 2014/2015. The majority of staff had completed adult safeguarding training in 2014/2015 and not had recent refresher training. The practice manager told us that a new training system which was in the process of being introduced would assist in keeping staff up to date with this training. This system was implemented following the inspection and a revised training record submitted to us showed staff were completing this and a plan was in place for all staff to undertake this training.
- Alerts were placed on the records of children where there were safeguarding concerns or local authority involvement, for example where a child had been found to be in need of support. We checked a sample that supported this, however, the parent of a child in need had not been identified. Records showed reports were sent to the local authority when requested and records showed that minutes from meetings from external agencies were stored on patient records. The safeguarding lead for the CCG had audited how the practice had worked with a family where there were safeguarding concerns and concluded that good practices were in operation. Alerts were not always placed on the records of vulnerable adults. The GPs told us there were very few and they were known to all staff. This was addressed following the inspection.
- The safeguarding lead told us how they worked with other agencies to support patients and protect them from neglect and abuse. There were no formal meetings with the health visiting service to discuss the needs of children where concerns had been identified due to the impracticality of this as a number of health visitors covered the area rather than one designated health visitor. This had been raised with the local Clinical Commissioning Group (CCG). The lead for safeguarding said that these patients were reviewed at partner meetings to ensure that the practice was taking any necessary action.
- We looked at the recruitment records of a salaried GP and two locum GPs. Both locums worked for an agency and we were told the agreement with the agency was that the agency ensured the suitability of any staff deployed. The provider could not demonstrate they had checked the agency had carried out all the necessary

checks as one record contained no identity information and the other contained no references or GMC or Performers List Checks. A reference for the locum GP was provided following the inspection. There was insufficient information for the salaried GP who had been recruited over 2 years ago. Following the inspection most of the required information was provided to us. Evidence of physical and mental suitability for the post (following reasonable adjustments) was not in place for the three staff members.

- The practice manager told us they carried out checks of professional registration however this was only recorded for the nursing staff and there was no record of on-going checks of the Performers List and GMC registration. A record of this was provided following the inspection. Liability insurance was in place for all GPs. However one GP's liability insurance showed they did not have sufficient insurance for the number of sessions worked. Evidence that this had been addressed was provided following the inspection. At an inspection of another practice that shared the same staff we found one nurse and a health care assistant were not insured. This insurance was applied for immediately and was in place at this inspection. We were informed that a check to ensure appropriate insurance was in place would now occur at regular intervals.
- A sample of records showed that in general Disclosure and Barring Service (DBS) checks were undertaken where required. (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). A recommendation was made at the last inspection that a system to ensure complete documentation is held on staff recruitment files should be established. Following their appointment the practice manager had put in place a proforma for ensuring all recruitment information was obtained for new staff.
- The nurses and health care assistants acted as chaperones and were trained for the role. Some administrative staff had been trained for the role however we were told they were not used and if they were to be, a risk assessment or DBS check would be undertaken.
- The clinical areas of the practice were clean and there was sufficient access to cleaning materials and protective equipment. However, improvements were needed to the systems to monitor infection prevention and control. The clinical waste was not securely stored. It was stored outside the premises in a portable bin that was not lockable. Following the inspection this was addressed by ensuring the bins were locked and securing them to the wall. There was a procedure in place for cleaning of clinical areas by clinicians but this was not documented by all clinicians. A proforma for addressing this was put in place following the inspection. Cleaning schedules were completed by the cleaners and the practice manager told us that checks were undertaken of the standards of cleanliness provided by the cleaners, however, this was not documented. At an inspection of another service that shared the same staff and premises we identified that the downstairs toilet did not promote good hand hygiene as the tap water was not very warm and there was no testing of water temperatures to identify if this was an issue. The temperature of this sink was adjusted following the inspection. One of the cleaning cupboards had porous walls which would make them difficult to keep clean. Some non-clinical areas of the building such as the corridors appeared discoloured and worn. The practice had access to relevant policies and procedures to support good infection control however these were not all practice specific as they had been developed by a different provider. There was an infection control lead nurse who had completed infection control training and liaised with the local Infection Prevention and Control Team to keep up to date. The training records showed that not all administrative staff and GPs had completed infection control training. A system to address this was in the process of being put in place and following the inspection the revised training records showed that some staff had completed this and four staff needed to complete this. Hand hygiene training was provided to staff in November 2017. Infection control audits were undertaken with the last one being completed in January 2018.
- During the inspection of another practice that shared the same staff, including cleaning staff we were informed that a recent decision had been made for the cleaners to assemble and dispose of the sharps bins in GP rooms. We were informed that training had been provided to the cleaning staff by a nurse. Training

records showed that the cleaning staff had undertaken training in control of substances hazardous to health and health and safety but had not undertaken infection control training.

- The practice had ensured that equipment was safe and that equipment was maintained according to manufacturers' instructions.
- We looked at the records of safety checks relating to the premises. A fire risk assessment had been carried out in November 2017 and a number of actions identified had been addressed. The practice manager confirmed that a plan was in place to address the remaining actions. The fire alarm and extinguishers were maintained by an outside contractor, however the emergency lighting had not been serviced. Evidence that this had been addressed was provided following the inspection. In-house checks of the fire alarm were taking place but monthly checks of the emergency lighting were not occurring. A system to address this was put in place following the inspection. A fire drill had not taken place in the last 12 months. The practice manager had scheduled a drill for March 2018 and every three months thereafter. The practice had designated fire marshals. The practice manager was looking into providing training for these staff to attend in addition to fire safety training.
- A gas safety inspection had not taken place in the last 12 months although we did see that a maintenance visit by a gas engineer had recently taken place. Evidence that a gas safety inspection had been completed was provided following the inspection. A legionella risk assessment was dated 2013 and had not been reviewed. A risk assessment was completed following the inspection indicating the risk was low and making recommendations that temperature gauges be fitted and routine water temperature tests take place regularly. A recommendation was made at the last inspection that the practice should put a system in place to ensure all health and safety checks were carried out at the recommended frequencies. Following the inspection the practice manager told us they had diarised when these checks were due.

Risks to patients

Overall, there were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was a locum pack and induction for temporary staff.
- Overall staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. For example, reception staff knew how to identify signs of a stroke and heart attack. Clinicians knew how to identify and manage patients with severe infections such as sepsis and had equipment available to enable assessment of patients with presumed sepsis. The two reception staff spoken with said they were not aware of symptoms that might be reported by patients with sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Improvements were needed to ensure staff had the information they needed to deliver safe care and treatment to patients.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. The medical secretary made a daily check to ensure fast track referrals had been completed. A log was not kept of two week wait referrals so a check could be made to ensure a patient had received and attended an appointment. The two week appointment system was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible. The GPs told us that they completed these referrals whilst the patient was with them and they informed patients to contact the practice if an appointment had not been received.
- Paper patient records were stored in a locked room but on open shelving that may be at risk of damage, for example, from fire or flood. The practice manager reported that they were planning to have all paper records electronically recorded.
- We found that computer records showed a number of unactioned tasks dating back over 12 months across the three practices. When we checked a sample these they had already been appropriately actioned. A team of staff were deployed to check these tasks and they identified

the indicated tasks had been appropriately managed. This appears to have occurred as the tasks were allocated to more than one administrative person and they had not completed the necessary action to close the task. It was reported that advice had been taken to ensure this did not occur again and that this advice would be put into a procedure for staff to follow.

Safe and appropriate use of medicines

Improvements were needed to the systems for appropriate and safe handling of medicines.

- Emergency medicines and equipment were available and staff had recently undertaken refresher training in basic life support. We found that an adult defibrillator pad was out of date. This was replaced following the inspection and a new proforma for carrying out checks that all emergency equipment was in date was introduced. We found that emergency medicines were overall kept in accordance with recommended good practice. One recommended medication was not available, this was obtained following the inspection. The vaccines were managed appropriately. The vaccine fridges were not hardwired which meant that the electricity supply could be interrupted. There was no notice on the plugs to warn against turning the fridges off inadvertently. The practice kept prescription stationery securely and monitored its use.
- The GPs told us that uncollected prescriptions were monitored. Uncollected prescriptions were checked monthly and reviewed by a GP.
- A clear procedure for the management of repeat prescribing of high risk medications was not available for clinicians to refer to and we found that the management of these medications needed to be more robust to guard against these being issued to patients inappropriately, for example, the medicines manager told us due to work load pressures regular checks on whether patients were being appropriately monitored were not carried out. An alert was on the computer records indicating if a patient needed monitoring prior to the prescription being completed. However this was not in place for all patients on high risk medications. Following the inspection revised actions for the management of this medication were introduced. A comprehensive policy and procedure detailing the arrangements for monitoring high risk medication and the actions to be taken by staff was needed to provide clear guidance.
- A medicines manager who was funded by and trained by the CCG worked at the practice. They reviewed discharge summaries and passed any medication changes on to a GP for review. The GPs passed this back to the medicines manager who made the necessary changes. A further check was not carried out by the GPs to ensure prescriptions were correct.
- The pharmacy team from the CCG carried out medication audits. The medicines manager worked closely and implemented actions from these audits. For example, as a result of a recent review the inhalers prescribed for some patients had been changed. The practice accessed their prescribing data produced by the CCG and used this to monitor prescribing. The prescribing lead GP attended meetings with the CCG to look at prescribing practices.

Track record on safety

The practice should improve its systems for demonstrating it had a good safety record.

- Overall, the practice could demonstrate how it had acted on MHRA alerts however a log was not maintained for future reference.
- The practice had reviewed activity following a patient safety incident involving a single use item not being correctly used. This had led to changes in the provision of minor surgery and infection control procedures.

Lessons learned and improvements made

Improvements were needed to how the practice learned and made improvements when things went wrong.

- All staff spoken with knew how to report a significant event however the process was not consistent. Some staff were aware of a significant event reporting form and others said they would email or verbally inform their line manager. There was a computer record of significant events that occurred. These were entered on to a system (DATIX) that enabled them to be shared with NHS England. This meant there was a mixture of significant events on Datix that combined ones that should be shared externally and ones where in-house action was required.

Requires improvement

Are services safe?

- We reviewed a sample of four significant events. The recording of significant events did not fully demonstrate what was learned, subsequent actions and how this was shared.

For example, one concerned incorrect advice being given by a member of the reception team to a patient regarding use of an inhaler. The record showed that appropriate action was taken however this was not documented in meeting minutes or in any other format to demonstrate this learning was shared with all relevant staff. A further significant event showed that a prescription for medication had been issued with the incorrect dosage. Records showed the incident was reviewed with the GP and the GP team were informed of the event however there was no analysis to identify what could be put in place to prevent a similar event occurring. A further significant event showed that an incorrect coding had resulted in a patient being identified as being pregnant when they were not. Records showed this was discussed with the nurse concerned however the records do not demonstrate how the incident was learned from.

- The recording system for significant events did not demonstrate that significant events had been reviewed to identify any patterns or trends or to re-visit actions taken to ensure they were effective.
- Staff told us they were informed of the outcome of significant events. The process for sharing the learning from significant events needed to be more robust to ensure learning and action was cascaded between GPs, nursing and administrative teams. Significant events were not always recorded in meeting minutes (for staff unable to attend) and the meetings between the nursing team and GPs from each service were not always taking place 4-6 weekly as planned. The last recorded meeting was September 2017. Although the Datix system could be accessed by any member of staff some nursing and administrative staff said they could not recall how to do so. A recommendation was made at the last inspection that the practice develop a more formal system for GPs and nursing staff to review significant events.
- Following the inspection the practice manager told us that meetings of the different staff groups had been planned to ensure they were held on a frequent basis. Significant events had been added to a standard agenda for these meetings. A meeting had been scheduled across the three practices to look at the management of significant events and we were provided with the proposed draft of a form for recording internal significant events. The practice had also arranged for the CCG clinical lead for quality and safety to provide guidance on making the management of significant events more robust.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing effective services.

The practice was rated as requires improvement for providing effective services because staff had not had the training needed for their roles.

Effective needs assessment, care and treatment

The clinicians told us how they kept up to date with current evidence-based practice. For example, through external teaching and information sharing sessions and in-house discussions. Our discussions with clinicians indicated they assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Our discussions with clinicians and review of patient records showed patients' needs were overall appropriately assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told us that they advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles.
- The practice told us they liaised with other professionals such as district nurses, community matron, social workers and therapists to support the needs of patients. The GPs told us that they had monthly multi-disciplinary meetings with the community care team and that they updated patient notes following these meetings. Multi-disciplinary nursing notes were also visible on the patient records.
- The practice was undertaking frailty assessments to identify which patients may be at risk of hospital admissions and was developing care plans to support them which were shared with the community care team. They referred patients to services to support them such as the falls clinic. Relevant staff had attended training in advanced care planning and a team building event with the community care team.

People with long-term conditions:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- Patients with long-term conditions had an annual review to check their health and medicines needs were being met. Assessments of conditions were combined to avoid multiple visits to the surgery.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. The nurse who managed diabetes worked closely with the acute to community diabetic clinic to provide a service to patients with diabetes without the need for attendance at a secondary care setting.

Families, children and young people:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice provided baby immunisations, baby development checks and postnatal care. Children who did not attend for immunisation were followed up.
- A family planning service and screening for sexually transmitted diseases was provided.

Working age people (including those recently retired and students):

Requires improvement

Are services effective?

(for example, treatment is effective)

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The practice's uptake for cervical screening was 77%, which was similar to local (76%) and national (72%) uptake but below the 80% coverage target for the national screening programme. This was being addressed through opportunistic screening, reminder letters and placing an alert on patient records when this screening was overdue.
- Lifestyle advice was provided by the practice nurses.For example, advice was provided on smoking cessation and patients were actively encouraged to have a programme for stopping smoking and adopting a lifestyle for reducing the risk of heart disease. Travel advice and vaccinations were also provided. Health checks for 40 – 75 year old patients were offered.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate support. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them.
  The practice referred patients to local health and social care services for support, such as drug and alcohol services and benefit advice.
- A number of staff had attended training in the last 12 months around supporting patients with a learning disability.

People experiencing poor mental health (including people with dementia):

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review.
- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the Clinical Commissioning Group (CCG) average of 82% and the national average of 84%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 93% and the national average of 90%.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 95%; CCG 93%; national 91%); and the percentage of patients experiencing poor mental health whose notes recorded smoking status in the previous 12 months (practice 97%; CCG 96%; national 95%) were above local and national averages.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 97%. The overall exception reporting rate was not recorded in the clinical data we reviewed. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice had carried out quality monitoring in the last 12 months. For example, we saw that a number of medications had been reviewed by the medicines manager, prescribing lead GP and the CCG medicines management team. Patients had been identified for medication changes where necessary. The practice provided evidence that they compared the clinical management of the practice to other practices within the CCG. No audits had been undertaken in the last 12 months to make sure clinical care was effective. For example, there

Requires improvement

Are services effective?

(for example, treatment is effective)

was no audit of medication reviews, prescribing of high risk medications or minor surgery. The registered manager had identified this as an area for improvement and had identified areas to audit.

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs.

Effective staffing

Improvements were needed to the system to ensure staff had the training they required for their roles.

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience. The induction was supported by on-line training modules.
- An appraisal system was in place to ensure staff had an annual appraisal. Doctors had appraisals, mentoring and facilitation and support for their revalidation.
- Staff told us they felt well supported and that they had access to appropriate training to meet their learning needs and to cover the scope of their work. For example, staff whose role included immunisation and taking samples for the cervical screening programme told us they had received specific training and could demonstrate how they stayed up to date. Staff involved in minor surgery had received training in this area.
- The training records provided prior to the inspection showed that a number of staff had not completed or needed refresher training in safeguarding adults and children, fire procedures, health and safety, basic life support, infection control, information governance awareness and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The practice manager told us that a new system to monitor training was in the process of being introduced that would make it easier to monitor the training needs of a large staff team. The new system sent reminders to staff advising them that training was due and required completion. The practice manager told us that staff shortages and computer difficulties had resulted in the protected learning time not always being possible in the last 12 months. Following the inspection we were provided with a revised training matrix which provided an up to date reflection of the training completed. This showed that although some staff still needed to complete all their training since the inspection a number of staff had taken action to complete outstanding training. The practice manager told us that in order to bring all staff up to date they had offered overtime payments to encourage completion. The practice manager also told us that they were monitoring which staff still needed to undertake training to ensure completion.
- Clinical staff told us they attended training events provided by the Clinical Commissioning Group to keep up to date. They also received regular updates from external organisations to keep their clinical knowledge up to date.
- The practice manager told us that they had policies and procedures in place for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver care and treatment.

- The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, medical records and test results.
- There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.
- Our discussions with clinicians and records showed that appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs. Records where made of patients wishes and needs regarding death. However an audit had not taken place to see if patients had died in their preferred place or to determine which deaths were due to non-cancer related conditions.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff told us how they encouraged and supported patients to be involved in monitoring and managing their health. A blood pressure monitoring machine was available in reception for use by patients.
- Staff told us how they discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. They told us that where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Some clinical staff told us they had not undertaken formal training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) although they had read guidance. This training had not been provided to administrative staff.

Good

Are services caring?

Our findings

We rated the practice as good for providing caring services.

We rated the population groups as requires improvement because the issues identified as requires improvement overall affected all patients**.**

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed that staff treated patients with kindness and respect.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from November 2017 to January 2018 showed there had been 194 responses completed and of the respondents 185 (95%) were either extremely likely or likely to recommend the practice.
- One patient Care Quality Commission comment cards was received. This indicated that the patient was satisfied with the service provided.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and one surveys were sent out and 123 were returned. This represented about 2% of the practice population. Results were in line with local and national averages: For example:

- 87% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG–89%; national average - 86%.
- 96% of patients who responded said the nurse was good at listening to them; CCG - 92%; national average - 91%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 99% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 85% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and they could describe how they did this however they were not aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- A nurse and a member of the administrative team were able to communicate with British Sign Language.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available and some written information could be made available in large print.
- Staff told us they helped patients and their carers find further information and access community and advocacy services.

The practice identified patients who were carers. Written information was available to direct carers to the various

Good

Are services caring?

avenues of support available to them. Carers were provided with information about support groups and organisations. The practice had identified 122 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion and they were working to identify further carers to ensure they had access to appropriate support.
- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. Staff told us that following a bereavement the patient's family were contacted to check if any extra support was needed.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 100% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 96% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of treating patients with dignity and respect.

The practice protected patient confidentiality by providing written guidance to staff about information governance and confidentiality. The training records indicated a number of staff either needed formal training in this or needed refresher training. The practice manager informed us that a plan was in place to address this.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services.

We rated the population groups as requires improvement because the issues identified as requires improvement overall affected all patients**.**

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example, it provided online services such as repeat prescription requests, advanced booking of appointments and advice for common ailments). The practice had visited housebound patients to administer influenza vaccinations to ensure these patients received them in time. A text messaging service reminded patients about their appointments and helped to reduce missed appointments.
- The facilities and premises were appropriate for the services delivered. Access for wheelchair users had been assessed and improvements made to the premises to improve accessibility.
- Longer appointments were made at a patients request and for certain patients who required them, for example for child health surveillance, post-natal care and health checks of patients with a learning disability.

Older people:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- Patients were referred to other services to support them with their care, such as the falls clinic.
- The practice had developed an early visiting service over the last two years to ensure timely assessment and access to services. This practice was now commissioning another provider to provide this service to ensure it continued.
- The practice was working with the Clinical Commissioning Group and local practices to develop pathways for responding to falls and ensuring quick assessment and appropriate treament for patients with pneumonia.

People with long-term conditions:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice provided services in-house so that patients did not have to attend secondary care services. This included spirometry (a test used to help diagnose and monitor certain lung conditions), 24 hour blood pressure monitoring and Phlebotomy services were hosted at the practice.

Families, children and young people:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The provider told us there were systems to identify and follow up children living in disadvantaged circumstances, for example, through in-house review of children identified as being at-risk.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- On-line appointment booking, repeat prescription ordering and e-consult (on-line consultation service) were available which supported patients who were unable to attend the practice during normal working hours.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice could refer patients to an extended hours service that operated across the West Cheshire area.
- Reception staff sign posted patients who may not need to see a GP. For example to Physio First which provided patients with direct access to a physiotherapist without needing to see a GP.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The practice worked with the community care team to identify patients who were or were becoming vulnerable. The provider told us that they ensured patients with a learning disability had their needs reviewed annually and were offered longer appointments.
- The practice worked with other agencies and health providers to provide support and access to specialist help when needed. For example, The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- The practice provided a service to refugee families as part of a re-settlement programme for the Clinical Commissioning Group.

People experiencing poor mental health (including people with dementia):

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The practice told us how they worked with multi-disciplinary teams to support patients experiencing poor mental health, including those with dementia. They told us that they liaised with community psychiatric nurses to discuss care plans and met quarterly to review patients with poor long term mental health.
- A GP attended meetings with the Clinical Commissioning Group to discuss provision of services for patients with poor mental health.
- The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Patients were also signposted to relevant services such as Age UK, and the Alzheimer's Society.
- The staff team had received training in dementia awareness to assist them in identifying patients who may need extra support. The practice was developing personalised dementia friendly care plans to include advanced care planning.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to appointments.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Three hundred and one surveys were sent out and 123 were returned. This represented about 2% of the practice population. Results were in line with local and national averages: For example:

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 70% of patients who responded said they could get through easily to the practice by phone; CCG – 70%; national average - 71%.
- 85% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 86%; national average - 84%.
- 84% of patients who responded said their last appointment was convenient; CCG - 85%; national average - 81%.
- 80% of patients who responded described their experience of making an appointment as good; CCG - 76%; national average - 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 54% of patients who responded said they don't normally have to wait too long to be seen; CCG - 59%; national average - 58%.

One patient returned a CQC comment card which indicated they were satisfied with access to the service.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and overall responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed two complaints. The records showed that both had been responded to and that the complainants had been contacted and were happy with the outcome. One of the complaints raised a number of issues and although the complainant was contacted by telephone a fully documented response to the points made had not been provided.

The practice looked at how it could learn from individual concerns and complaints. For example, staff attitude had been identified as a theme and the practice manager had addressed this at a staff meeting.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

Improvements were needed to leadership and governance systems to ensure safe and effective services were provided to patients.

Leadership capacity and capability

Improvements were needed to leadership in order to provide good quality care.

- Improvements were needed to the leadership systems to ensure that there were clear processes in place to provide safe services to patients. We found that the systems for recruiting staff, managing medication, staff training, infection control, safety checks of the premises, the management of significant events and auditing the provision of the service to ensure it was safe and effective were not robust.
- Staff told us that the partners and practice manager were approachable and asked for their opinion on the operation of the service.
- Meetings took place to discuss the operation of the service. The GPs, nurses and administrative staff met in their own teams. There was a system of sharing information between the GPs, nursing and administrative teams. However this means of keeping staff up to date was not always effective for sharing information about significant events and clinical updates. This was because sometimes not all members of staff could attend and minutes were not always fully documented. Nursing staff told us they met with the GPs but they did not consider these to be frequent enough or there to be sufficient time to discuss significant events in detail, share clinical updates or other operational matters. The last meeting between the GPs and nurses was September 2017.
- The nursing team was led by a senior nurse who had a clear strategy to ensure nursing services were delivered appropriately. They had developmental, training and succession plans. The nursing team said the senior nurse was approachable and supportive.

Vision and strategy

- The practice had a vision to deliver good quality care and promote good outcomes for patients. However, improvements were needed to service delivery to ensure good outcomes and quality care were consistently maintained.
- Staff we spoke with were patient focused and wanted to provide a good service.

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Culture

Improvements were needed to the culture of the practice to ensure good quality care was provided.

- Staff stated they felt respected, supported and valued. They felt patients got a good service.
- Leaders and managers told us how they acted on behaviour and performance that did not promote the service positively or promote good patient care.
- Overall, openness, honesty and transparency were demonstrated when responding to incidents and complaints. We found one complaint had not been fully responded to.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Nursing staff told us they were considered valued members of the practice team. However they said they would like greater opportunities to meet with the GPs to discuss clinical issues and the operation of the service. They said at present they felt they did not belong to either of the three practices.

Governance arrangements

Improvements were needed to the systems in place to support good governance and management.

- Practice leaders had not established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.

Are services well-led?

Requires improvement

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

- Recruitment checks had not been overseen to ensure that all the necessary information was available and appropriate indemnity insurance.
- Reviews of significant events were not taking place to demonstrate that action identified had been effective and to identify any patterns that may require action. The process of sharing the learning from these events needed to be more robust to prevent events re-occurring. The recording of significant events did not fully demonstrate what was learned, subsequent actions and how this was shared.
- Infection control audits were not sufficiently robust to identify all action that was required. The policies and procedures to support good infection control were not all practice specific as they had been developed by a different provider.
- A system was not in place to ensure safety checks of the premises occurred at the required frequencies.
- A robust procedure for the management of high risk medication was not in place to provide guidance to staff.
- Audits of the service provided to ensure it was safe and effective had not taken place. For example, there was no audit of medication reviews, prescribing of high risk medications or minor surgery.
- Staff had received an annual appraisal and they had undertaken training to support them in their specific roles, such as cytology, immunisations and minor surgery. However, the training records showed that the generic training which was completed by all staff was not up to date or had not been completed. Following the inspection we were provided with a revised training matrix. This showed that although some staff still needed to complete all their training a number of staff had taken action to complete outstanding training. The practice manager told us that in order to bring all staff up to date they had offered overtime payments to encourage completion. The practice manager also told us that they were monitoring which staff still needed to undertake training to ensure completion.

Managing risks, issues and performance

The systems for managing risk needed to be improved:-

- There were systems in place to identify risks however they were not robust. Improvements were needed to the systems for recruiting staff, managing medication, staff training, infection control, safety checks of the premises, documenting and learning from significant events and auditing the provision of the service to ensure it was safe and effective.
- The performance of employed clinical staff could not always be demonstrated through audit of their consultations and prescribing and referral decisions. The nurse prescriber had quarterly meetings with their mentor GP who looked at their prescribing practices which was documented. The salaried GP met with a partner GP on a regular basis however this was informal and not documented.
- Practice leaders had oversight of MHRA alerts and complaints. The practice could demonstrate how it had acted on MHRA alerts however a log was not maintained for future reference.
- There was no system in place to carry out clinical audits to ensure the service was safe and effective.
- The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.
- The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to monitor performance. The practice monitored how it performed in relation to local and national practice performance.
- Quality and sustainability were discussed in relevant meetings.
- The provider submitted data or notifications to external organisations as required.
- The practice manager told us that there were arrangements in place for data security standards to be maintained.

Are services well-led?

Requires improvement

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

- A policy and procedure to increase staff awareness of the Accessible Information Standard was not in place.

Engagement with patients, the public, staff and external partners

The practice encouraged and valued feedback from patients, staff and external partners.

- The views and concerns of patients', staff and external partners' were encouraged. For example, the practice gathered feedback from staff through staff meetings and informal discussion. The practice had a system for the management of complaints. The practice sought patient feedback by utilising the Friends and Family test.
- There was an active patient participation group (PPG). We met with representatives of the PPG who told us they were kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients. The practice manager was working with the PPG to identify more members and to identify further ways they could be involved in the operation of the service.
- The service was collaborative with stakeholders about performance.

Continuous improvement and innovation

There were processes for learning, continuous improvement and innovation. Improvements were needed to how learning was shared.

- The practice worked with other practices and the Clinical Commissioning Group (CCG) to improve patient care. The practice was currently involved in developing a falls and pneumonia management pathway to improve patient care. The practice was working with a local trust to develop and improve the community matron role so that better use could be made of these clinicians. The practice was also participating in the CCG's Repeat Prescribing project. A designated member of the administrative team liaised with patients requesting repeat prescriptions to ensure these were necessary.
- The GPs met with the CCG to look at provision of services and commissioning. One of the GPs had led a project to look at alternative ways to provide services to patients rather than seeing a GP. Services arose from this project that were used across the CCG such as Physio-First, which enabled patients to have a consultation with a physiotherapist without a GP referral.
- The practice encouraged continuous learning. For example, one nurse had recently completed advanced spirometry training and another nurse was training to be an advanced nurse practitioner.
- The practice manager had been in post for ten months and had a number of plans to improve the service. They were in the process of merging the reception and administrative teams which would enable single processes and make patient experience more streamlined as currently each of the three group practices operated differently. The partners from the three practices in the building were looking at merging together or becoming part of a larger federated practice with neighbourhood practices.
- The practice had reviewed its services to ensure access was appropriate to meet the needs of its patients. Over the last 12 months they had trialled different appointment systems to ensure timely access and the most appropriate use of resources. They offered e-consult as a means of helping patients to access the service outside of normal operating hours. On-line appointment booking was being extended to allow patients with long term conditions to book their annual reviews in advance.
- The practice was planning to make adjustments to the premises to provide more space for further clinical services and for becoming a training practice for student GPs and nurses.
- The practice made use of internal and external reviews of incidents and complaints. However improvements were needed to how learning was shared.
- The practice told us that increased complexity of patient needs, difficulty in recruiting salaried GPs, secondary care services moving to primary care without additional funding, under resourced community teams had created a very challenging environment.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Services in slimming clinics Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met** • A clear procedure for the management of high risk medications was not available for clinicians to refer to guard against this being issued to patients inappropriately. • A further check of prescriptions following medication changes by the medicines manager was not always carried out by the GPs to ensure prescriptions were correct. • Checks of emergency equipment need to be regularly carried out to identify if equipment needs replacing. This was a breach of regulation 12 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met** The registered person had failed to ensure that the system for investigating, documenting and responding to complaints was effective. In particular:- • A fully documented response to all the issues raised by a patient had not been made. This was a breach of regulation 16 (2)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain records as are necessary to be kept in relation to the management of the regulated activity.

In particular:

- Reviews of significant events were not taking place to demonstrate that action identified had been effective and to identify any patterns that may require action. The process of sharing the learning from these events needed to be more robust to prevent events re-occurring. The recording of significant events did not fully demonstrate what was learned, subsequent action and how learning was shared.
- A system to ensure that all relevant staff had appropriate liability insurance was not in place.
- Infection control audits were not sufficiently robust to identify all action that is required and the policies and procedures to support good infection control were not practice specific.
- A system was not in place to ensure safety checks of the premises occurred at the required frequencies.
- There was no system in place to undertake regular audits.
- The system for ensuring tasks relating to patient care and treatment have been carried out needs to be reviewed to ensure that records are accurately maintained.

This was a breach of regulation 17 (1)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met** The registered person had failed to ensure that persons employed in the provision of the regulated activity received such training as was necessary to enable them to carry out the duties they were employed to perform. In particular:- Monitoring of staff training was needed to ensure they completed all training relevant for their role, particularly training in health and safety, fire safety, infection control, safeguarding adults and children, information governance and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This was a breach of regulation 18 (2)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: • Information to confirm identity was not in place for a locum GP. • Evidence that GMC and Performers List checks had been undertaken for a locum GP was not in place. • Evidence of physical and mental fitness to demonstrate suitability for employment (in accordance with reasonable adjustments) was not in place for two locums and the salaried GP. This was a breach of regulation 19 (1), (2), (3)