Lea Valley Health Limited

The Maples Health Centre (extended access service)

Inspection report

Vancouver Road
Broxbourne
Hertfordshire
EN10 6FD
Website: www.leavalleyhealth.co.uk

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Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at The Maples Health Centre (extended access service only) as part of our inspection programme.

The extended access service (registered as The Maples Health Centre) is provided by Lea Valley Health Limited. Lea Valley Health is a federation of eight NHS affiliated GP Practices and serves approximately 76,000 patients in Lower Lea Valley, Hertfordshire.

Summary of findings

The service provides a GP extended access service to patients registered with one of the eight NHS GP practices within the Lower Lea Valley locality. The service commenced on 17 September 2018.

Each practice has been allocated a number of appointments per week which can be directly booked into the extended access service. Appointments are available from 6:30pm to 8pm Monday to Friday and from 9am to 1pm on weekends. The service is available to patients of all ages under the terms of an Alternative Provider Medical Services (APMS) contract with the local Clinical Commissioning Group (CCG). APMS is a contract with the CCG for delivering primary care services to local communities.

The extended access service operates from six different premises within the locality and is available 365 days a year including bank holidays.

Mondays: Stanhope Surgery, Stanhope Road, Waltham Cross, EN8 7DJ.

Valley View Health Centre, Goffs Lane, Goff Oak, EN7 5ET.

Tuesdays: Stockwell Lodge Medical Centre, Rosedale Way, Cheshunt, EN7 6HL.

Wednesdays: Stanhope Surgery, Stanhope Road, Waltham Cross, EN8 7DJ.

Thursdays: Cromwell Medical Centre, 11 Cromwell Avenue, Cheshunt, EN7 5DL.

Fridays: Warden Lodge Medical Practice Glen Luce, Turners Hill, Cheshunt, EN8 8NW.

Weekends: Cheshunt Community Hospital, King Arthur Court, Waltham Cross, EN8 8XN.

Our key findings were:

- The service did not have clear systems to keep people safe and safeguarded from abuse in all areas.
- The service did not have clear oversight of safety risk assessments and checks, such as health and safety, infection prevention and control, fire safety and Legionella.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The service did not have reliable systems for appropriate and safe handling of medicines.
- The system in place to ensure learning from significant events and safety alerts was not comprehensive.
- The service was able to demonstrate how staff had the skills, knowledge and experience to carry out their roles.
- Patient feedback demonstrated that staff treated people with compassion, kindness, dignity and respect.
- Patient feedback demonstrated that they were able to access care and treatment from the service within an appropriate timescale for their needs.
- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Please see the specific details on action required at the end of this report.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

The Maples Health Centre (extended access service)

Detailed findings

Background to this inspection

- The Maples Health Centre extended access service is provided by Lea Valley Health Limited. The registered manager is A Sattar. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered address of The Maples Health Centre is Vancouver Road, Broxbourne, Hertfordshire, EN10 6FD. The provider is in the process of changing the registered address to The Limes Surgery, 8-14 Limes Court, Conduit Lane, Hoddesdon, Hertfordshire, EN11 8EP.
- The website address is www.leavalleyhealth.co.uk.
- The service is registered with the CQC to provide the following regulated activity:
- Treatment of disease, disorder or injury.
- The Maples Health Centre provides a GP extended access service to patients registered with the eight NHS GP practices within the Lower Lea Valley locality.
- Appointments are available from 6:30pm to 8pm Monday to Friday and from 9am to 1pm on Saturdays and Sundays. The service is delivered across six different premises.
- Lea Valley Health Ltd is made up of five company directors. The day to day management of the extended access is overseen by a service manager who works alongside the practice manager of each site where the service is provided from during weekdays.

How we inspected this service

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Before our inspection, we gathered and reviewed information from the local Clinical Commissioning Group, the pre-inspection return submitted by the provider and patient feedback submitted online.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Requires improvement

Are services safe?

Our findings

We rated safe as Requires improvement because:

- The service did not have clear systems to keep people safe and safeguarded from abuse in all areas.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The service did not have reliable systems for appropriate and safe handling of medicines.
- The service did not have sufficient safety systems in place in some areas.
- The service had some systems in place to learn and make improvements when things went wrong.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse in all areas.

- The provider had some safety policies and risk assessments for the premises from where services were provided from. A fire, health and safety and infection prevention and control risk assessment had been completed for five out of the six locations delivering the extended access service. These risk assessments had been completed by a member of staff and the service was unable to demonstrate if the person completing these risk assessments was suitably trained and competent to do so. We checked two of these risk assessments and found appropriate actions had not been taken following the completion of these risk assessments. For example, the service had not carried out further investigations to determine if an infection prevention and control audit had been completed at each location.
- Shortly after the inspection, the provider told us that safety related risk assessments currently in place at the six locations had been obtained and a system was in the process of being implemented to ensure recommendations from these risk assessments were being addressed.
- The service had systems to safeguard children and vulnerable adults from abuse. The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service had systems in place to monitor safeguarding training for clinical and non-clinical staff members, including safeguarding children and adults training. At the time of our inspection, records showed the service was awaiting confirmation of safeguarding adults training for one GP and safeguarding children training for one locum GP.
- The service had a standard operating procedure in place which included a requirement for clinical staff to receive a Disclosure and Barring Service (DBS) check on a three-yearly basis. (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). At the time of our inspection, we found the service kept a record of a previous DBS check for one nurse and one GP which had been completed in 2014. Shortly after our inspection, the service sent us a copy of their DBS policy and told us that all personnel files had now been updated. The service had one outstanding DBS check for a GP and told us that a new DBS certificate was in the process of being obtained.
- All staff who acted as chaperones had received training. Not all staff members who acted as a chaperone had received a DBS check and the service had not taken any action to mitigate risks. Shortly after our inspection, the service provided us with evidence to confirm a risk assessment had now been completed for non-clinical staff members who acted as a chaperone without a DBS check in place.
- The service had systems in place to ensure the required recruitment checks were carried out, this included agency and locum staff. There were systems to ensure the registration of clinical staff was checked and regularly monitored.
- The service was unable to demonstrate evidence of infection prevention and control (IPC) training for two medical staff members. During our inspection, we visited one of the locations delivering the extended access service and found the premises to be visibly clean and tidy. There were systems for safely managing healthcare waste. An infection prevention and control audit for the premises was in place and this included evidence of action on issues identified from the audit.

Risks to patients

There were gaps in systems to assess, monitor and manage risks to patient safety.

Requires improvement

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The service took steps to ensure staff had completed basic life support training. Staff had received guidance on identifying acutely unwell patients.
- The service had arrangements in place for staff to access and use the emergency medicines and equipment which were held at the locations delivering the extended access service. During our checks at one of the locations, we found appropriate emergency equipment and medicines were available and checked on a regular basis. The service did not have a system in place to monitor emergency medicines and equipment held at each location. Shortly after our inspection, the service sent us a copy of an updated service level agreement between the service and locations delivering the extended access service. The updated agreement included requirements on the provision and maintenance of appropriate emergency equipment and emergency medicines. The service told us that the updated service level agreements would be in operation by December 2019.
- The service had the required vaccination records in place for clinical staff members. During our inspection, we found the service was unable to confirm if all non-clinical staff members had received all of the required vaccinations appropriate for their role. The service was in the process of obtaining further information from the relevant non-clinical staff members and told us that this would be in place by December 2019.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- From the sample of documents we viewed, we found individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals to the registered GP in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The service had some prescribing and medicines management policies in place. However, we found the information included within the acute prescribing policy and the repeat prescribing policy was not all relevant to the service being provided. The controlled drugs policy was basic and only included information about one medicine. Shortly after our inspection, the service provided us with copies of a new medicines management, acute prescribing and repeat prescribing policy and told us that these were scheduled to be ratified at their next executive board meeting on 14 November 2019.
- The service told us that restrictions with the clinical systems in place meant that they had been unable to complete an audit on the prescribing of high risk medicines. The service told us that they had been liaising with the local Clinical Commissioning Group's medicines management team in an attempt to set up a system of auditing. The service was liaising with clinical audit leads within the locality and were in the process of developing a system which would enable the service to undertake locality wide clinical audits.
- From the sample of records we checked we found staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service did not have sufficient safety systems in place in some areas.

- The service had some oversight of the safety system and process in place at the locations delivering the extended access service. However, the information used by the service to monitor safety was not always

comprehensive. Shortly after our inspection, the service provided us with evidence to demonstrate that they had improved the system in place for monitoring the safety within the locations.

- The service was able to demonstrate how external safety events as well as patient and medicine safety alerts were received and acted on. However, the service did not maintain a record of safety alerts and the system in place to ensure all relevant staff had received and understood alerts was not adequate. Shortly after our inspection, the service provided us with information to confirm that they were in the process of reviewing and improving their system to ensure relevant safety alerts were circulated to staff.

Lessons learned and improvements made

The service had some systems in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Significant event reporting forms were available at each location and the service learned from incidents and took action to improve safety in the service. For example, the service had taken the necessary action following the inappropriate booking of a patient into the extended access service. The service had recorded one significant event within the previous 12 months.
- The service did not have a clear system in place to ensure learning from incidents was shared with all relevant staff members. Shortly after our inspection, the service provided us with evidence to confirm that the learning from this event had been circulated to all staff members. The service had introduced a newsletter and told us that learning from incidents and alerts would now be incorporated into the newsletter.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- When there were unexpected or unintended safety incidents, the service gave affected people reasonable support and a verbal and written apology.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, information relating to additional patient needs were shared with the patient's GP.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service monitored performance and made improvements where required through the use of audits. For example, the service had completed an audit on the monitoring and safe management of patients aged 16 years and under. This audit identified a training need for some clinicians in relation to sending follow up tasks to the patients' GP practice.
- The service had completed an audit on the system in place for managing practice two week wait cancer referrals. From the sample of documents we reviewed, we found the service had a good system in place to follow up these clinical tasks with the relevant GP practice.

Effective staffing

The service was able to demonstrate how staff had the skills, knowledge and experience to carry out their roles in most cases.

- The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up-to-date with revalidation.
- The provider understood the learning needs of staff and maintained records of staff qualifications and skills. A staff matrix of specialist interests and qualifications was used to ensure an appropriate skill mix was offered and that patients were booked with the most appropriate clinician.
- The service had systems in place to monitor staff training. At the time of our inspection, records showed the service did not have evidence of IPC training for two medical staff members and safeguarding adults training for one GP and safeguarding children training for one locum GP.
- The service was able to demonstrate how staff whose role included cervical screening had received specific training and how they stayed up to date. Staff were encouraged to attend local CCG led training days.
- The service encouraged staff development and had arranged for nurses to complete a refresher in ear irrigation.
- The service did not have a system in place to ensure they had oversight of specific development needs identified following staff appraisals. Shortly after our inspection, the service told us that they had contacted a HR company and were in the process of reviewing their systems, including how they oversee and manage staff development needs.

Coordinating patient care and information sharing

Staff worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff communicated effectively with other services when appropriate.
- We saw evidence of patient assessments documented in clinical records. This included care assessments, details of examinations carried out, symptoms and details of ongoing care agreed with the patient.

Good

Are services effective?

(for example, treatment is effective)

- There were clear arrangements for submitting instructions to the patients' GP practice for referral and further investigation. Patient consent was requested prior to all consultations in order to share details of the consultation and any medicines prescribed with the patients' registered GP. The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Before providing treatment, the clinician ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. The service had a range of information available to patients, including information on local support groups and guidance on self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their registered GP practice for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service had a comprehensive consent policy detailed in their standard operating procedure and the service monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patient feedback forms collected by the service were positive about the way staff treat people. We received 47 CQC comment cards from patients which were positive about the care and treatment provided.
- The service understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Patient feedback forms collected by the service were positive about the level of care and treatment provided to them.
- For patients with learning disabilities or complex social needs family, carers or professionals were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The service recognised the importance of people's dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patient feedback forms and CQC comment cards were positive about being treated with dignity and respect.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service worked closely with the local Clinical Commissioning Group and had introduced a cervical screening service in December 2018 in order to increase local uptake to this national screening programme. The service had taken 391 samples since December 2018.
- The service offered a broad skill mix of clinical staff which included GPs, nurse practitioners, practice nurses, health care assistants, a physiotherapist and clinical pharmacists.
- A wound dressing clinic was available to patients during weekends.
- The service had recognised the need to standardise the availability of an ear syringing service to all patients across the locality. This service was available seven days a week and the service had completed over 100 procedures to date.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Patients had timely access to a clinical professional.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The service allocated a 15 minute time slot for each consultation. Patients reported that the appointment system was easy to use.
- The service had increased the total number of hours of clinical care provided to 40.5 hours per week which was 10% above the minimum number of contracted hours.
- The service monitored patient feedback through the Friends and Family Test (FFT). (The FFT asks people if they would recommend the services they have used and offers a range of responses). The service had obtained 138 responses to the FFT since January 2019 and the results showed that 87% of respondents were extremely likely to recommend the service.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had processes in place to manage complaints appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedure in place. The service had received one complaint in the previous 12 months. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, the service introduced a system of removing their information from the patient waiting area, to avoid confusion, when not providing extended access services from the local community hospital site.

Are services well-led?

Requires improvement

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

Our findings

We rated well-led as Requires improvement because:

- There were no clear responsibilities, roles and systems of accountability to support good governance and management in some areas.
- There was no clarity around processes for managing risks, issues and performance in some areas.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders demonstrated that they understood the challenges to quality and sustainability. They had identified the actions necessary to address these challenges.
- The service had a stable leadership team and staff reported that leaders were visible and approachable.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners where relevant.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.
- There was a clear vision and set of values and staff understood their role in achieving them.

Culture

The service aimed for a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The service actively promoted equality and diversity and there were positive relationships between senior staff and teams.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management in some areas.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective in all areas.
- The provider had not established proper procedures and activities in all areas to ensure safety and assure themselves that they were operating as intended.
- During our inspection we found some weaknesses in governance arrangements and systems and processes.
- The service did not have clear oversight of recommendations and actions required from safety risk assessments undertaken at the premises where services were provided from.
- The system in place to ensure all clinical and non-clinical staff members had completed the appropriate training relevant to their role was not comprehensive. The system in place to ensure they had oversight of specific development needs identified following staff appraisals required strengthening.
- Not all staff members had received a DBS check in accordance with the protocol in place. Not all staff members who acted as a chaperone had received a DBS check and the practice had not taken any action to mitigate risks.

Are services well-led?

Requires improvement

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

- The system in place to ensure all non-clinical staff members had received the appropriate vaccinations relevant required strengthening.
- The system in place to ensure all relevant staff were aware of relevant safety alerts and significant incidents was not comprehensive.

Senior staff took immediate action where possible and shortly after our inspection, we received further information about the steps being taken to address the areas identified. The service had developed a detailed action plan.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance in some areas.

- The service had some processes in place to manage current and future performance. The service had analysed their performance over a 12 month period in order to assess capacity and demand and patient satisfaction.
- The provider had business continuity plans in place.
- There was not an effective, process to identify, understand, monitor and address risks to patient and staff safety in all areas. For example, the service did not have clear oversight of safety risk assessments at each location, such as Legionella, infection prevention and control, fire safety and health and safety.
- The system in place to monitor emergency medicines and equipment held at each location was not documented.
- The service did not have clear policies and procedures in place to assure themselves of safe prescribing and effective monitoring of high risk medicines. The service did not have a system in place to routinely audit clinical records for the purpose of monitoring safety and quality.

Senior staff took immediate action where possible and shortly after our inspection, we received further information about the steps being taken to address the areas identified. The service had developed a detailed action plan.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed by senior staff during monthly clinical meetings.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback.
- The service encouraged and heard views and concerns from patients and external partners and acted on them to shape services and culture.
- We saw evidence of feedback opportunities for patients and how the service responded to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service told us that they submitted regular performance reports to the local Clinical Commissioning Groups and obtained patient feedback forms.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

Are services well-led?

Requires improvement

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

- The service had introduced a direct weekend appointment booking system for the local NHS 111 service.
- The service understood the needs of patients within the locality and worked towards meeting those needs. The service had a workforce which offered a broad skill mix and there were plans to further develop an integrated model of care.
- The introduction of a cervical screening service had contributed to an increase on uptake rates within the locality.

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 provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The service did not have clear oversight of safety risk assessments at each location, such as Legionella, infection prevention and control, fire safety and health and safety. The service did not have a system in place to monitor emergency medicines and equipment held at each location. The service did not have clear policies and procedures in place to assure themselves of safe prescribing and effective monitoring of high risk medicines. The service did not have a system in place to routinely audit clinical records for the purpose of monitoring safety and quality. The service did not have a clear system in place to ensure relevant staff members had received a DBS check in accordance with the protocol in place. Not all staff members who acted as a chaperone had received a DBS check and the practice had not taken any action to mitigate risks. The system in place to ensure all non-clinical staff members had received the appropriate vaccinations relevant to their role was not comprehensive. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There were no systems or processes across all areas that enabled the provider to assess, monitor and improve the quality and safety of the services being provided. In particular:

The system in place to ensure all clinical and non-clinical staff members had completed the appropriate training relevant to their role was not comprehensive. The service did not have a system in place to ensure they had oversight of specific development needs identified following staff appraisals.

The system in place to ensure all relevant staff were aware of significant incidents and the resulting learning required strengthening.

The system in place to ensure all relevant staff were aware of safety alerts required strengthening.

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