

Meltham Group Practice

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	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

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 Meltham Group Practice on 10 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. We saw evidence that the team held regular meetings to discuss significant events and any lessons that were learnt as a result of the investigation.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with care, kindness and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was good access to clinicians and patients said they found it generally easy to make an appointment. There was continuity of care and if urgent care was needed patients were seen on the same day as requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Safeguarding was a priority for the practice and we saw evidence that best practice was followed. Staff knew how to recognise signs of abuse in vulnerable adults and children and any safeguarding concerns were discussed at a multi-disciplinary meeting each week.

Summary of findings

- We saw that reception staff were acting as chaperones without a Disclosure and Barring Service check (DBS) or an appropriate assessment of the risks. (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 day after our visit the practice forwarded a completed risk assessment to support this intervention.
- The practice could not evidence any patient specific directions (PSD). A PSD is a written instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- At the time of our inspection the practice had ceased to record the distribution of pre-printed prescription form stock within the practice.
- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us that the GPs were accessible and supportive.
- Not all necessary employment checks had been undertaken prior to employment, for example references or proof of identity.
- The practice proactively sought feedback from staff and patients and the Patient Reference Group (PRG), which it acted on.
- 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).

We saw one area of outstanding practice:

We saw evidence of good outcomes and high quality dementia care in the practice. Opportunistic screening took place. Further assessments were undertaken by a GP with specialist qualifications in this area. We saw that a comprehensive template was used to support this. The practice had a nominated Dementia champion and we saw that staff had been trained as 'dementia friends'.

The areas where the provider must make improvement are:

The provider must ensure that they can evidence written patient specific directions (PSD). The provider must ensure that PSDs are developed to enable health care assistants to safely administer vaccinations to named patients after specific training.

The areas where the provider should make improvement are:

The practice should review its cleaning regimes, including the risk assessments for the control of substances hazardous to health (COSHH). The practice should also review the cleaning regime of the fabric curtains in the practice and follow best practice.

The practice should review their systems for the logging and tracking serial numbers of blank prescriptions, in line with best practice guidance.

The provider should review its procedures with regards to recruitment and be able to evidence appropriate references for staff and proof of their identity.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- We saw that reception staff were acting as chaperones without a Disclosure and Barring Service check (DBS). (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). As these staff were not DBS checked and there was no risk assessment in place for this, we were assured that this would stop from the day of our visit. However, following our visit a completed risk assessment was forwarded to us.
- The practice could not evidence any patient specific directions (PSDs). A PSD is a written instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. Specific vaccinations at the practice were undertaken by the Health Care Assistant (HCA). The practice could not evidence that the HCA had attended up to date training, in line with best practice, to enable this intervention to be delivered safely.
- On the day of inspection the practice could not evidence data sheets for the control of substances hazardous to health (COSHH) relating to the cleaning products used within the practice. We saw a basic cleaning schedule that had been recently introduced but this was not fully completed. The practice introduced and forwarded COSHH data sheets to us following the inspection.
- At the time of our inspection the practice had ceased to record the distribution of pre-printed prescription form stock within the practice.

Summary of findings

- We reviewed two personnel files and found that some necessary recruitment checks had not been undertaken prior to employment. For example, the practice could not evidence proof of identification and had obtained only one reference each for the two staff we reviewed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed that the practice had achieved 100% of the QOF points available to them. (QOF, the national Quality and Outcomes Framework rewards practices for the provision of quality care), and that patient outcomes were at or above average when compared to local and national averages.
- The practice attended meetings where they worked with and supported other practices, peer reviewed outcomes and shared best practice to help lesser performing practices to develop.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence that the practice discussed these guidelines and used them to improve outcomes for patients.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We saw complimentary feedback, written by a third party, of staff responding to a medical emergency in a kind, caring and compassionate manner.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.
- The practice arranged appointments for mobile elderly patients to coincide with the local bus service.

Summary of findings

- The practice supported several care homes in the area and visited them on a regular basis. We were told by the management at the homes we contacted, that the care provided to the residents was kind, very caring and of an extremely high quality. The homes confirmed that the practice responded immediately to their requests and that communication with the entire practice was effective.
- We received 36 Care Quality Commission comment cards at inspection and 32 were overwhelming positive about the service provided. We were told staff were caring, helpful and listened to their patients.
- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care. All responses were comparable to CCG and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had also recently hosted a visit from Healthwatch (Healthwatch is the consumer champion for health and social care) and received positive feedback regarding their care of an unwell patient.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients could access appointments and services in a way and at a time that suited them. The practice ensured that all pre-bookable appointments were also available on-line and we saw evidence that three emergency slots were available each day to enable GPs to respond to urgent issues.
- We were told that the practice responded very quickly to requests for visits to individual patients' homes and visits to the local care homes. We were told that communication was excellent and reception staff were also described as professional and caring.

Good



Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- Patient satisfaction in relation to making an appointment with a named GP was comparable to local and national averages; there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Following an incident at the practice, the defibrillator was moved to a locked cupboard in the waiting area to allow staff to respond quickly to emergencies.
- The practice worked closely with other practices in the area and were part of a Federation of practices, of which one GP was a director. This federation commissioned services for local people. This reduced the need to travel to the local hospital which involved a lengthy bus journey for those patients dependent on public transport. Services commissioned included an anti-coagulant service and a vasectomy clinic.
- The practice had a higher than average number of older people in their population. They had responded to this by ensuring timely appointments, offering opportunistic dementia assessments and a comprehensive dementia service with higher than average outcomes for patients.
- The practice was proactive in their approach to understanding the needs of different groups of people. Patients receiving end of life care were discussed at a weekly meeting where several relevant health professionals attended including specialist palliative care nurses and district nurses. Medication to assist distressed patients at the end of life was proactively available to the GPs following a review of protocols after a significant event.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice held regular meetings with the staff team and other relevant health professionals.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients. The patient reference group (PRG) was active and met every two months. Representatives from the practice attended the meetings and we saw that suggestions made by the PRG were acted upon. For example, more appointments were made available on- line as a result of feedback from the PRG.
- Staff received annual appraisals and we saw that clear objectives were set.
- There was a strong focus on continuous learning and improvement at all levels. Regular educational meetings were held relating to relevant medical conditions and issues that the practice staff might encounter.
- The practice was a training practice and supported GP registrars on a regular basis. (GP registrars are fully qualified and registered doctors who are undertaking further training to become fully qualified GPs). We were told that debrief sessions were held after registrars had finished their consultations and tutorial sessions with registrars were held weekly.

Summary of findings

The six population groups and what we found

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

Older people

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

The practice offered proactive, personalised care to meet the needs of the older people in its population.

- The practice arranged appointments for mobile elderly patients to coincide with the local bus service.
- The practice was responsive to the needs of older people, and offered home visits by a GP, nurse or a health care assistant (HCA).
- Urgent appointments were available for those with urgent medical needs.
- The practice supported several care homes in the area and visited them on a regular basis. We were told by the management at the homes we contacted that the care provided to the residents was kind, very caring and of a high quality. The homes confirmed that the practice responded immediately to their requests. Residents at the homes had a named GP.
- Two GPs at the practice were speciality trained in the area of palliative (end of life) care. We saw evidence that these patients were discussed at the weekly primary health care team meetings and actions agreed upon.
- The practice held a drop in session weekly for carers of people diagnosed with dementia and had identified a dedicated carers champion and a dementia champion.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Outcomes for patients with a diagnosis of diabetes were better than the CCG and national averages. For example the percentage of patients on the register who had a flu vaccination was 100%.
- Longer appointments and home visits were available when needed with proactive medication reviews for those patients who took several medications.

Good



Summary of findings

- The lead practice nurse visited patients at home who had recently suffered a heart attack to support cardiac rehabilitation.
- All these patients had a named GP and 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 met regularly with relevant health and care professionals to deliver a comprehensive multidisciplinary package of care and GPs at the practice had a special interest in areas such as diabetes and dementia.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Young people were contacted on their fifteenth birthday and offered the opportunity to update practice records with their own mobile number and take more control over their personal health. For several years the practice had been recognised by the Kirklees Young People Friendly kite mark for offering a high standard of health services and materials aimed at young people. We saw the motto “Here to listen, not to tell”, was prominently displayed throughout the practice and that in a quiet area of the waiting room a board contained information leaflets for young people.
- The percentage of women whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 82% which was the same as the national average but slightly lower than the CCG average of 85%.
- Appointments were available outside of school hours with both the GPs and the practice nurse and the premises were suitable for children and babies.
- We saw evidence of structured and proactive examples of joint working with midwives, health visitors and school nurses.
- An on-site baby clinic was held weekly with joint care offered by a GP, health visitor and practice nurse.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services which included online appointment booking, the ability to order repeat prescriptions online and access to test results.
- Telephone consultations were available.
- A full range of health promotion and screening that reflects the needs for this age group was available including ambulatory blood pressure monitoring and ECG monitoring. (An electrocardiogram (ECG) is a simple test that can be used to check your heart's rhythm and electrical activity).
- The practice offered an extended hours surgery on a Tuesday evening between 6.30pm and 9.00pm.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and offered annual health checks. We were told that learning disabled patients at the surgery had also received a folder at their first health check which contained easy read health information.
- Looked after children registered with the practice were discussed monthly in a multi-disciplinary meeting.
- The practice had amended a template within the computer systems to enable them to carry out thorough and timely assessments of capacity with vulnerable people.
- The practice hosted a weekly drug and alcohol clinic where patients could access information and support. The worker would then meet with the lead partner to review the patients and follow up any issues or concerns.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice held a drop in session weekly for carers of people diagnosed with dementia and had identified a dedicated carers champion and a dementia champion.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Child and adult safeguarding was a priority for the practice and we saw evidence that best practice was followed and cases were discussed at the weekly clinical meetings. Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

People experiencing poor mental health (including people with dementia)

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG average of 85% and the national average of 84%.
- We saw evidence of good outcomes and high quality dementia care in the practice. Opportunistic screening took place and further assessments were supported by a GP with a postgraduate certificate in Dementia for practitioners with a special interest. The practice had a nominated Dementia champion and we saw that staff had been trained as 'dementia friends'.
- The practice hosted a drop in service for people with dementia and their carers.
- The practice had amended a template within the computer systems to enable them to carry out thorough and timely assessments of capacity with vulnerable people.
- Patients at the practice had access to a drug and alcohol worker one day per week. Patients were reviewed and assessed and all prescriptions reviewed and signed by the GP who also reviewed each patient four times per year. Patient records demonstrated good outcomes for individuals.
- The practice offered a weekly counselling service.
- The percentage of patients with a mental health issue who had an agreed care plan documented in their notes was 94% which was better than the CCG average of 89% and the national average of 88%.
- The practice regularly worked closely with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including walking groups.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health; these patients were regularly reviewed and discussed in meetings.

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 were published in January 2016. The results showed the practice was generally performing at or above local and national averages. Data showed that 235 survey forms were distributed and 113 were returned. This represented a response rate of 48% or 2% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the CCG of 76% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 36 comment cards at inspection and 32 were overwhelming positive about the service provided. The service was described as excellent on numerous cards. Other comments included kind, sensitive and caring. Patients told us that it was easy to get an appointment. We received four comments cards that contained negative comments and those related to patients feeling that they were not listened to.

We spoke with six patients during the inspection. Patients said they were very involved with their own care and treatment which was very good and the nursing team were described as outstanding. Patients told us it was easy to make an appointment and that home visits were never declined.

The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. The annual Friends and Family test survey at the practice showed that between April 2015 to March 2016, 93% of patients would be likely or extremely likely to recommend the surgery to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

The provider must ensure that they can evidence written patient specific directions (PSD). The provider must ensure that PSDs are developed to enable health care assistants to safely administer vaccinations to named patients after specific training.

Action the service **SHOULD** take to improve

The practice should review its cleaning regimes, including the risk assessments for the control of substances hazardous to health (COSHH). The practice should also review the cleaning regime of the fabric curtains in the practice and follow best practice.

The practice should review their systems for the logging and tracking serial numbers of blank prescriptions, in line with best practice guidance.

The provider should review its procedures with regards to recruitment and be able to evidence appropriate references for staff and proof of their identity.

Outstanding practice

We saw evidence of good outcomes and high quality dementia care in the practice. Opportunistic screening

Summary of findings

took place. Further assessments were undertaken by a GP with specialist qualifications in this area. We saw that a comprehensive template was used to support this. The practice had a nominated Dementia champion and we saw that staff had been trained as 'dementia friends'.

Meltham Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Meltham Group Practice

The Meltham Group Practice is situated at 1 The Cobbles, Meltham, Holmfirth, West Yorkshire, HD9 5QQ and provides services for 6,269 patients. The surgery is situated within the Greater Huddersfield City Clinical Commissioning group (CCG) and is registered with The Care Quality Commission (CQC) to provide primary medical services under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

They offer a range of enhanced services such as childhood immunisations, facilitating timely diagnosis and support for people with dementia and improving patient access on line.

There is a slightly higher than average number of patients aged over 55 and there are fewer patients aged between 19 and 39 than the national average. The national general practice profile shows that the practice population is predominantly white British with only 2% of the practice population from a south Asian or mixed background. Whilst the diversity of the area is changing, within the CCG, white British remains the largest ethnic group.

The practice has four GP partners, two of whom are male and two are female and two salaried GPs. The practice also

employs two part time practice nurses, one health care assistant (HCA) and one HCA trainee. The clinical team is supported by a practice manager and a team of administrative staff.

The practice catchment area is classed as being within one of the 30% least deprived areas in England with low unemployment.

The practice is situated within a single storey, purpose built building with car parking available. It has level access, disabled facilities and a hearing induction loop.

The practice reception is open between 8.15am and 6.00pm Monday to Friday and appointments are between these times. The practice offers an extended hour's clinic on a Tuesday between 6.30pm and 9.00pm.

When the surgery is closed patients are advised of the NHS 111 service for non –urgent medical advice and are directed to a local clinic.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 our inspection we reviewed a range of information we hold about the practice and asked other organisations to share what they knew including Greater Huddersfield CCG and NHS England. We carried out an announced visit on 9 August 2016. During our visit we:

- Spoke with a range of staff including three GPs, a practice nurse, a HCA and a trainee HCA. We asked reception and administration staff to complete a questionnaire which they handed to us on the day.
- Spoke with patients who used the service and two members of the Patient Reference Group.
- Observed how patients were being cared for and treated in the reception area.
- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed comment cards where patients shared their views and experiences of the service.

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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording and investigating significant events.

- There was a strong culture of openness and honesty supported by a number of team and multi-disciplinary meetings.
- There was a nominated lead for ensuring that all significant events and near misses were recorded on the computer system. We looked at some incidents in detail and found that these were investigated thoroughly, actions were taken to improve safety in the practice and that learning was shared with staff.
- 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 and were told about any actions to improve processes to prevent the same thing happening again. The opportunity to meet with clinicians was also offered.
- There was a system in place to ensure that all safety alerts were cascaded to the staff and actioned as appropriate.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and best practice. Policies were accessible to all staff which outlined who to contact for further guidance. Safeguarding records, including those of looked after children, were visible to health care workers and concerns were discussed weekly in the primary health care team meetings. This was regularly attended by health visitors and school nurses when necessary. The lead GP for safeguarding

worked closely with the CCG safeguarding lead to develop new initiatives for example a new e learning module on the subject. We saw evidence of a referral that had been made and learning points from this.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nursing staff to level two and the majority of other staff to level one.
- A notice in the waiting room advised patients that chaperones were available if required. Administrative staff who acted as chaperones were trained for the role but had not 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 day after our visit the practice forwarded to us a risk assessment that had been formulated to manage this activity.
- On the day of inspection the practice could not evidence data sheets for the control of substances hazardous to health (COSHH) relating to the cleaning products used within the practice. We saw a basic cleaning schedule that had been recently introduced but this was not fully completed. The practice introduced and forwarded COSHH data sheets to us following the inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was a basic IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that fabric privacy curtains used within the practice were not cleaned in accordance with guidelines developed by the National Patient Safety Agency (NPSA).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored; however at the time of our inspection the practice had ceased to record the distribution of pre-printed prescription form stock within the practice.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we found that these were up to date and regularly reviewed. The practice could not evidence any patient specific directions (PSD). Specific vaccinations at the practice were undertaken by the Health Care Assistant; the practice could not evidence that the HCA had attended up to date training, in line with best practice, to enable this intervention to be delivered safely.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed two personnel files and found that some necessary recruitment checks had not been undertaken prior to employment. For example, the practice could not evidence proof of identification and had obtained only one reference each for the two staff we reviewed. However, all staff had smart cards. To obtain smart cards the practice had seen proof of identification but had not retained this. We saw that the newest member of staff had two references. Other checks were appropriate. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

The practice had procedures in place to assess and monitor the risks to patients and staff.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire

alarm testing. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings).

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and staff worked flexibly to cover for any changes in demand, for example seasonal demand, leave or sickness .

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with an adult mask available. We were forwarded a risk assessment after our inspection detailing that the practice did not keep a paediatric mask due to an assessment of low risk of this being required. 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 an up to date, comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Guidelines were widely discussed in staff meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

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 showed the practice had achieved 100% of the total number of points available with 10% exception reporting which is slightly higher than the CCG average of 8% and the national average of 9%. (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 any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the CCG and national averages for example: the number of patients on the diabetes register with a blood pressure reading within normal limits was 79% compared to the CCG average of 77% and the national average of 78%. We saw data for the current year which also showed that the practice was performing strongly in this area.
- Performance for mental health related indicators was also better than CCG or national results. For example,

the percentage of patients with a mental health issue whose alcohol consumption was recorded in the preceding 12 months was 97% compared to the CCG average of 88% and the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, these were both completed audits. We saw evidence that best practice was taken into account and the improvements made were implemented and monitored. For example, an audit of patients taking insulin, led to a reminder being added to individual notes to remind clinicians to record the patients current insulin dose.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice attended "yellow team" meetings which was an opportunity for them to support other practices; share best practice and peer review each other.
- The practice had also participated in a university audit programme regarding non-steroidal anti-inflammatory drugs. The audit provided quarterly updates which were discussed with the team and any actions identified were taken. We saw that there were improved outcomes for patients.

Effective staffing

Staff had the skills, knowledge and experience 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. These were individually tailored to staff or registrars and we were told of good management support for new staff.
- 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, undertaking smear tests and providing phlebotomy services (taking blood samples).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence, with the exception of a Health care assistant (HCA) who was not up to date with vaccination

Are services effective?

(for example, treatment is effective)

training. Staff could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and there was a new starter pack available for GP registrars.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice gave regular educational tasks regarding relevant topics to the staff team to increase their knowledge about illness and conditions.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed, actions to be taken were discussed and plans put in place to support patients with complex needs.

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. We saw a template on the computer systems to ensure that a timely and thorough assessment of capacity could be made when a patient's mental capacity to consent to care or treatment was unclear.
- GPs at the practice had a good understanding of the patients that were subject to a deprivation of liberty safeguard (DoLS) in the residential homes that they supported. DOLS are safeguards which can be applied for by a care home or hospital and which seek to restrict the movement of people to keep them safe from harm when they have been found to lack capacity.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, staff were clear about their understanding of the Gillick competence. This is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Supporting patients to live healthier lives

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

- Patients receiving end of life care were discussed at a weekly meeting where several relevant health professionals attended including specialist palliative care nurses and district nurses. Medication to assist distressed patients at the end of life was proactively available to the GPs following a review of protocols after a significant event.
- Patients were signposted to the relevant service. The practice held a drop in session weekly for carers of people diagnosed with dementia and had identified a dedicated carers champion and a dementia champion. The practice had audited their facilities for carers and were proactively inviting them for a carers review.
- Smoking cessation advice was available and patients could self refer to a local support group.

The practice's uptake for the cervical screening programme was 82% which the same as the national average and comparable to the CCG average of 85%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the

Are services effective? (for example, treatment is effective)

screening programme and for all patients they ensured that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The number of patients undergoing bowel and breast screening was higher than CCG and national averages. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the national average of approximately

94%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 95% and five year olds from 88% to 100%. There was a dedicated staff member who dealt with all vaccination recalls.

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

Are services caring?

Our findings

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 were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Some patients commented that conversations at the reception desk were at risk of being overheard. However, they also commented that staff spoke softly on reception and were sensitive to this issue.

Of the 36 patient Care Quality Commission comment cards we received 32 were positive about the service experienced. 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 two members of the patient reference group (PRG). They also told us that staff from the practice attended the meetings and they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. The PRG members told us that they felt their contribution to the practice was valued by the staff. Comment cards highlighted that staff responded compassionately and quickly when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 89% of patients said the GP gave them enough time which was the same as the CCG average better than the national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern which was the same as the CCG average and comparable to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day 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. Patients also discussed receiving a personalised care plan which detailed their treatment. The majority of the patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care which was the same as the CCG average and better than the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language although this was rarely required, staff would inform patients this service was available.
- We saw a range of Information leaflets relevant to the practice including health information leaflets targeted at young people.

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. This included information on cardiac care, weight loss groups and walking and social group information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers, which was 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice had a carers champion who was proactively identifying carers and inviting them for carers health checks. The practice had also developed a carer's protocol and was working with the CCG and auditing the work that it was doing, using a recognised audit tool, with a view to improving care for carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on Tuesday evening until 9.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, for complex medication reviews and for patients diagnosed with long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had the capacity to undertake several home visits per day.
- Same day appointments were available for children, those in need of emergency contraception and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice was a purpose built single story building with level access, disabled and baby changing facilities, a hearing loop and translation services available.
- The practice supported several care homes in the area. We were told by the management at the homes that the care provided to the residents was kind, very caring and of a high quality. The homes confirmed that the practice responded immediately to their requests for visits.
- The practice had a higher than average number of older people in their population. They had responded to this by ensuring timely appointments for people to attend which coincided with the local bus services, offering opportunistic assessments for dementia and offering a comprehensive dementia service with higher than average outcomes for patients, with very low exception reporting.
- Patients could access appointments and services in a way and at a time that suited them. The practice

ensured that all pre-bookable appointments were also available on line and we saw evidence that three emergency slots were available each day to enable GPs to respond to urgent issues.

- The practice had good facilities and was well equipped to treat patients and meet their needs. Following an incident at the practice, the defibrillator was moved to a locked cupboard in the waiting area to allow staff to respond quickly to emergencies.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was proactive in their approach to understanding the needs of different groups of people. Patients receiving end of life care were discussed at a weekly meeting where several relevant health professionals attended including specialist palliative care nurses and district nurses. Medication to assist distressed patients at the end of life was proactively available to the GPs following a review of protocols after a significant event.
- The team worked closely with other practices in the area and were part of a Federation of practices, of which one GP was a director. This federation aimed to commission services for local people and reduce the need to travel to the local hospital which involved a lengthy bus journey for patients dependent on public transport. Services commissioned included an anti-coagulant service and a vasectomy clinic.
- The practice had been recognised for offering a high standard of health services and materials aimed at young people. We saw the motto "Here to listen, not to tell", was prominently displayed throughout the practice and that in a quiet area of the waiting room a notice board contained information leaflets for young people. Young people were contacted on their fifteenth birthday and offered the opportunity to update practice records with their own mobile number and take more control over their personal health.

Access to the service

The practice reception was open between 8.15am and 6.00pm Monday to Friday and appointments were available between these times. The practice offered an extended hour's clinic on a Tuesday between 6.30pm and 9.00pm. In

Are services responsive to people's needs?

(for example, to feedback?)

In addition to pre-bookable appointments that could be booked in advance, urgent appointments and telephone consultations were also available for people that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

The GPs triaged the need for a home visit if necessary but demonstrated a good knowledge of their patient needs. Patients told us that they would be visited at home when they needed to be seen. In addition to appointments that could be booked on the day, the surgery kept three slots per day to enable them to respond to urgent requests for appointments throughout the day.

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.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures 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.
- We saw that information was available to help patients understand the complaints system

We looked at six complaints received in the last 12 months and found that they were dealt with in a timely way. The practice demonstrated an open and transparent approach when dealing with the complaint and met with the person where necessary. Lessons were learnt from individual concerns and complaints and these were shared with the staff team and the PRG. We saw that action was taken as a result to improve the quality of care. For example, medication to assist distressed patients at the end of life was proactively available to the GPs following a review of protocols after a significant event.

Are services well-led?

Good 

(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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff could discuss this and knew and understood the values of the team.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Succession planning was in place and the practice were hoping to appoint a new partner.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The repeat prescribing protocol did not include the role of the GPs and we did not see evidence of a prescribing policy.
- We saw a protocol folder in all clinical rooms which directed staff to referrals and good practice guidelines.
- A comprehensive understanding of the performance of the practice was maintained by all members of the team and discussed at regular meetings. Staff had specific roles and duties particularly in the role of QOF and there was a robust recall system in place.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were supportive, approachable and always took the time to listen to all members of staff.

Staff discussed with us a strong culture of honesty and openness. The provider was aware of and had systems in place 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). The practice had systems in place 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 verbal interactions as well as written correspondence.

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

- We saw evidence that the practice held regular team, clinical and multi-disciplinary 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. 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. Practice learning time each month was an opportunity to encourage staff development, undertake training and review the performance of the practice.

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

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

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received.
- There was a suggestion box in reception and information was clearly displayed that explained to patients how they could join the PRG. The practice newsletter also contained a tear off slip which made it easy for patients to make a complaint or leave suggestions.

Are services well-led?

Good 

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

- The PRG met every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, changes were made to the appointment system following feedback from the PRG and more pre-bookable appointments were made available on line.
- The practice had gathered feedback from staff through discussions, meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Members of the team were on the board of Greater Huddersfield CCG and were involved in pilot schemes and new initiatives such as developing a new safeguarding e learning package.
- The practice worked closely with other practices in the area and were part of a Federation of practices, of which one GP was a director. This federation aimed to commission services for local people and reduce the need to travel to the local hospital which involved a lengthy bus journey for patients dependent on public transport. Services commissioned included an anti-coagulant service and a vasectomy clinic.
- The practice supported GP registrars and for one week per year, supported a college student with an interest in medicine on a placement at the surgery.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure that patient specific directions were in place to enable Health Care Assistants to safely administer vaccinations to patients. The registered person did not ensure that the person administering the vaccinations had attended a necessary update on their competence to carry out this task. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.