Dr Emil Shehadeh

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

On 2 December 2014 we conducted an announced comprehensive inspection of Dr Emil Shehadeh. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe, effective and well led services. It was also inadequate for providing services for the all the population groups. Improvements were also required for providing caring and responsive services.

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

- Patients we spoke with on the day of our inspection told us they were happy overall with the service. Comments from the National Patient Survey and the practices own patient survey, were mixed. Patients reported experiencing difficulties accessing appointments. In response, the practice had introduced walk in clinics to meet patient demand for on the day appointments.
- Patients reported receiving a variable service with some staff were polite, supportive, kind and respectful to them. The practice has spoken with staff and are arranging customer service training for them.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, we found no infection control audit had been conducted, staff had not received training in infection control and the cleaning schedules were not comprehensive to reflected enhanced risks in relation to minor surgical procedures. We found there was no medicine management policy or repeat prescribing policy in place and no system to ensure patient medication reviews were organised, conducted and recorded in a timely and appropriate way.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example, we found there was no system in place for the management of patients receiving Lithium used to

Summary of findings

treat manic depression. We also found there were not robust systems in place to ensure the timely review of patient results when the GP was on leave and out of the country.
- Staff understood how to report incidents, near misses and concerns but there was no recorded evidence of learning and communication with staff.
- The practice had clear leadership structure, but limited formal governance arrangements, discussions and decisions were not recorded.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure the safe prescribing and monitoring of patients receiving medicines.
- Ensure risks are identified and appropriately managed, Such as, ensuring there are robust systems in place to ensure the timely review and actioning of test results, risks are identified and appropriately managed in respect of employing effective cleaning systems and risks are assessed for staff undertaking chaperone duties.
- Ensure there are arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to their care and treatment.

In addition the provider should:

- Ensure staff who carrying out chaperone duties are appropriately trained to undertake the role.
- Ensure patients can access a translation service to enable them to fully understand and engage in decisions relating to their care and that of those they are responsible for.
- Consider the tone of practice literature on patients.
- Develop a whistleblowing policy and ensure staff are aware of how to access it and follow the procedure.
- Ensure accurate record keeping in respect of meetings and decision making.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Risks to patients who used services were not always assessed, and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example an infection prevention control audit had been conducted and the fire risk assessment had not been revised following advice from the fire safety officer. We found safe prescribing guidance was not always adhered to, potentially compromising patient care.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made. Completed clinical audits reviewed showed adherence with national and local clinical guidance. They showed that the audits had informed changes to practice to improve outcomes for patients. However, we found patients were not being appropriately monitored to ensure safe and effective prescribing of medicines. The systems in place were not sufficiently robust to identify where patients had failed to attend for blood tests, screenings or medication reviews. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Some patients told us they thought the service was good. However, not all felt cared for, supported and listened to. We saw and spoke with a patient who was visibly upset by the treatment they had received from staff and the requirement to disclose their medical concern to a receptionist prior to being seen by the GP. Patients told us the GPs could be strict and would only respond to one issue per appointment and this could be difficult for people who had limited opportunity to attend the practice. Information was not available in languages other than English despite the practice serving a diverse multi lingual community. The practice did not have access to translation services despite having patients who did not speak English as a first language.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. The practice provided walk in clinics in

Summary of findings

response to patient request for greater accessibility. Patients told us that access to a GP was not always available quickly, although the practice assured us urgent appointments were usually available the same day. Some patients reported difficulty securing appointments for their children and/or themselves at the same time resulting in multiple visits to the practice. We found the practice was equipped to treat patients and meet their needs.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. The practice was being considered for sale, although the provider had not held conversations with NHS England regarding the possible implications for the service. It was also unclear who would take on responsibility for the service and how it would be delivered after March 2015 when the provider intended to retire. We were informed that a number of proposed options for sale were being considered but none had been finalised. The lead GP and nurse practitioner led on clinical areas and the service relied heavily upon them. Such reliance on two staff members presented challenges to delivering a sustainable service in their absence. Where audits had been conducted issues had been identified and addressed but these had not informed a programme of review. Staff were provided with inductions, and received annual performance reviews. Staff were encouraged to attended staff meetings where possible but this was not always achieved due to limited staffing.

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

Inadequate

The practice is rated as inadequate for the care of older people. The practice is rated as inadequate for the domains of safe, effective and well led and rated as requires improvement for caring, and responsive. The concerns which led to these ratings apply to everyone using this practice including this population group.

Patients over 75 had a named GP who oversaw and co-ordinated their care. However, the care and treatment of older people did not always reflect current evidence-based practice, regarding the monitoring of patients on medicines. Longer appointments and home visits were available for older people when requested. We spoke with staff working in a care home who reported inconsistencies in the care their residents received and sometimes delays in having medicine reviews conducted.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The practice is rated as inadequate for the domains of safe, effective and well led and rated as requires improvement for caring, and responsive. The concerns which led to these ratings apply to everyone using this practice including this population group.

Emergency processes were in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. The practice offered a range of specialist clinics to meet individuals needs such as diabetes, asthma and benefited from the services of a phlebotomist (person who takes blood).

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The practice is rated as inadequate for the domains of safe, effective and well led and rated as requires improvement for caring, and responsive. The concerns which led to these ratings apply to everyone using this practice including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. We found

appointments were available outside of school hours and the practice were sensitive to the needs of children, by accommodating family members during appointments to avoid multiple visits.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The practice is rated as inadequate for the domains of safe, effective and well led and rated as requires improvement for caring, and responsive. The concerns which led to these ratings apply to everyone using this practice including this population group.

The practice served a young population with high representation from working age people, and high levels of reported unemployment within the area. The practice offered extended opening hours and walk in clinics at the practice to meet the need of patients who did not wish to book in advance. Health promotion advice was offered but there was limited accessible health promotion material available through the practice in languages other than English.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for the domains of safe, effective and well led and rated as requires improvement for caring, and responsive. The concerns which led to these ratings apply to everyone using this practice including this population group.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most 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 had 46 patients listed on their learning disabilities register, but did not provide longer consultation time to patients who may attend with a carer and/or may require additional time to understand information being presented.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for people experiencing poor mental health. The practice is rated as inadequate for the domains

Summary of findings

of safe, effective and well led and rated as requires improvement for caring, and responsive The concerns which led to these ratings apply to everyone using this practice including this population group.

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). We found patients prescribed Lithium (a drug used to treat bi polar disorder) had not received blood tests as required by national guidance to ensure their medication remained safe and appropriate for them. This finding was accepted by the practice at the time of our inspection, and they told us they would review patient care for those identified.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had completed training relating to vulnerable adults.

Summary of findings

What people who use the service say

We reviewed the findings of the national patient survey who received 88 responses to the 408 questionnaires distributed to patients amounting to 22 % of those people contacted. The practice performed above average within their Clinical Commissioning Group for waiting 15 minutes or less for their appointment, booking an appointment at a convenient time for them and being satisfied with the opening times of the practice. However, the practice performed below the Clinical Commissioning Group average for finding the reception staff helpful, for their GP being good at listening to the patient. Patients also reported a poor experience when making an appointment.

We provided the practice with comment cards ahead of our inspection and invited patients to complete them so we may capture their experiences of the service. We reviewed six completed Care Quality Commission comment cards and comments on the NHS choices website. Overall these were positive about the care patients received. Patients told us staff were friendly, polite and helpful to them. They understood the GPs and were happy to see them again for assessment and treatment.

We spoke with 8 patients in attendance at the practice on the day of our inspection. Some reported difficulties obtaining an appointment. Whilst patients understood that the GP was busy, some found the notice slips given to them advising them of limiting their appointments to a single issue offensive and upsetting.

We spoke with partner health and social care services who reported that they experienced an inconsistent service dependent on the personalities of the reception staff and clinicians. They reported having some difficulties in securing appointments and receiving medication reviews for their patients and residents when requested.

Areas for improvement

Action the service MUST take to improve

Importantly, the provider must:

- Ensure the safe prescribing and monitoring of patients receiving medicines.
- Ensure risks are identified and appropriately managed, Such as, ensuring there are robust systems in place to ensure the timely review and actioning of test results, risks are identified and appropriately managed in respect of employing effective cleaning systems and risks are assessed for staff undertaking chaperone duties.
- Ensure there are arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to their care and treatment.

Action the service SHOULD take to improve

In addition the provider should:

- Ensure staff who carrying out chaperone duties are appropriately trained to undertake the role.
- Ensure patients can access a translation service to enable them to fully understand and engage in decisions relating to their care and that of those they are responsible for.
- Consider the tone of practice literature on patients.
- Develop a whistleblowing policy and ensure staff are aware of how to access it and follow the procedure.
- Ensure accurate record keeping in respect of meetings and decision making.

Dr Emil Shehadeh

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, practice manager and an expert by experience. Experts by experience are independent individuals who accompany an inspection team. All persons who support the inspection are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Dr Emil Shehadeh

Dr Emil Shehadeh has a patient population of 4700. The practice has two male GPs and a female GP and their nursing team consists of a nurse practitioner, two practice nurses and a health care assistant who is also a trained phlebotomist. The practice is a training practice and had a GP Registrar and Foundation level two GP working at the practice at the time of our inspection. A GP Registrar is a fully qualified and registered doctor, they have passed out of medical school and completed their two years of pre-registration in hospital and been admitted as fully registered doctors on to the General Medical Council (GMC) list. A Foundation year 2 (F2) is a medical graduate who is undertaking their second year of supervised responsibility for patient care to consolidate the skills that they have learned at medical school.

The practice holds a General Medical Service contract. This is the type of contract the practice holds with NHS England to provide medical care to patients.

We reviewed the practice website which contained information on their opening hours, clinics and general patient information such as health promotional material.

The practice has opted out of providing out-of-hours services to their own patients. The services are provides by SEEDS which is the South East Essex Emergency Doctors Service. Information is provided to patients about the out of hour's provision and patients are actively encouraged to call them prior to attending accident and emergency services.

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 on 2 December 2014 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

How we carried out this inspection

We visited the Tilbury practice and gathered information from people who use services and staff as well as others.

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

Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. These 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We provided the practice with comment cards ahead of our inspection and invited patients to complete them so we may capture their experiences of the service.

We carried out an announced visit on 2 December 2014. During our visit we spoke with a range of staff including the practice manager, GPs, the nursing team, administrative staff and receptionists, and spoke with eight patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients.

Inadequate

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

The practice manager told us that any staff concerns relating to safety were reported directly to them and that a record was maintained of such incidents. They told us that none had been reported at the Tilbury practice. We asked to see copies of the management team and clinical governance meetings to identify safety incidents and learning. We were told the meetings were not minuted.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred; five had been recorded since January 2014 and we were able to review these. An overview record was also maintained of reported significant events identifying whether there was a potential safety impact, if any harm was caused to the patient, any change in procedures or practice, learning and sharing of findings.

We tracked one significant incident relating to a member of staff who had had a needle stick injury in August 2014. The incident was to be discussed with staff at the next team meeting scheduled for August 2014 team meeting and the practice protocol for the management of needle stick injuries had been reviewed. However, we found there were no minutes of the meeting retained and this was the case for both practice meetings, and/or clinical governance meetings. Therefore, the practice could not demonstrate key issues had been discussed with staff such as, significant incidents and the outcome of any investigation such as highlighting good practice and/or areas for learning and development. Staff told us they were told information as it arose and affected their daily responsibilities.

National patient safety alerts were received by the practice manager who disseminated them to appropriate staff. Where it related to medication the practice manager searched the patient system to identify patients who may be adversely affected due to having been prescribed medicines. The practice manager then informed and invited the GP to review the patients care to determine whether they should remain on the medication. The practice manager told us where safety alerts related to equipment he shared the information with the practice nurse to inform patients and staff where appropriate and if necessary revised the patients care requirements. However, we found there were no systems in place to confirm that staff had received, read, understood and actioned alerts appropriately. Although staff told us issues were discussed with them as they arose.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Staff told us they undertook e-learning in safeguarding for children and vulnerable adults. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had an appointed lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's patient electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. The lead GP for the child or young person at risk would submit reports to the case conferences where services would review the care provided to them.

There was a chaperone service at the practice, but there were no notices within the communal waiting area advertising the service. The chaperone service was provided by administrative staff if a nurse was not available. These staff had not received any training to undertake the role, but were briefed by the GP regarding the procedure and the patient provided their consent to have the staff member present. Staff we spoke to felt

confident and comfortable undertaking the role. However, reception staff had not been risk assessed or undergone criminal record checks prior to performing chaperone duties.

The GPs were using codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.

Medicines management

There was no medicines management policy in place for ensuring the correct storage and management of medicines. We checked medicines stored in the treatment rooms and medicine refrigerators; a record of fridge temperatures was maintained.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. However, we found medicines relating to patients no longer receiving treatments; some of which were out of date and had not been disposed of in line with waste regulations.

We saw the outcome of a medicines management audit undertaken by NHS Thurrock Clinical Commissioning Group Medicines Management Services. This did not raise any concerns and identified the prescribing at the practice was in line with similar practices within the Clinical Commissioning Group.

The nurses and the health care assistant administered vaccines using patient specific directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines. A member of the nursing staff was qualified as an independent prescriber and although she received no formal supervision she was encouraged to access informal supervision as required.

We found there was no effective system in place for the management of patients receiving medicines such as lithium. Lithium is used to treat manic depression. The British National Formulary (BNF) specifies that patients should receive blood tests every three months once a stable dosage of lithium is reached. The BNF provides up-to-date guidance on prescribing, dispensing and administering medicines. It is also advised to check thyroid and kidney function every six months.

The practice had recently started using the Electronic Transfer of Prescriptions (whereby the prescription is emailed to the patients preferred pharmacy after authorisation by the doctor or nurse prescriber and no hard copy is created). All other prescriptions were reviewed and signed by a GP or nurse prescriber before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. We saw there was a basic cleaning checklist in place but it did not differentiate between rooms and did not reflect enhanced cleaning when minor surgical interventions were to be performed. However, the practice manager told us they conducted daily visual checks of the facilities to ensure they were clean and worked with the contracted cleaners to maintain a clean practice. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice told us their last infection prevention control audit had been conducted by the Primary Care Trust, they had not retained a copy of the report, the practice did not have a lead practitioner appointed with responsibility for infection control and staff had not received training on infection prevention and control. There was an infection control staff induction policy dated June 2014. However, it was not routinely used and staff told us they had not received training. Practice meetings were also not minuted to demonstrate infection control risks had been discussed and learning shared. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to mitigate against the risk of infection.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in consultation and treatment rooms.

The practice did not have a risk assessment or policy in place for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). This was recognised by the practice who agreed to arrange for this to be tested.

Inadequate

Are services safe?

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date January 2014. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example the defibrillator and blood pressure monitor in March 2014.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and qualifications, registration checks with their appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual. This was reflected in staff employment contracts.

Staff told us there were usually enough staff to run the practice and there were always enough staff on duty to keep patients safe. The practice manager told us they operated a lean staffing structure, based on minimal staffing levels. When clinical staff took leave, locum doctors were employed or the salaried doctors were asked to provide additional sessions, where possible. However, the lead GP reported to us that when they were absent patient blood test and other results were often not reviewed and actioned appropriately. We found there were not robust systems in place to ensure the timely review and actioning of test results in the GP's absence. The GP retained responsibility for the reviewing of results even when on leave and out of the country and would access the practice systems remotely when possible.

Monitoring safety and responding to risk

The practice had systems and processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. We were told daily visual checks were conducted of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy dated December 2010 and reviewed in November 2014. However, there was an absence of documentation to support the visual checks having been conducted such as a risk log to record, action and resolve identified risks.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Staff told us that all staff had received training in basic life support and this was evident in the personnel files we reviewed. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Staff knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were stored in an insecure cupboard in the treatment room; all staff knew of their location. The practice had not identified the arrangement to present a potential risk, despite the medicines being accessible to patients whilst the room was left unattended. This included medicines for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. It addressed the arrangements in the event of loss of the computer system and telephone system. However, we found there was no acknowledgement or documentation of the risks associated with providing the service when they may have an absence of staff.

The practice had carried out a fire risk assessment dated June 2009. However, this had been reviewed by Essex Fire and Rescue Service in 2013 at the practice request and found to be insufficient. The fire officer had advised the practice to review and amend the risk assessment to reflect the risks to patients. This had not yet been competed at the time of our inspection. Staff had not received fire safety training in the use of equipment or evacuation procedures. However, fire alarm testing had been conducted weekly and emergency light testing was monthly and logged in the

Inadequate

Are services safe?

fire safety log book. The fire equipment had been checked in May 2014 and portable appliance checks conducted in January 2014 for risks of electrical fires. Staff told us where the evacuation point was in an event of a fire.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We looked at two clinical audits, one of which reviewed prescribing patterns. This was used to check whether the prescribing had been in accordance with national guidelines. The audit found that for the specified medicine the national guidelines had been adhered to.

We found regular clinical governance meetings were held every Friday and attended by the GP and nursing staff. However, we found no agendas were kept of meetings and none were minuted, this was confirmed by the GP and practice manager.

The GP told us they led in specialist clinical areas such as the Quality and Outcomes Framework (QOF) and diabetes. QOF is a national performance measurement tool. We were also told the nurse led in asthma management and care. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. For example, the Registrar we spoke with told us that the GP was approachable and supportive. A GP Registrar is a fully qualified and registered doctor, they have passed out of medical school and completed their two years of pre-registration in hospital and been admitted as fully registered doctors on to the General Medical Council (GMC) list. They told us that they had undergone a thorough induction when they commenced work at the practice. This was also supported in the timetabling of clinics, providing the Registrar with three slots for discussion during clinics and additional time provided to review work with a clinical colleague at the end of the clinical sessions.

The GP showed us data from the local Clinical Commissioning Group (CCG) of the practice's performance for antibiotic prescribing. This showed the practice was comparable to or better than similar practices in the CCG area for antibiotic prescribing.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff across the practice did not have specific or appointed roles in monitoring and improving outcomes for patients. However, there were clinicians leading on patient care in areas such as asthma.

The GP told us clinical audits were often linked to medicines management information, and the quality and outcomes framework (QOF). The practice showed us two clinical audits that had been undertaken in the last year. They were both completed audits dated November 2014. We saw an audit regarding the prescribing of analgesics and nonsteroidal anti-inflammatory drugs. Following the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. As a consequence of another clinical audit, the practice had reclassified their patients' needs and consequently appropriately increased prescribing rates for a cholesterol lowering medication.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, patients with diabetes had an annual medication review. This practice was not showed to be performing below similar practices within their Clinical Commissioning Group in relation to QOF (or other national) clinical targets.

The practice team were not making the best use of clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with told us they valued the Friday meetings where they collectively met to discuss aspects of clinical care. However, these were not minuted and decisions were not clearly audited. Staff spoke positively about the culture in the practice and the approachability and the support offered by the senior GP.

The practice staff acknowledged there was no formal repeat prescribing protocol in place, which was not in line with national guidance. The lead GP told us patient records were not read coded to highlight when patients had had a review of medication or other assessments. In the absence of read coding on the system, we found no alternative system in place to ensure patient medication reviews were organised, conducted and recorded in a timely and appropriate way to meet the patients' clinical needs. There were some alerts on patient systems where checks were required in accordance with QOF and safety issues. But we

Inadequate

Are services effective?

(for example, treatment is effective)

found evidence that these were not always actioned in a timely and appropriate way for example, when we checked a sample of patient records we found patients requiring blood tests and diabetes checks had not received them.

We looked at three anonymised patient records for patients who were prescribed lithium; this was due to our concern about a lack of system to monitor the care of patients prescribed lithium. None of the patients had received a blood test within the last six months to ensure the correct therapeutic dose of lithium had been achieved. Two of the patients had not had a blood test to check their thyroid function for over a year, and one of these patients had not had a blood test for two years to ensure the medicine was appropriate for their needs, effective and not having any negative impact on their health.

Similarly, we conducted a review of three patients who were prescribed methotrexate (used for the treatment of rheumatoid arthritis). Such patients should have blood monitoring to identify potential vulnerabilities such as infection and potential issues with regards to kidney and liver function according to the BNF. These patients had not received monitoring at the identified frequency. One patient had not had a blood test for over a year and the practice staff could not be assured the patient's health and wellbeing was not at risk in the absence of this monitoring.

We reviewed the practice patient information leaflet that explained what patients were expected to do to assist in the management of their chronic conditions. The leaflet stated in the event the patient was unable to present for reviews the practice would contact them. We were told by staff this was done by a telephone call in the first instance and then a letter and text message.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff had undertaken some training such as basic life support. We noted a good skill mix with healthcare assistants, nurse practitioners, prescribing nurses and GPs with qualifications in sexual health, dermatology, psychiatry, minor surgery, all chronic disease management.

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

Staff told us they had received annual appraisals. We looked at three personnel files all of which contained annual appraisals. The appraisal forms identified objectives and training / development needs.

The practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, a practice nurse had undertaken training and acted as the lead on asthma within the practice.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and support patients with complex needs. The practice had monthly palliative care meetings and bimonthly multidisciplinary meetings for people with complex health needs. We were told the meetings were well attended by partner health and social care services, but not minuted.

The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice delegated responsibilities for the timely review and actioning of the information by appropriate clinical staff. All staff we spoke with understood their roles and felt the system in place worked well.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record, SystmOne, to coordinate, document and manage patients' care. All staff were fully trained on the system, and

Inadequate

Are services effective?

(for example, treatment is effective)

commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

The practice had 36 patients on their dementia register. We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke to had an awareness of the legislation.

However, we found verbal patient consent was recorded, but there was no practice policy for documenting consent for specific interventions. For example, no written consent was recorded for minor surgical procedures. Verbal consent was documented within the child medical record where immunisations were given as was parental responsibility. Staff were confident in their understanding of their legal responsibilities and provided examples of where they had confirmed the legal authority of the person in attendance with the child.

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse and the health care assistant to all new patients registering with the practice. The GP was informed of all health concerns detected. All patients over 75 years of age had an appointed GP lead and the practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

We reviewed information available within the communal waiting areas and found that it was current and relevant for their patient needs. Information related to national screening programmes, lifestyle choices such as dietary advice, smoking cessation and also how to recognise the signs of Ebola. The practice website also advertised the range of specialist clinics available to patients, such as management of chronic disease, asthma, diabetes and contraception.

We saw notices displayed within the practice and patients showed us information they were handed by reception staff advising them only to discuss one clinical issue per appointment. Some patients told us they were upset by this and it made them less inclined to attend the practice and disclose medical concerns they had. The provider stated whilst he would address patients additional needs during consultation he discouraged the practice as it impacted on other patients.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the provider on patient satisfaction. The last practice survey was conducted in November 2013. 260 patients responded to the questionnaire. This included information relating to other practice operated by the provider in Grays. However, 51% of the patients who responded commented on their experiences of the Tilbury practice. The greatest representation was from the white British population. The questions asked by the survey concentrated on the accessibility of the service as opposed to treatment of patients by clinical staff. The survey did identify some concerns regarding patients being asked by reception staff for the reason for their appointment. Paper was available for patients to write down their concerns as opposed to having to tell the receptionist in the presence of others in the waiting room. The practice had reminded reception staff that patients did not have to disclose the reason for their attendance. Despite this, we found that patients were still being asked for the reason for their attendance by reception staff on the day of our visit. The practice told us that they found it helpful to have additional information to ensure the patient was referred to the appropriate clinician. For example, where a patient required ear syringing or travel vaccinations they would book the patient an appointment with the nurse as opposed to the GP. We saw and spoke with a patient who reported being visibly upset by the requirement to disclose details of their attendance.

Patients' comments from the survey were mixed. Some patients suggested the practice should employ staff who have empathy and that the GPs often failed to show concern or interest in patients. Some staff were reported to be miserable and a patient suggested the practice believe patients and stop blaming everything on them getting older. However, other patients reported receiving an excellent service from the clinical team and reception staff.

We reviewed the findings of the national patient survey which received 88 responses to the 408 questionnaires distributed to patients accounting for 22 % of those people contacted. The practice performed above average within their Clinical Commissioning Group for waiting 15 minutes or less for their appointment, booking an appointment at a convenient time for them and being satisfied with the opening times of the practice. However, the practice performed below the Clinical Commissioning Group average for finding the reception staff helpful, for the GP they saw or spoke to being good at listening to them and their experience of making an appointment being good.

We looked at the practice patient information leaflet given to people when registering. This was detailed and provided clear guidance on what the GP would and would not do and what they expected from their patients. For example, the leaflet stated "Children need to have immunisation according to NHS protocols. Failure to attend will not be looked upon kindly. I do not believe it is OK for my time and resources to be wasted." In relation to consultations patients were told "Please use your time efficiently. Be to the point. Do not beat about the bush. Please do not waste time trying to justify your attendance by saying things like, the Mrs asked me to come and see you." We spoke with the practice about the tone and presentation of the information. The practice told us they had asked a Patient Advice and Liaison Service (PALS) representative to review the leaflet and they had agreed with the content. The Patient Advice and Liaison Service (PALS) offer confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers. The practice described the leaflet as informative, blunt and necessary for their patients.

The practice had a Patient Participation Group consisting of approximately 15 patients who attended intermittently. A Patient Participation Group is a group of patients registered with the practice surgery who work with the practice to improve services and the quality of care. Their last meeting was held in May 2014. We reviewed the minutes of the meeting and found that the discussion was constructive and focussed on key patient concerns e.g. patient confidentiality in reception, telephone call handling, and accident and emergency attendance. Staff were allocated actions in response to these issues and had been advised regarding the management and disclosure of patients' details.

Patients completed CQC comment cards to tell us what they thought about the practice. We received six completed cards which were positive about the service experienced. Patients said they felt the practice offered a good service and staff were friendly and respectful. We also spoke with eight patients on the day of our inspection. They reported a variable service, but all were clear about the need to only to discuss one clinical issue per appointment. We found

patients were given a note by the reception staff on booking in stating the GP "has created this clinic just to deal with your problem given to the receptionist only. [the GP] has already done a full clinic today. Please do not attempt to discuss other problems during this clinic otherwise you will delay other patients and cause stress to all concerned. In fairness to doctor and other patients, [the GP] WILL NOT deal with any other problems." The patient reported to us that they found it intimidating and threatening and they were concerned about seeing the doctor. We did not find similar notes in use for other members of the clinical team. When we spoke with the GP they confirmed they would address more than one patient need per clinical appointment but discouraged the practice, due to appointments over running and impacting on other patients.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice reception desk and was shielded by glass partitions, but did not ensure privacy of patient information. Patients were asked to stand back from the reception desk to respect one another's privacy and we saw there was a line on the floor to demarcate the area. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff. We saw the staff were confident and competent at managing patient enquiries that were at times, lengthy and complex.

The practice website included reference to the staff having a right to carry out their job without fear of verbal or physical abuse and that any such incidents may be reported to the police. We found there was a clearly visible notice in the patient reception area across the reception desk window stating the practice's zero tolerance for abusive behaviour. Receptionists told us that patients could, at times, be challenging. The staff told us they felt supported by the practice management, who understood how difficult their job could be.

Care planning and involvement in decisions about care and treatment

We reviewed the most recent practice data available on patient satisfaction. The last practice survey was conducted in November 2013. It concentrated on patient access as opposed to their involvement in decisions about care and treatment. The practice had introduced a call back service conducted by the nurse practitioner for patients unable to attend the practice. The survey found that 88% of patients surveyed who had used the service said that their issue was resolved without requiring an appointment. The practice told us that they found this was an effective tool in providing timely and accessible care to people.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Some patients expressed concerns that the appointments were too short to allow them to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the six comment cards we received was positive commenting that staff treated them with respect and were very helpful regarding providing advice and ensuring appropriate referrals.

Staff told us translation services were available for patients who did not have English as a first language. However, the practice found the service ineffective, as it was time consuming and impersonal. The practice was unable to tell us how many of their patient population did not speak English as their first language. The local community was diverse with patients from African, Polish and Asian communities. Staff told us they asked patients to ensure they brought an English speaker with them to translate. A Polish speaking member of staff had been asked to assisted Polish patients requiring translation services.

We found there were care planning arrangements in place for patients receiving end of life care plans through

palliative care meetings held monthly and multidisciplinary meetings held bi monthly. These were attended by McMillan nursing and district nursing teams and social care services where appropriate.

Patient/carer support to cope emotionally with care and treatment

In the most recent practice patient survey conducted in November 2013, 50% of respondents said they were likely or extremely likely to recommend the practice. The majority of the six comment cards we received were positive and most patients we spoke with on the day indicated that, with the exception of the appointment system, they were generally happy with the quality of care provided.

Notices in the patient waiting room, told people how to access a number of support groups and organisations. The practice had a policy on the identification of carers and had a computer system to alert GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they could speak with the GP who may signpost or refer the patient to the “therapy for you” local service. We did not find any literature in the communal waiting areas informing patients of local bereavement support services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice patient survey conducted in November 2013 identified that patients reported difficulties seeing a GP the same day or next day due to an absence of available appointments. The practice discussed the findings with their Patient Participation Group and responded to all issues highlighted, particularly regarding the accessibility of services. They introduced walk in sessions for times of high demand at the start and end of the working week. The practice also introduced a telephone triage, where the nurse practitioner called patients who were unable to attend the surgery, or to conduct a telephone consultation. Some patients reported difficulty securing appointments for their children and/or themselves at the same time resulting in multiple visits to the practice.

The practice monitored non-attendance rates of patients for appointments. In October 2014 150 patients failed to attend appointments accounting for 29 hours of clinical time not used. The practice, spoke with patients who had failed to attend at their next appointment and displayed information requesting patients attend or cancel appointments.

Tackling inequity and promoting equality

The practice had recognised the needs of some of their patient groups in the planning of its services. They had introduced the walk in clinics for those who found it difficult to attend early appointments due to their lifestyle choices. However, there were notices displayed within the reception area prohibiting the consumption of food and drink. We spoke to the practice manager who confirmed consideration had not been given to patients who needed to feed their baby whilst awaiting their appointment. The practice manager agreed to revise the signage. The practice did however; provide their staff with equality and diversity training through e-learning.

The practice stated on their website that the premises and services were adapted to meet the needs of people with disabilities. The practice was situated in a purpose built medical centre on the ground and first floors of the building with most services for patients on the first floor. There was lift access to the first floor. The practice had wide corridors to aid movement around the practice and helped to maintain patients' independence. However, we found on the day of our inspection the automatic door opening was not in use at the start of the day. The practice manager told us the doors were working but staff had failed to turn them on, and addressed the issue immediately. Access to the passenger lift for the first floor clinic was also via two doors, neither of which had automatic opening. We spoke with a patient with a mobility aid who told us that the doors were not a problem as they kicked or pushed them hard to keep it open long enough to pass through.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Appointments were available from 8am to 8pm on Monday and Wednesday and from 8am to 6:30pm on Tuesday, Thursday and Friday. Walk-in clinics operated on Monday and Friday from 9am to 11am. Appointments in an emergency/urgent appointments were available each day and booked on the day. Appointments could also be booked up to three weeks in advance.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

The practice website advised patients that longer appointments were available where patients wished to discuss more than one complaint. Although, we found the service was not promoted within the practice waiting area. We asked if they provided longer appointments for people with learning disabilities where communication may need to be facilitated. We were told these were not offered routinely as they were based on clinical need as opposed to individual needs. Home visits were available and we saw one was arranged on the day of our inspection. We spoke with staff at a care home who reported receiving a variable service with difficulties securing visits and obtaining medicine reviews.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Patients we spoke with reported a variable experience on the accessibility of the practice and the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

The practice's extended opening hours on Monday and Wednesday were until 8pm which was particularly useful to patients with work commitments. A text message reminder for flu and medication review appointments automatically recorded into the patient's electronic patient record.

Listening and learning from concerns and complaints

The practice had a 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 within the practice to help patients understand the complaints system. The practice website encouraged patients to speak with staff direct and then escalate to the practice manager if the matter could not be resolved. The practice manager would explain the complaints process and investigate and respond to any concern. Patients we spoke with were not aware of the process to follow if they wished to make a complaint. However, none of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at the practice complaints record. We found seven complaints had been made since May 2014. These had all been logged and appeared to have been resolved in a timely and appropriate manner. The practice reviewed complaints to identify themes or trends. They believed the majority had been factual errors or misunderstandings of what the NHS can or cannot offer.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

We found the clinical staff and administrative staff were committed to delivering care to their patients. However, the practice did not have a vision statement or yearly plan forecasting service developments or delivery. The provider told us of their intention to retire early in 2015 and that they had approached NHS England regarding the sale of the practice premises.

Governance arrangements

There was a clear leadership structure within the practice. However, this was not effective and related to ineffective practices such as an absence of risk management ensuring the practice was safe and effective in providing care to patients. There was with the lead GP responsible for most clinical areas and the practice's performance against the Quality and Outcomes Framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards. Staff told us that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice had undertaken audits such as on their Accident and Emergency admission rates and relating to the prescribing of some medications. However, we found no evidence of an audit programme or cascading knowledge other than the practice or medical meetings with practice staff. Where, there was an absence of record keeping to evidence discussions, decisions and actions.

Leadership, openness and transparency

The lead GP led on all clinical issues and oversaw all aspects of decision making. They were supported by a practice manager who shared and led on separate responsibilities such as recruitment. The practice manager told us they benefitted from working with other practices and shared knowledge.

The clinical team spoke highly of the lead GP and nurse practitioner who oversaw clinical responsibilities and told us they were accessible and responsive to any concerns they raised. Team meetings were held attended by both clinical and administrative staff where possible. However, minutes of the meetings were not taken to record discussions, actions and that issues had been resolved and learnt from.

The provider intends to retire early 2015. The practice had spoken to staff about two potential teams who may take over the practice. However, we found no written information had been provided to staff regarding the future of the practice or addressing their welfare and job security concerns.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through, patient surveys, verbal comments and complaints received. We looked at the results of the annual practice patient survey November 2013. The practice had reviewed the findings and prepared an action plan in response highlighting, patient communication, confidentiality, telephone system management and access to the clinical team as priorities. All had aligned improvement goals, key actions required and who was responsible and when it was to be completed by. However, we found no documentation to show that issues had been addressed as proposed and what issues remained outstanding.

The practice had a Patient Participation Group (PPG) which had regular attendees. A Patient Participation Group is a group of patients registered with the practice surgery who work with the practice to improve services and the quality of care. The patient survey was conducted in collaboration with the PPG and the practice manager showed us the analysis of the last patient survey. The results and actions agreed from these surveys were available on the practice website.

The practice had gathered feedback from staff through speaking with them daily and through their annual appraisals. Staff told us they enjoyed working at the practice and felt the clinical team were approachable should they have concerns. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had no whistleblowing policy available to staff.

Are services well-led?

Inadequate

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

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that staff had received their appraisal the day prior to our inspection which included a personal development plan. Administrative staff told us that there were limited opportunities to attend training due to difficulties in arranging cover for staff to attend.

The practice was a GP training practice and had at the time of our inspection one Registrar and one foundation year two (F2) doctor. A GP Registrar is a fully qualified and registered doctor, they have passed out of medical school and completed their two years of pre-registration in hospital and been admitted as fully registered doctors on to the General Medical Council (GMC) list. A Foundation year 2 (F2) is a medical graduate who is undertaking their second year of supervised responsibility for patient care to consolidate the skills that they have learned at medical school. The GP Registrar told us they felt they received accessible, timely and appropriate supervision.

The practice had completed reviews of significant events and other incidents and shared with staff. Although staff told us this, we found no records to evidence such discussions or checks conducted to embed learning.

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 9 HSCA (RA) Regulations 2014 Person-centred care We found that the registered person failed to take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe. For example patient medication reviews were not being conducted in a timely or appropriate manner exposing patients to risks. This was in breach of regulation 9 (1)(a) and 9(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person failed to protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment by means of effective operation of systems designed to ensure the identification, assessment and management of risks relating to the health, welfare and safety of service users. For example, ensuring there are robust systems in place to ensure the timely review and actioning of test results, risks are identified and appropriately managed in respect of employing effective cleaning systems and risks are assessed for staff who conduct chaperone duties. This was in breach of regulation 10 (1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.