Dr Summerfield & Partners

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?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 11

Detailed findings from this inspection

Our inspection team 12

Background to Dr Summerfield & Partners 12

Why we carried out this inspection 12

How we carried out this inspection 12

Detailed findings 14

Action we have told the provider to take 26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Summerfield & Partners on 17 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Dr Summerfield & Partners on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 8 August 2017. Overall the practice is now rated as requires improvement.

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

- There was a system for reporting, recording and investigating significant events.
- The practice had made improvements to the systems, processes and practices that helped to keep patients safe and safeguarded from abuse. However, further improvements were still required.
- There had been improvements in arrangements to deal with emergencies and major incidents.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) demonstrated that the practice was performing in line with local and national averages for patient outcomes.
- There was evidence of clinical audits driving quality improvement.
- The practice had developed and introduced an induction programme for all newly appointed staff.
- Records showed that staff who had worked at the practice for more than 12 months had received appraisals and GPs had revalidated or had a planned revalidation date.
- Not all staff were up to date with essential training. However, the practice was in the process of addressing the training needs of staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national

Summary of findings

averages. However, where national GP patient survey results were below average the practice had developed and implemented an action plan to address the findings and improve patient satisfaction.

- Some of the patients we spoke with said they were not always able to book a routine appointment that suited their needs. Some patients said they were not able to get an emergency appointment and attended the local accident and emergency department or telephoned the out of hours service instead.
- The practice had made improvements to the system for handling complaints and concerns.
- Improvements to governance arrangements at the practice had taken place. However, further improvements to risk assessment and management were found to be required.
- The practice was now sending statutory notifications and registration applications to the Care Quality Commission (CQC) in a timely manner.
- There was a clear leadership structure and staff felt supported by management. The practice gathered feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had systems for notifiable safety incidents. However, they did not always keep records of action taken (or if no action was necessary) in response to receipt of all notifiable safety incidents.

The areas where the provider must make improvements are;

- Ensure care and treatment is provided in a safe way to patients.
- 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 support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The areas where the provider should make improvements are;

- Share learning from significant events with locum staff.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system for reporting and recording significant events.
- The practice had made improvements to the systems, processes and practices that helped to keep patients safe and safeguarded from abuse. However, further improvements were still required.
- Improvements to risk management had been made. However, assessment and management of risks to patients, staff and visitors from legionella required further improvements. (Legionella is a germ found in the environment which can contaminate water systems in buildings).
- There had been improvements in arrangements to deal with emergencies and major incidents.

Are services effective?

Requires improvement

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

- Staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) demonstrated that the practice was performing in line with local and national averages for patient outcomes.
- There was evidence of clinical audits driving quality improvement.
- The practice had developed and introduced an induction programme for all newly appointed staff.
- Records showed that staff who had worked at the practice for more than 12 months had received appraisals and GPs had revalidated or had a planned revalidation date.
- The practice was unable to demonstrate that all staff were up to date with essential training. However, the practice was in the process of addressing the training needs of staff.
- Staff worked with other health care professionals as necessary to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with local and national averages for its satisfaction scores on consultations.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information for patients about the services available accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- The practice maintained good local knowledge and awareness of the needs of its local patient population and used this understanding to help meet their needs.
- 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.
- Home visits were available for patients who were not able to visit the practice.
- Some of the patients we spoke with said they were not always able to book a routine appointment that suited their needs. Some patients said they were not able to get an emergency appointment and attended the local accident and emergency department or telephoned the out of hours service instead.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. However, where national GP patient survey results were below average the practice had developed and implemented an action plan to address the findings and improve patient satisfaction.
- The practice had made improvements to the system for handling complaints and concerns. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients.

Summary of findings

- Improvements to governance arrangements at the practice had taken place. However, further improvements to risk assessment and management were found to be required.
- The practice was now sending statutory notifications and applications to the Care Quality Commission (CQC) in a timely manner.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The GPs encouraged a culture of openness and honesty.
- The practice had systems for notifiable safety incidents. However, they did not always keep records of action taken (or if no action was necessary) in response to receipt of all notifiable safety incidents.
- The practice gathered feedback from staff and patients, which it acted on.
- 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 the care of older people. The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its patient population.
- The practice was responsive to the needs of older people, and offered home visits for those with enhanced needs.
- The practice 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 to help ensure that their care records were updated to reflect any additional needs.
- Patients over the age of 75 years had a designated GP to oversee their care and treatment requirements.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in long-term disease management. For example, diabetes.
- Performance for diabetes related indicators was in line with local clinical commissioning group (CCG) and national averages. For example, 85% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 80% and national average of 78%. Eighty four percent of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 80% and national average of 80%.

Summary of findings

- The practice followed up on patient with long-term conditions discharged from hospital to help ensure that their care records were updated to reflect any additional needs.
- There was a system to recall patients with long-term conditions 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 when required.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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 attendances.
- Childhood immunisation rates for the vaccines given were comparable to the national averages.
- All the patient feedback we received indicated that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the local CCG average of 82% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Written guidance was available for staff to follow to help maintain confidentiality for patients under the age of 18 years.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering some online services, as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were offered Monday to Friday 7am to 8am for patients who were unable to attend the practice during normal working hours.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients 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 worked with other health care professionals when required 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 knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. Staff 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.
- The practice supported patients who were also carers. The practice had identified 196 patients on the practice list who were carers (1% of the practice list and 23 more than at the time of our last inspection in November 2016).

People experiencing poor mental health (including people with dementia)

Requires improvement

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

Summary of findings

The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared with the local clinical commissioning group (CCG) average of 82% and national average of 84%.
- Performance for mental health related indicators was in line with local CCG and national averages. For example, 92% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 85% and national average of 89%. Eighty four percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 86% and national average of 89%.
- The practice worked with multi-disciplinary teams when required in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had information available for patients experiencing poor mental health about how to 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 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 published in July 2017 showed the practice was performing in line with local clinical commissioning group (CCG) and national averages. Two hundred and fifty six survey forms were distributed and 103 were returned. This represented 1% of the practice's patient list.

- 79% of respondents described the overall experience of their GP practice as fairly good or very good which was in line with the local CCG average of 82% and national average of 85%.
- 68% of respondents described their experience of making an appointment was good which was comparable to the local CCG average of 73% and national average of 76%.
- 71% of respondents said they would definitely or probably recommend the GP practice to someone who has just moved to the local area which was comparable with the local CCG average of 75% and the national average of 80%.

We received 17 patient comment cards, all of which were positive about the service patients experienced at Dr Summerfield & Partners. Two comment cards contained both positive and negative comments. However, there were no common themes to the negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with seven patients during the inspection. The patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some of the patients we spoke with said they were not always able to book a routine appointment that suited their needs. They also said they were able to get an emergency appointment if they attended the practice and waited. However, some patients said they were not able to get an emergency appointment and attended the local accident and emergency department or telephoned the out of hours service instead.

Dr Summerfield & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser, and a CQC Assistant Inspector.

Background to Dr Summerfield & Partners

Dr Summerfield & Partners is situated in Margate, Kent and has a registered patient population of approximately 15,800. In the population distribution of the practice area there are more people between the ages of 0 and 14 years than the national average. There are fewer people between the ages of 55 and 59 years than the national average. The practice is located in an area with a higher than average deprivation score.

The practice staff consists of three GP Partners (two male and one female), one salaried GP (female), one practice manager, one assistant practice manager, one nurse prescriber (female), four practice nurses (all female), one healthcare assistant (female), two paramedic practitioners (one male and one female) as well as administration, reception and phlebotomy staff. The practice also employs locum GPs directly as well as via an agency. There is a reception and waiting area on the ground floor. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

At the time of our inspection on 8 August 2017 only two out of the three GP partners were registered with the Care Quality Commission (CQC) in the provider's registration. However, the practice was in the process of adding one partner to their registration with CQC.

The practice is currently not a teaching practice or a training practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice has a personal medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from;

- The Limes Medical Centre, Trinity Square, Margate, Kent, CT9 1QY and
- Garlinge Surgery, 150 Canterbury Road, Margate, Kent, CT9 5DB.

The Limes Medical Centre is open Monday to Friday 8.30am to 12.30pm and 1.30pm to 6pm. Extended hours appointments are offered Monday to Friday 7am to 8am.

Garlinge Surgery is open Monday to Friday 8am to 12.30pm and 1.30pm to 6pm.

Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Primecare) to deliver services to patients outside of the practice's working hours.

During this inspection we visited Dr Summerfield & Partners, The Limes Medical Centre, Trinity Square, Margate, Kent, CT91 QY only.

Detailed findings

Why we carried out this inspection

We undertook an announced comprehensive inspection of Dr Summerfield & Partners on 17 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Dr Summerfield & Partners on our website at www.cqc.org.uk.

We undertook an announced comprehensive inspection on 8 August 2017 to check that action had been taken to comply with legal requirements. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, to share what they knew.

We carried out an announced visit on 8 August 2017.

During our visit we:

- Spoke with a range of staff (two GP partners, one practice manager, one assistant practice manager, two practice nurses, and one of the administration / reception staff) and spoke with seven patients who used the service.
- Observed how patients were being cared for in the reception area.
- 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 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

At our previous inspection on 17 November 2016, we rated the practice as inadequate for providing safe services.

- The practice was unable to demonstrate that there was an effective system for reporting, recording and learning from significant events.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- The practice was unable to demonstrate they had a systematic approach for recording, sharing and acting on national patient safety alerts.
- The practice was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to employment of staff.
- Risks to patients were not always assessed and well managed.
- The practice did not have adequate arrangements to respond to all types of emergencies and major incidents.

The practice had responded to these issues when we undertook a follow up inspection on 8 August 2017. However, we found that further improvements were still required. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

The practice had made improvements to the system for reporting and recording significant events.

- The practice had revised the written guidance available for staff to follow to help them recognise and report significant events. For example, the significant event monitoring and analysis template.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology in a timely manner and were told about any actions to improve processes to help prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that investigations were being carried out in a timely manner, lessons were shared with substantive staff and action was taken to improve safety in the practice. For example, following an incident involving a telephone consultation, substantive GPs were advised to also consider a patient's physical health when carrying out telephone consultations in addition to their mental health. However, records did not show how learning from significant events was shared with locum staff.

Overview of safety systems and processes

The practice had made improvements to the systems, processes and practices that helped to keep patients safe and safeguarded from abuse. However, we found that further improvements were still required.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and other guidance documents were accessible to all staff. The policies and other documents clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. Not all staff were up to date with safeguarding training and records were not available to show that GPs were trained to child protection or child safeguarding level three. After the inspection the practice wrote to tell us that staff who were not up to date with safeguarding training would attend this training as soon as possible.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had now received a Disclosure and Barring Service (DBS) check or risk assessment of using staff in this role without DBS clearance. (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). However, not all staff who acted as chaperones had received training for the role. After the inspection the practice wrote to tell us that staff who required chaperone training were in the process of booking themselves onto the next available training session.

- We observed the premises to be clean and all areas accessible to patients were tidy. There were written cleaning schedules that indicated the frequency and method of domestic cleaning to be carried out in the practice. However, these did not include the cleaning of cloth covered chairs or mobile privacy screens. There were cloth covered chairs in the waiting room and in some clinical rooms. We saw that some of these chairs were stained. After the inspection the practice sent us evidence that the cleaning of cloth covered chairs and mobile privacy screens had been added to the cleaning schedules. There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice. They had received training for the role. There was an infection control protocol. However, not all clinical staff had received up to date infection prevention and control training. After the inspection the practice wrote to tell us that infection prevention and control training for staff who required it would be arranged as soon as possible. Infection control audits were undertaken and there was an action plan to address any improvements identified as a result. For example, clinical wash-hand basins that did not currently comply with Department of Health guidance were due to be replaced. The practice was unable to demonstrate that records of the hepatitis b status of all clinical staff were being maintained. However, after the inspection the practice sent us evidence to show that a record of the hepatitis b status of all clinical staff was now being maintained.
- There were arrangements for managing medicines, including emergency medicines and vaccines in the practice to help keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Records showed that medicine stored in the practice's medicine refrigerators were being stored at the recommended temperature. The practice had introduced an inventory system to monitor and help control stock levels of the vaccines they held. The practice had revised written guidance available for staff to follow when prescribing in May 2017. For example, the prescribing policy. This included processes for handling repeat prescriptions. The prescriptions clerk was now working upstairs in a quiet area of the practice to help improve the quality of their work. Blank prescription forms and pads were now being stored securely and systems to monitor their use had been introduced. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient specific directions had been adopted by the practice to allow healthcare assistants to administer medicines in line with legislation. However, we saw that some PGDs did not carry the name of the practice. Although all PGDs we looked at were signed by a GP, not all carried the GP's name and the date that the PGD was signed by the GP. After the inspection the practice sent us evidence that all PGDs now carried the name of the practice as well as the name and date that the PGDs were signed by the GP.
- The practice had revised their recruitment processes and introduced new written guidance for staff to follow when recruiting employees. For example, the new employee recruitment, selection, interview and appointment policy and protocol. This document indicated that appropriate recruitment checks would be undertaken prior to the appointment of new staff. 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

The practice had made improvements to the assessment and management of risks to patients, staff and visitors. However, we found that further improvements were still required.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the practice which identified local health and safety representatives.
- The practice had an up to date fire risk assessment. The risk assessment contained an action plan to address the identified issues. For example, waste was removed daily to avoid the build-up of excess paper or other combustible material. Records showed that fire alarms were tested weekly and the practice carried out fire drills every six months.

Requires improvement

Are services safe?

- Not all staff were up to date with fire safety training. However, records showed that fire safety training was due to be delivered to staff at the practice on 18 October 2017.
- All electrical equipment was checked to help ensure the equipment was safe to use. Staff told us that all clinical equipment was checked to help ensure it was working properly.
- The practice had other risk assessments to ` monitor safety of the premises such as control of substances hazardous to health and an office risk assessment.
- A legionella risk assessment had been carried out in July 2017. However, records showed this was incomplete. For example, there was no answer to the question 'Are there thermostatic mixing valves that set a favourable outlet temperature for legionella growth?'. The risk assessment contained an action plan to help reduce the identified risks. However, some actions were insufficient to help ensure identified risks were being effectively reduced. For example, the monitoring and recording of the temperature of water from hot and cold outlets was to be checked only twice yearly from random outlets instead of more regularly from every outlet in the practice. The action plan did not indicate that water samples were to be sent for testing to help ensure colonisation of the building's water system by legionella had not taken place. After the inspection the practice sent us evidence that water samples had been sent for testing and results showed that legionella had not been isolated in the sample sent.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Since our last inspection in November 2016 the practice had employed additional staff to help meet patients' needs. For example, one practice nurse, two paramedic practitioners, one secretary and three receptionists. The practice had also secured the services of regular locum GPs whilst they continued to recruit GP partners / salaried GPs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

The practice had made improvements to their arrangements for responding to emergencies.

- There was an instant messaging system on the practice computers which alerted staff to any emergency. Staff also had access to an alarm system that alerted the police to any emergency.
- Not all staff were up to date with basic life support training. However, we saw records that showed basic life support training was due to be delivered to staff at the practice on 28 September 2017. After the inspection the practice sent us evidence that showed this training had been delivered and that all staff were now up to date with basic life support training.
- Emergency equipment and emergency medicines were available in the practice. The practice had access to medical oxygen and an automated external defibrillator (AED) together with defibrillation pads that were within their expiry date (used to attempt to restart a person's heart in an emergency).
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. The practice had made improvements to the range of emergency medicines available. For example, we saw that atropine was now available (an emergency medicine for use when a patient's heart rate becomes dangerously slow during certain medical procedures such as the fitting of a contraceptive coil). However, the range of emergency medicines did not contain medicines such as soluble aspirin (used to treat suspected heart attacks) or benzylpenicillin (used to treat suspected bacterial meningitis by intramuscular injection). After the inspection the practice sent us evidence to show that both these medicines were now available for their staff to be able to use in an emergency.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. However, there were no inventories of what emergency equipment should be present in the practice. Staff checking the emergency equipment could not therefore be sure it was all present, as there was no written guidance or inventory for them to refer to. After the inspection the practice sent us evidence to show that an inventory of emergency equipment was now available for staff to refer to.
- The practice had revised their business continuation arrangements for major incidents such as power failure

or building damage and introduced new written guidance for staff to follow. For example, the business continuity plan. The plan now included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 November 2016, we rated the practice as inadequate for providing effective services.

- There was evidence of quality improvement including clinical audit. However, there was not a practice wide systematic approach to completing clinical audit cycles.
- The practice was unable to demonstrate that there was a formal induction process for newly appointment staff that covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice was unable to demonstrate that all staff have received an appraisal in the last 12 months or that all staff were up to date with mandatory training. For example, fire safety training and infection prevention and control training.

These arrangements had improved when we undertook a follow up inspection on 8 August 2017. However, we found that further improvements were still required. The provider is now rated as requires improvement for providing effective services.

Effective needs assessment

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

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

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 98% of the total number of points available (clinical commissioning group (CCG) and national average 95%).

Data from 2015/2016 showed:

- Performance for diabetes related indicators was in line with local clinical commissioning group (CCG) and national averages. For example, 85% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 80% and national average of 78%. Eighty four percent of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 80% and national average of 80%.
- Performance for mental health related indicators was in line with local CCG and national averages. For example, 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared with the local clinical commissioning group (CCG) average of 82% and national average of 84%. Ninety two percent of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 85% and national average of 89%. Eighty four percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 86% and national average of 89%.

There was evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, a repeat prescribing audit and an audit of the treatment of frail patients. The practice had analysed the results of these audits and implemented action plans to address the findings. Records showed there were plans to repeat these audits to complete the cycle of clinical audit.
- Other clinical audits had been carried out. For example, a cervical cytology audit and a joint injection audit. Staff told us that cervical cytology audits were repeated at regular intervals to help maintain the quality of this activity. Records showed the practice had analysed the results of the joint injection audit which found that no complications had arisen.

Effective staffing

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice had developed and introduced an induction programme for all newly appointed staff. This included fire safety as well as health and safety.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and attending update training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had received an appraisal within the last 12 months. Records showed that staff who had worked at the practice for more than 12 months had received appraisals and GPs had revalidated or had a planned revalidation date.
- Not all staff were up to date with essential training. For example, safeguarding training, infection control training, basic life support training, fire safety training and chaperone training. However, the practice was in the process of addressing the training needs of staff. For example, records showed that basic life support training was due to be delivered to staff on 28 September 2017 and fire safety training on 18 October 2017.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, medical records and investigations and test results.
- 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that multidisciplinary team meetings took place when necessary and that care records were routinely reviewed and updated. We saw records that confirmed this.

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 staff assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the local CCG average of 82% and national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 90% to 94% compared to the local CCG averages which ranged from 82% to 94% and national averages which ranged from 88% to 94%.

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

Good

Are services caring?

Our findings

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing caring services.

- Results from the national GP patient survey showed the practice was rated lower than local and national averages in some areas.
- The practice did not have a systematic approach to supporting carers.

These arrangements had improved when we undertook a follow up inspection on 8 August 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private room was available should a patient wish a more private area in which to discuss any issues.

We received 17 patient comment cards, all of which were positive about the service patients experienced at Dr Summerfield & Partners. Two comment cards contained both positive and negative comments. However, there was no common theme to the negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with seven patients during the inspection. The patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and national average of 89%.
- 88% of respondents said the last nurse they saw was good at listening to them compared to the CCG average of 94% and national average of 91%.
- 80% of respondents said the GP gave them enough time (CCG average 86%, national average 86%).
- 87% of respondents said the nurse gave them enough time (CCG average 94%, national average 92%).
- 88% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 94% of respondents said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).
- 79% of respondents said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated they felt involved in decision making about the care and treatment they received. They also 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.

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 comparable to local and national averages. For example:

- 80% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 93% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 93%, national average 90%).

Good

Are services caring?

- 77% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 88% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available to assist patients who were hearing impaired.

Patient and carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice supported patients who were also carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 196 patients on the practice list who were carers (1% of the practice list and 23 more than at the time of our last inspection in November 2016). The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them.

The comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing responsive services.

- On the day of our inspection in November 2016 we found that patients were unable to book routine appointments in advance as there were none available in November 2016 and the practice had not released appointments for December 2016.
- Results from the national GP patient survey were lower than national averages on patient satisfaction with how they could access care and treatment.
- Patients told us they were not always able to book routine appointments when they needed them.
- The practice was unable to demonstrate they had an effective system for handling complaints and concerns.

The practice had responded to these issues when we undertook a follow up inspection on 8 August 2017. However, we found that further improvements were still required. The practice is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with learning disabilities.
- Telephone consultations were available and home visits were provided for patients from all population groups who were not able to visit the practice.
- The practice had a website and patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been adapted to meet the needs of patients with disabilities and those with babies and or small children.
- The practice provided patients with the choice of seeing a male or a female GP.
- A hearing loop was available.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and took action to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.
- The practice hosts other providers who deliver services on site for patients. For example, a counselling service is available at the practice five days each week and there are physiotherapy sessions twice weekly.

Access to the service

The Limes Medical Centre was open Monday to Friday 8.30am to 12.30pm and 1.30pm to 6pm. Extended hours appointments were offered Monday to Friday 7am to 8am.

Garlinge Surgery was open Monday to Friday 8am to 12.30pm and 1.30pm to 6pm.

Primary medical services were available to patients via an appointments system. There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Primecare) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local clinical commissioning group (CCG) averages and national averages.

- 59% of respondents were satisfied with the practice's opening hours compared to the local CCG average of 76% and national average of 76%.
- 29% of respondents said they could get through easily to the practice by telephone compared to the local CCG average of 49% and national average of 71%.
- 72% of respondents said they were able to see or speak with someone the last time they tried compared to the local CCG average of 80% and national average of 84%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Where national GP patient survey results were below average the practice had developed and implemented an action plan to address the findings and improve patient satisfaction. For example, incoming telephone calls were now answered by staff away from the reception desk. Staff told us that having designated back office staff to answer the telephone had improved their ability to answer incoming telephone calls in a timely manner. This had also improved confidentiality when staff spoke with patients on the telephone as the conversations could not be overheard.

Some of the patients we spoke with said they were not always able to book a routine appointment that suited their needs. They also said they were able to get an emergency appointment if they attended the practice and waited. However, some patients said they were not able to get an emergency appointment and attended the local accident and emergency department or telephoned the out of hours service instead.

Listening and learning from concerns and complaints

The practice had a made improvements to the system for handling complaints and concerns.

- The practice had revised the complaints and comments policy and procedures which were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received 15 complaints in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response and the practice had reflected on their practice as a result of the complaint. Records showed that learning from complaints was shared with staff at staff meetings.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 17 November 2016, we rated the practice as inadequate for providing well-led services.

- Governance arrangements were not always effectively implemented.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions did not always keep patients safe.
- The practice was unable to demonstrate there were sufficient formal processes to enable staff to give feedback and raise concerns.
- The practice was unable to demonstrate they had a proactive approach to gaining feedback from patients, the public and staff about the delivery of the service.

The practice had responded to these issues when we undertook a follow up inspection on 8 August 2017. However, we found that further improvements were still required. The practice is now rated as requires improvement for providing well-led services.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which reflected the vision. Most of the staff we spoke with were aware of the practice's vision or statement of purpose.

Governance arrangements

Improvements to governance arrangements at the practice had taken place. However, further improvements were still required.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff had written job descriptions to help them understand their responsibilities and accountability in their role at the practice. Written guidance had been introduced to help staff understand the practice's organisational structure. GPs and nurses had lead roles in key areas. For example, one of the GPs was the lead for safeguarding and one of the nurses was the lead for infection prevention and control.
- Practice specific policies were implemented and were available to all staff. The practice had a system to help ensure all governance documents were kept up to date.
- An understanding of the performance of the practice was maintained.
- There was evidence that clinical audits were driving quality improvement.
- Improvements had been made to the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, improvements to the systems that managed fire safety, infection prevention and control as well as the management of medicines and recruitment checks prior to the employment of staff. However, the practice did not have an effective system for the assessment and management of legionella. They had also not fully addressed the deficits in staff training. For example, not all staff were up to date with safeguarding training, chaperone training and infection prevention and control training.
- The practice was sending statutory notification and applications to the Care Quality Commission (CQC) in a timely manner. For example, following an accident where a patient sustained injury this had been notified to CQC under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The reporting of statutory notification to CQC had also been incorporated into written guidance for staff to follow. For example, the emergency incident procedure.

Leadership and culture

Staff told us the GPs and the practice managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied 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). The GPs encouraged a culture of openness and honesty.

The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken. However, the practice did not always keep records of action taken (or if no action was necessary) in response to receipt of all notifiable safety incidents.

The practice had systems to help ensure that when things went wrong with care and treatment:

Are services well-led?

Requires improvement

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology in a timely manner.
- The practice kept written records of correspondence.

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

- Staff told us the practice had increased the frequency and type of meetings held. For example, staff meetings, nurses meetings as well as receptionist and administration 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Although staff said they still felt under pressure at work at times, they stated that this had improved since the employment of additional staff and other changes that had been introduced in the practice. For example, incoming telephone calls being answered away from reception.

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

The practice valued feedback from patients, the public and staff.

- The practice had formed a patient participation group (PPG) since our last inspection in November 2016.
- The practice gathered feedback from patients through the patient participation group (PPG) and by carrying out analysis of the results from the GP patient survey as well as results from the NHS Friends and Family Test.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Records showed that some meetings were held specifically to canvass suggestions from staff. For example, the development and ideas team meeting. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received. However, records did not show how learning from significant events was shared with locum staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; In that: • The practice's legionella risk assessment was incomplete and the action plan was insufficient to help ensure identified risks were being effectively reduced. The registered person was not: ensuring there were sufficient quantities of medicines to ensure the safety of the services users and to meet their needs; In that: • Some emergency medicines were not available in the practice. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity;

This section is primarily information for the provider

Requirement notices

assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

In that:

- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.
- Not all patients we spoke with were able to book a routine appointment that suited their needs and some patients were not able to book an emergency appointment.
- The practice did not have an effective system for the assessment and management of legionella.

The registered person was not; maintaining securely such other records as are necessary to be kept in relation to – (ii) the management of the regulated activity;

In that:

- Records did not show how learning from significant events was shared with locum staff.
- The practice did not have a record of the hepatitis b status of all clinical staff.
- Some patient group directions (PGDs) did not carry the name of the practice, the name of the GP who had signed the PGD and the date the PGD was signed by the GP.
- The practice did not always keep records of action taken (or if no action was necessary) in response to receipt of all notifiable safety incidents.

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service provider in the provision of the regulated activity were not: receiving

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform;

In that:

- Not all staff were up to date with relevant training. For example, safeguarding training, chaperone training, infection prevention and control training, fire safety training and basic life support training.

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.