Vicarage Road Medical Centre

Quality Report

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Date of inspection visit: 7 March 2017
Date of publication: 09/05/2017

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?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Vicarage Road Medical Centre on 7 March 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events, however there was no evidence that learning and outcomes from events were shared with all relevant practice staff members.
- The practice could not demonstrate how it acted on patient safety alerts.
- The practice did not adequately monitor patients on high risk medicines before issuing prescriptions.
- The practice held stocks of the controlled drug diamorphine, we found that this was not effectively managed and monitored, however post inspection we were provided with evidence that the practice disposed of this medicine.
- The practice systems to minimise risks to patient safety were not effective, there was a fire safety risk assessment but no fire drills were carried out and the practice had a legionella risk assessment but had not carried out the actions that was identified as a result.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national averages, however the practice had high levels of exception reporting in many areas and had not addressed this.
- The practice achieved low GP patient satisfaction scores in several aspects of care.
- Information about services and how to complain was available; however the practice had only recorded one complaint in the last 12 months and had no mechanism for recording verbal interactions.

Summary of findings

- The practice used disposable clinical equipment, we found out of date swabs, vaginal and male urethral speculums and sterile sodium chloride solution. These were disposed of in our presence.
- Staff were aware of current evidence based guidance but there was no system to monitor their use.
- All staff within the practice had a sound knowledge about safeguarding and were trained to the levels sufficient for their role.
- There was evidence of quality improvement including clinical audit.
- The practice had identified 3% of its patient list as a carer and had carers' lead that supported carers in the practice.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. This included feedback from the active patient participation group.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Introduce effective processes to share learning and outcomes including from significant events and from patient safety alerts.
- Implement systems that allow for the timely monitoring and disposal of expired disposable clinical equipment.
- Ensure the new practice system for monitoring and managing patients on high risk medicines are embedded in the practice.
- Review the system for exception reporting that includes clinical oversight of the process.
- Review the system for capturing and recording complaints, including verbal interactions.

The areas where the provider should make improvement are:

- Continue to carry out the actions identified in the legionella risk assessment.
- Put systems in place for regular fire drill testing.
- Continue to work to improve GP patient satisfaction scores and increase patient access to a GP as well as responding to patient feedback.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; however lessons were not always shared to make sure action was taken to improve safety in the practice.
- The practice was unable to demonstrate how it acted upon patient safety alerts. We noted that the practice's defibrillator was one that had been highlighted in a recent safety alert as potentially being potentially dangerous, we spoke to the practice about this and they immediately contacted the manufacturers as advised.
- Two out of three patients being prescribed the high risk medicine methotrexate did not have a record of a recent blood test documented in their notes as required by NICE guidelines.
- The practice held stocks of the controlled drug diamorphine (medicine that require extra checks and special storage because of their potential misuse); this was not adequately monitored or recorded. However by the end of the inspection we saw that the practice had contacted a local pharmacy to arrange for the destruction of the medicine and for it to be removed from the premises and we were forwarded information after the inspection which showed that the practice no longer holds stocks of controlled drugs on the premises.
- The practice used disposable clinical equipment, we found out of date swabs, vaginal and male urethral speculums and sterile sodium chloride solution. These were disposed of in our presence.
- The practice had an up to date fire risk assessment, there were designated fire marshals within the practice. However the practice did not carry out fire drills to ensure the effectiveness of its evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- The practice had a legionella risk assessment but had not carried out any of the actions that were identified as a result. Post inspection we were provided with evidence that the actions had now been put in place and there was a system for monitoring this.

Summary of findings

- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national averages, however the practice had high levels of exception reporting in many areas and had not addressed this.
- Staff we spoke with were aware of current evidence based guidance but there was no system to monitor this.
- 57% of patients were screened for breast cancer within six months of their invitation compared to the CCG average of 68% and the national average of 74%.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- The practice carried out its own patient survey, but it did not address the majority of areas that the GP patient survey highlighted as having low patient satisfaction scores.
- Two out of three patients we spoke with told us that they had difficulty in obtaining an appointment.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 3% of its practice list as a carer and had carers' lead that supported carers in the practice.

Are services responsive to people's needs?

Requires improvement

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

- The practice understood its population profile and had used this understanding to meet the needs of its population, this included displaying posters and leaflets in different languages.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Two out of three patients we spoke with said they found it difficult to make an appointment with a named GP but urgent appointments available the same day if there was medical need.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients but systems and processes in place did not always support this. Staff were clear about the vision and their responsibilities in relation to it.
- An overarching governance framework did not effectively support the delivery of the strategy and good quality care, this included arrangements to monitor and improve quality and identify risk.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In one example we reviewed we saw evidence the practice complied with these requirements.

Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for safety, effective, caring, responsive and well led. The issues identified as requires improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice held multidisciplinary meetings with relevant health and care professionals to deliver a multidisciplinary package of care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice maintained a carers register and had a carers lead to support carers in the practice.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for safety, effective, caring, responsive and well led. The issues identified as requires improvement overall affected all patients including this population group.

- One out of three patients being prescribed the high risk medicine methotrexate had a record of a recent blood test as required by NICE guidelines documented in their record.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and national averages. For example 74% of patients on

Summary of findings

the diabetes register had a HbA1c blood test result of 64mmol/mol or less in the preceding 12 months compared to the CCG average of 75% and national average of 78%. However there was an exception reporting rate of 27%, which was higher than the CCG average of 17% and the national average of 13%.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for safety, effective, caring, responsive and well led. The issues identified as requires improvement overall affected all patients including this population group.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were mostly comparable to the national standard for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.

  Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics...
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement 

The practice is rated as requires improvement for safety, effective, caring, responsive and well led. The issues identified as requires improvement overall affected all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, increasing the number of daily telephone consultations. However patients still reported low satisfaction in the ability to obtain an appointment.
- The practice was a part of the local Hub which provided week day evening and weekend appointments for patients who could not attend the practice during normal working hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health promotion advice was offered and there was health promotional material available in practice.

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for safety, effective, caring, responsive and well led. The issues identified as requires improvement overall affected all patients including this population group.

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

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for safety, effective, caring, responsive and well led. The issues identified as requires improvement overall affected all patients including this population group.

- The practice maintained a register of patients living with dementia and carried out advance care planning for patients.
- 100% of patients diagnosed with dementia had their care plan reviewed in a face to face meeting in the preceding 12 months compared to the CCG average of 85% and the national average of 84%. Exception reporting was 17% which was higher than the CCG of 6% and the national average of 7%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months compared to the CCG average 91% and the national average of 89%. There was an exception reporting rate of 27%, which was higher than the CCG average of 7% and the national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Three hundred and fifty two survey forms were distributed and 59 were returned. This represented 2% of the practice's patient list.

- 59% of patients described the overall experience of this GP practice as good compared with the CCG average of 75% and the national average of 85%.
- 56% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards 15 of which were all positive about the standard of care received. There was a recurring theme of friendly caring staff, three comment cards mentioned difficulty in getting an appointment with a GP.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, two of these patients said they felt they had to wait to long for a GP appointment. The practice had eight responses to the Friends and Family Test in November 2016, six patients stated that they would be extremely likely to recommend the practice and two patients said they would be likely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- Introduce effective processes to share learning and outcomes including from significant events and from patient safety alerts.
- Implement systems that allow for the timely monitoring and disposal of expired disposable clinical equipment.
- Ensure the new practice system for monitoring and managing patients on high risk medicines are embedded in the practice.
- Review the system for exception reporting that includes clinical oversight of the process.
- Review the system for capturing and recording complaints, including verbal interactions.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Continue to carry out the actions identified in the legionella risk assessment.
- Put systems in place for regular fire drill testing.
- Continue to work to improve GP patient satisfaction scores and increase patient access to a GP as well as responding to patient feedback.

Vicarage Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a GP specialist adviser.

Background to Vicarage Road Medical Centre

Vicarage Road Medical Centre is located in a converted end of terrace house in a residential street, with free parking on the surrounding roads and is a part of Waltham Forest Clinical Commissioning Group (CCG).

There are 2447 patients registered at the practice, 8% of patients are over the age of 65 which is lower than the CCG average of 10% and the national average of 17%. Twenty seven percent of patients have a long-standing health condition, which is lower than the CCG average of 47% and the CCG average of 53%. The practice has a higher rate of unemployment than the CCG and national average where the practice has an unemployment average of 13% compared to the CCG average of 7% and a national average of 4%.

The practice has one female fixed salaried partner and a male and female sessional GP who carry out a total of nine sessions per week. There is a practice nurse who carries out two sessions per week, a practice manager partner and three reception staff members.

The practice operates under a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract).

The practice is open Monday to Friday from 9am to 6:30pm except for Thursday when the practice closes at 12pm and Tuesdays when the practice closes at 8pm. Phone lines are answered from 9am and the locally agreed out of hours service covers calls made to the practice when the practice is closed, this includes between 12pm and 2pm each day when practice staff complete administration duties. Appointment times are as follows:

- Monday 9:30am to 11:30am and 3:30pm to 5:30pm
- Tuesday 9:30am to 11:30am and 4pm to 7:50pm
- Wednesday 9:30am to 11:30am and 3pm to 5pm
- Thursday 9:30am to 11:30am
- Friday 9:30am to 11:30am and 4pm to 6pm

Vicarage Road Medical Centre operates regulated activities from one location and is registered with the Care Quality Commission to provide maternity and midwifery services, diagnostic and screening procedures and treatment of disease, disorder or injury.

Why we carried out this inspection

We inspected this service as a part of our comprehensive programme. This location had not previously been inspected.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 7 March 2017. During our visit we:

- Spoke with a range of staff including a GP, manager and reception staff members. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia)

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events was not effective.

- Staff told us they would inform the practice manager or the GP of any incidents and all staff we spoke to were aware that there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had two significant events in the 12 months preceding the inspection, we viewed the two significant events and found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. However the practice was unable to demonstrate that learning and outcomes from events were shared and discussed with all relevant members of staff. We were told that due to the small size of the practice regular informal conversations took place where incidents and events were discussed but not documented.
- The practice was unable to demonstrate how it acted upon patient safety alerts. The practice manager told us that once an alert is received it is read by the GP partner who signs it and puts it in a folder for all other GPs and relevant staff members to read and sign, however, this folder was unable to be found on the day of inspection and there was no evidence of any action taken as a result of a patient safety alert. We noted that the practice's defibrillator was one that had been highlighted in a recent safety alert as potentially being potentially dangerous, we spoke to the practice about this and they immediately contacted the manufacturers as advised.
- The practice had no mechanism for monitoring trends in significant events and evaluating any action taken, we were told that this was because of the low number of significant events in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff electronically and in paper copy. We spoke with two reception staff members who were able to give us examples of when they reported a safeguarding concern. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical and non-clinical lead member of staff for safeguarding. We viewed a documented example; we found that the GPs provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and the practice manager were trained to child safeguarding level three. And non-clinical staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice manager was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Requires improvement

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always effectively minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice held stocks of the controlled drug diamorphine (medicine that require extra checks and special storage because of their potential misuse), this was not adequately monitored. We saw that it was stored in a locked cupboard and also in the GPs bag which had a lock on it, however there was no controlled drug register to monitor the drugs use as required by misuse of drugs act; instead notes were made on pieces of paper. However by the end of the inspection we saw that the practice had contacted a local pharmacy to arrange for the destruction of the medicine and for it to be removed from the premises and we were forwarded information after the inspection which showed that the practice no longer holds stocks of controlled drugs on the premises.
- The practice used disposable clinical equipment, we found out of date swabs, vaginal and male urethral speculums and sterile sodium chloride solution. These were disposed of in our presence.
- We reviewed the clinical records of three patients who were being prescribed the high risk medicine methotrexate and found that two of these patients did not have a record of a recent blood test documented in their record before the prescribing of the medicine as advised by NICE guidelines. Following the inspection the practice provided us with evidence that they had reviewed all patients on the high risk medicines methotrexate and warfarin, we were also provided with evidence that the practice had set up a system that enabled test results from hospitals to be downloaded straight into the practices clinical system to ensure that they always had access to the most recent test results to aide in appropriate timely prescribing.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment, there were designated fire marshals within the practice. However the practice did not carry out fire drills to ensure the effectiveness of its evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We found that that the weekly and monthly actions identified by the legionella risk assessment had not been carried out, however post inspection we were provided with evidence that the practice had now carried out all the actions and had put a procedure in place to ensure the continuation of this.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system and staff booked annual leave in advance to ensure enough staff were on duty to meet the needs of patients.

Requires improvement

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the practice which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE but this information was not consistently used to deliver care and treatment that met patients' needs.
- The practice had no system for monitoring that these guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available which was similar to the clinical commissioning group (CCG) and national average of 95%. There was an overall exception reporting rate of 13% which was higher than the CCG average of 7% and the national average of 6%, (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for its achievement in any QOF (or other national) clinical targets; however there was high exception reporting in several of the measured clinical domains. Data from QOF showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example 74% of patients on the diabetes register had a HbA1c blood test result of 64mmol/mol or less in the preceding 12 months compared to the CCG average of 75% and national average of 78%. However there was an exception reporting rate of 27%, which was higher than the CCG average of 17% and the national average of 13%.
- Performance for mental health related indicators was higher than the CCG and national averages. For example 100% of patients diagnosed with dementia had their care plan reviewed in a face to face meeting in the preceding 12 months compared to the CCG average of 85% and the national average of 84%. Exception reporting was 17% which was higher than the CCG of 6% and the national average of 7%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months compared to the CCG average 91% and the national average of 89%. There was an exception reporting rate of 27%, which was higher than the CCG average of 7% and the national average of 13%.

  The practice were unaware of its high exception reporting rates, they had a policy to only exception report patients who had not responded to or had refused three invites to a review of their clinical condition. However we saw that it was the practice manager that managed the exception reporting process without the oversight of a clinical staff member. The GP told us that moving forward she would review all patients before they are exception reported.

  There was evidence of quality improvement including clinical audit:

- There had been seven clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we reviewed an audit which looked at whether the practice was adhering to the most recent guidelines for prescribing simvastatin when used with amlodipine or diltiazem. The first audit showed that 35 patients were being prescribed simvastatin and amlodipine, 19 patients met the standard for appropriate prescribing, 12 patients failed to meet the prescribing criteria as the dose of simvastatin was too high and four patients had the potential for a change in dosage. Patients were switched where possible to appropriate doses of these medicines and findings were discussed at a clinical meeting where prescribing guidelines were agreed. The practice carried out a

Requires improvement

Are services effective?

(for example, treatment is effective)

second audit and found 11 patients were being prescribed simvastatin and amlodipine, eight of these patients met the standard for appropriate prescribing and two had the potential for change.

Information about patients' outcomes was used to make improvements such as: increasing the number of appointments including telephone consultations to increase patient access to a GP.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attendance at annual updates, access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, with the exception of fire safety training. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance not all staff had received fire safety awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. We saw that the practice had put a system in place to enable test results from the hospital to be automatically downloaded into the practices clinical system.

- This included care and risk assessments, care plans, medical records and investigation.
- From the sample of three documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through routine discussions at clinical meetings.

Supporting patients to live healthier lives

Requires improvement

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, those living with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A dietician was available from a local support group and smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 87%, which was comparable with the CCG and the national average of 81%. Exception reporting was 33% which was higher than the CCG average of 10% and the national average of 7%, the practice told us that this was partly due to the patient demographic and their religious and or cultural beliefs. We saw that the practice encouraged patients to have cervical screening by providing leaflets and posters with information in different languages and they ensured a female sample taker was always available. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example 57% of patients were screened for breast cancer within six months of their invitation compared to the CCG average of 68% and the national average of 74% the practice had a system to contact patients who had not attended their appointment and encouraged them to re-book. Forty two per cent of patients were screened for bowel within six months of their invitation compared to the CCG average of 47% and the national average of 56%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to national averages. For example, rates for the vaccines given to under two year olds were at the national achievement target of 90% in three out of the four immunisations measured and for five year olds there were two immunisation targets and the practice achieved 90% in both.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All 18 of the patient Care Quality Commission comment cards we received were positive about the service experienced, three comment cards mentioned difficulty in making an appointment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients, they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, two out of the three patients mentioned that it could be difficult to make an appointment. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were not always treated with compassion, dignity and respect. The practice was comparable to the CCG and average for its satisfaction scores on consultations with GPs but it was below average nurses. For example:

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 92%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 67% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 60% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 87% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 66% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

The practice was aware of its low patient satisfaction scores. We saw that the nurse and the receptionists attended customer services training and we viewed minutes of a meeting with the practice nurse and management team where the scores were discussed; however there were no outcomes from this meeting.

We reviewed minutes of a patient participation group (PPG) where patients were invited to discuss the results of the GP patient satisfaction survey and help devise an action plan to improve patients' satisfaction with services. As a result of this meeting a practice survey was designed with seven questions to gather further information from patients. Fifty patients completed the survey however the survey did not look at satisfaction with the practice nurse. However 29 patients stated they found receptionists at the practice helpful, 10 patients stated they were neither helpful nor unhelpful and 11 patients found the receptionists unhelpful.

Care planning and involvement in decisions about care and treatment

Requires improvement

Are services caring?

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

We spoke with a 17 year old patient who told us that they felt they were treated in an age-appropriate way and recognised as an individual.

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 with the GP but they responded negatively about nurses. Results were in line with local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 79% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 74% and the national average of 82%.
- 67% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 62% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format and some were in different languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- Chaperone posters were displayed around the practice.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 75 patients as carers (3% of the practice list). The practice identified a member of staff as a carer's lead who attended training on how to best support carers and fed back to the rest of the practice team, there was a carers register, they were given priority access to appointments and were offered an annual flu vaccination and annual review. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday evening until 8pm for working patients and patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- There were telephone consultations available each day at differing times to suit patients' needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS, patients requiring private vaccines were referred to other clinics.
- There were accessible facilities, which included interpretation services.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open Monday to Friday from 9am to 6:30pm except for Thursday when the practice closed at 12pm and Tuesdays when the practice closed at 8pm. Phone lines were answered from 9am and the locally agreed out of hours service covered calls made to the practice when the practice was closed, this included between 12pm and 2pm each day when practice staff completed administration duties. Appointment times was as follows:

- Monday 9:30am to 11:30am and 3:30pm to 5:30pm
- Tuesday 9:30am to 11:30am and 4pm to 7:50pm
- Wednesday 9:30am to 11:30am and 3pm to 5pm
- Thursday 9:30am to 11:30am
- Friday 9:30am to 11:30am and 4pm to 6pm

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them, 50% of appointments were pre-bookable and 50% were available to be booked on the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly below the local and national averages.

- 61% of patients were satisfied with the practice's opening hours compared with the CCG average of 73% and the national average of 76%.
- 57% of patients said they could get through easily to the practice by phone compared with the CCG average of 61% and the national average of 73%.
- 64% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 67% and the national average of 76%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 56% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 45% of patients said they don't normally have to wait too long to be seen which was the same as the CCG average compared to the national average of 58%.

Two out of three patients told us on the day of the inspection that they found it difficult to get appointments when they needed them. We viewed the practices own survey which showed that out of 50 patients 12 patients found it easy to obtain an appointment, 21 found it neither

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

easy or difficult and 17 found obtaining an appointment difficult. The survey also reported that 45 out of 50 patients were satisfied with how easy it was to get through to the practice by the telephone. The practice held a meeting with the PPG and discussed the survey results, the practice also shared data about how many appointments were missed each week as a result it was agreed that the practice would display in the waiting area weekly figures about how many appointments were missed each week, that if patients were over 10 minutes late for their appointment, depending on the nature of the urgency of the appointment it should be offered to another patient and the number of telephone consultations was increased to improve access to a GP.

The practice had a system to assess:

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

Receptionists passed the name of patients and their contact details as well as the reason for the home visit request to the GP who would then contact the patient to assess whether a home visit was necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, there was a complaints leaflet and a poster displayed in the patient waiting area.

The practice had recorded one complaint in the last 12 months and had two complaints in the previous year. We reviewed this complaint and found this was satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we viewed a complaint from a patient about another patient having a consultation mistakenly under their name. We saw that the patient received a written apology and explanation and the practice manager and the GP met with the patient on separate occasions to give an explanation and ensure them that the consultation would be retracted from their records. We saw that this was discussed in a practice meeting where it was agreed that patient identification would be double checked before commencing a consultation.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients but systems and processes in place did not always support this.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework which did not always support the delivery of the strategy and care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities as well as the roles and responsibilities of their co-workers. GPs and nurses had lead roles in key areas such as diabetes and asthma.
- Practice specific policies were implemented and were available to all staff on the practices computer system, hard copies were also available. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was not maintained, for example the practice was not aware of its high QOF exception reporting rates and issues raised in the GP patient survey were not adequately addressed. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective. For example we saw that the practice had a legionella risk assessment but the actions identified as a result had not been carried out. However post inspection we were provided with evidence that the practice had carried out the actions and had put a system in place to continue the regular monitoring.
- We viewed minutes of meetings and saw that lessons from significant events were not always shared, however lessons and actions from complaints were.

Leadership and culture

The fixed salaried GP partner told us they prioritised safe, high quality and compassionate care; however practice systems did not always support the delivery of this. Staff told us that the GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of one documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of written correspondence but not verbal interactions.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with community services and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social days were held twice a year.

Are services well-led?

Requires improvement

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

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and suggestions received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of low GP patient survey results the PPG helped the practice design its own practice survey and suggested that the practice contacts patients who do not attend their appointments, which the practice now does.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example reception staff designed emergency slips that patients could write the reason for their appointment on if they were uncomfortable saying it and they changed the way travel vaccination appointments were booked, which included an information form given to the patients to complete before their appointment to reduce the time that the appointment takes.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had a carers' lead who attended training and fed back learning to the practice team, there was also an effective system for identifying carers and the practice had identified 3% of its practice list as carers.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. There were no processes in place to ensure that equipment such as speculums were in date and in good working order. There was no system for ensuring that patients on high risk medicines such as methotrexate were adequately monitored before issuing a prescription. There was no clinical oversight in the QOF exception reporting process. This was in breach of regulation 12 (1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have systems or processes to ensure that risks were assessed, monitored, improved or mitigated. Processes for capturing and recording complaints were not effective.

This section is primarily information for the provider

Requirement notices

The system for acting on and sharing learning and outcomes from significant events and patient safety alerts were not effective.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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