# The Beechdale Surgery

## Quality Report

439 Beechdale Road
Nottingham
NG8 3LF
Tel: 0115 978 6557
Website: www.beechdalesurgery.co.uk

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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? | Requires improvement |
| Are services caring? | Good |
| 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**

We carried out an announced comprehensive inspection at The Beechdale Surgery on 11 May 2017 and 23 May 2017. Overall the practice is rated as inadequate.

The Beechdale Surgery is a registered location under the provider, The Beechdale Medical Group. All of the registered locations within the Beechdale Medical Group were inspected on 11 and 23 May 2017; all four locations have been rated inadequate for the well-led domain.

The Beechdale Surgery was previously inspected in November 2014 and rated as good in all domains.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, systems for the management of significant events needed to be strengthened to ensure these were documented properly, learning was identified and shared and events were reviewed.
- Some risks to patients were assessed and well managed; however the practice had not appropriately identified and assessed all risks. For example, those relating to recruitment checks, fire risk and legionella.
- During our inspection we identified issues related to the disposal of sharps waste.
- Not all staff were aware of the location of emergency medicines and non-clinical staff had not undertaken cardio-pulmonary resuscitation training since 2014.
- Staff were aware of evidence based guidance.
- Data showed patient outcomes were in line with or above the local and national averages for most indicators. However, data provided by the practice indicated that there were 56 patients on their QOF learning disability register. However, only three of these patients had received a review in the last year.
- Patients said they were treated with compassion, dignity and respect.
- Services were provided across the practice group form four registered locations with appointments offered seven days per week. Registered patients could access

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appointments at any location but feedback from patients indicated the system for making appointments at other sites was not always operated effectively.
- We saw evidence of limited GP appointments at Beechdale Surgery on certain days. This meant patients would have to travel to other sites to access GP services.
- There was limited evidence to demonstrate that learning from complaints was identified and shared with staff.
- The practice had a number of policies and procedures to govern activity, but some of these needed to be reviewed to ensure they were relevant to all sites.

The areas where the provider must make improvements are:

- Ensure systems and processes for reporting, recording, acting on and monitoring significant events, incidents and near misses and operated effectively.
- Ensure arrangements are in place to provide safe care and treatment including taking appropriate action in the event of a clinical or medical emergency and ensuring that sharps waste is disposed of in line with guidance.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure systems are operated effectively to assess, monitor and mitigate risk including fire risk and risk of legionella.
- Ensure staff are supported to undertake training defined as mandatory by the provider

In addition the provider should:

- Provide staff with regular performance appraisals.
- Improve arrangements to seek and act on feedback from all staff
- Review the arrangements for the storage of vaccines
- Ensure complaints are handled in line with practice policy and that learning from complaints is documented and shared with relevant staff
- Review and improve arrangements for undertaking annual reviews of patients with a learning disability

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 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.

- Staff understood their responsibilities to raise concerns and to report. However, when things went wrong reviews and investigations were not documented thoroughly enough and did not always identify learning. Evidence did not indicate lessons learned were communicated widely enough to support improvement.
- Although some risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example those related to fire safety and recruitment checks.
- We were not assured that arrangements to respond to emergencies were well-embdedded within the practice. For example, not all staff were aware of the location of the emergency medicines.

**Are services effective?**

**Requires improvement**

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Most staff had the skills and knowledge to deliver effective care and treatment; however there were gaps in training identified as mandatory by the practice.
- Most staff had not received a recent appraisal due to changes in the structure of the practice group and the business manager for the group having left earlier in the year. There was a plan in place to complete appraisals for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Monthly multidisciplinary meetings were held for all practices in the group and were well attended by community based staff.
- End of life care was coordinated with other services involved.

**Are services caring?**

**Good**

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others locally and nationally for most

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aspects of care. For example 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- Feedback from patients indicated they felt they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Are services responsive to people's needs?**

**Requires improvement**

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

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, substance misuse clinics were provided from the practice on a weekly basis.
- Services were provided across the practice group from four registered locations with appointments offered seven days per week. The practice told us registered patients could access appointments at any location but feedback from patients indicated the system for making appointments at other sites was not always operated effectively.
- We saw evidence of limited GP appointment availability at Beechdale Surgery on certain days. For example, there was no GP available at Beechdale on any Thursday in March. During March there were an average of 128 GP appointments per week; 107 nurse appointments per week and 35 advanced nurse practice practitioner appointments per week. Patients could travel to other sites to access appointments.
- A clinical triage system was operated on a daily basis.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded to issues raised, although this was not always within the timeframe set out in their policy. There was limited evidence that learning from complaints had been shared with staff.

**Are services well-led?**

**Inadequate**

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

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- The practice group had a vision and strategy which focussed on improvements to premises and merging locations. Staff were aware of the vision and engaged with the values of the practice.
- There was a leadership structure and most staff felt supported by the partners and the management but evidence indicated not all staff felt able to raise issues or concerns and did not feel concerns were acted upon.
- The practice had some governance arrangements in place; however these were not always operated effectively to support the delivery of good quality care.
- A range of staff had worked for the practice for a long period of time including the practice manager, the senior partner and the advanced nurse practitioner. However, we were not assured that the partners and the management team had the capacity to provide effective leadership across all four registered locations. Evidence provided during the inspection indicated a new business manager was being recruited and we have received confirmation this recruitment has been completed following the inspection.

# 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 providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The findings which led to these ratings apply to all population groups including this one.

- The practice offered personalised care to meet the needs of the older people in its population. Older patients all had allocated named GPs responsible for their care.
- The needs of older people were met through urgent appointments and home visits where these were required.
- Monthly multidisciplinary meetings were held with community based health and social care professionals to ensure the needs of the most vulnerable patients were being met.
- Regular visits were undertaken to local care home where patients were residents. Visits to local care homes were undertaken by the practice to administer flu vaccinations.

### 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 providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The findings which led to these ratings apply to all population groups including this one.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Regular clinics were held within the practice with the diabetes specialist nurses to facilitate the management of patients with poorly controlled diabetes.
- Performance for diabetes related indicators was 82.7% which was 0.7% below the CCG average and 7.1% below the national average. Exception reporting for indicators related to diabetes was 12.4% which was slightly above the CCG average 9.9% and the national average of 11.6%.
- Longer appointments and home visits were available when needed.

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- All these patients had a named GP and were offered structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Families, children and young people**

**Inadequate**

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

The practice is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The findings which led to these ratings apply to all population groups including this one.

- There were arrangements in place to ensure children were safeguarded from abuse. Staff had received relevant safeguarding training and had a good understanding of safeguarding procedures.
- Systems were in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Practice provided data indicated that immunisations rates were above 90% for children under two and five year olds.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was children's play area a range of information related to child health.
- We saw positive examples of joint working with midwives and health visitors.
- A weekly baby clinic was held covering all four registered locations.
- The needs of unwell children were prioritised and clinical triage was undertaken on a daily basis.

**Working age people (including those recently retired and students)**

**Requires improvement**

The practice is rated as inadequate for the care of working age people.

# Summary of findings

The practice is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The findings which led to these ratings apply to all population groups including this one.

- The needs of the working age population, those recently retired and students had been identified and the practice offered services meet their needs.
- Extended hours surgeries with a GP and nurse were provided until 8pm on Monday evenings and on Saturdays until 1 pm. Patients could access appointments at the provider's other registered locations including Sunday appointments.
- The practice was proactive in offering online services including text message reminders and online appointment booking.
- A full range of health promotion and screening was offered that reflected the needs for this age group. Cervical screening rates were in line with local and national averages.
- A full range of contraceptive services could be accessed by patients. LARC (Long-acting reversible contraceptive) fitting was provided at another registered location managed by the provider in the locality.

**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 providing safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The findings which led to these ratings apply to all population groups including this one.

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- Longer appointments were offered for patients with a learning disability and for those who required them. Data provided by the practice indicated that there were 56 patients on their QOF learning disability register. However, the practice provided information which indicated that only three of these patients had received a review in the last year. This meant the practice could not be assured that the health needs of patients with a learning disability were being met.
- Regular multidisciplinary meetings were held with community based health and social care professionals to discuss the case management of vulnerable patients.

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- Vulnerable patients were provided with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A weekly substance misuse clinic was held within the practice which was accessed by over 20 patients. The practice also provided services to specialist care homes locally including a neurological care home and a care home for people with substance misuse issues.

**People experiencing poor mental health (including people with dementia)**

Inadequate

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

The practice is rated as requires improvement for providing safe, effective and responsive services and inadequate for providing well-led services. The findings which led to these ratings apply to all population groups including this one.

- Performance for mental health related indicators was 97.6% which was 6.5% above the CCG average and 4.8% above the national average. Exception reporting indicators related to mental health was 11.7% which was in line with the CCG average of 11% and the national average of 11.3%.
- 92.6% of patients diagnosed with dementia had their case plan reviewed in the last 12 months in a face to face meeting. This was 6.9% above the CCG average and 8.9% above the national average. Exception reporting for this indicator was 10.5% which was 5.4% above the CCG average and 3.7% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Data from QOF demonstrated that the practice had a clinical prevalence of dementia which was above the CCG and national average. The practice's clinical prevalence for dementia was 2.06% which was 1.4% above the CCG average and 1.3% the national average.
- Patients experiencing poor mental health were provided with information about how to access various support groups and voluntary organisations.

# Summary of findings

- Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had been involved with implementing the pilot Physform project across Nottingham which involved patients with mental health conditions having regular physical health reviews. Information provided by the practice indicated that they had undertaken 30 physform health checks between 1 April 2016 and 1 April 2017; physform is a tool to record an annual physical health overview for people with serious mental illness.
- Staff had a good understanding of how to support patients with mental health needs and dementia training was planned for all staff.

# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice performance was mixed compared with local and national averages. A total of 343 survey forms were distributed and 113 were returned. This represented a 33% response rate and was equivalent to 3% of the practice's patient list.

- 84% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 77% and the national average of 88%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection; we received 34 completed comment cards. We also spoke with five patients/members of practice group's Patient Participation Group (PPG). Feedback was generally positive about the standard of care and treatment provided by the practice. Patients praised polite, friendly and helpful staff.

## Areas for improvement

**Action the service MUST take to improve**

- Ensure systems and processes for reporting, recording, acting on and monitoring significant events, incidents and near misses and operated effectively.
- Ensure arrangements are in place to provide safe care and treatment including taking appropriate action in the event of a clinical or medical emergency and ensuring that sharps waste is disposed of in line with guidance.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure systems are operated effectively to assess, monitor and mitigate risk including fire risk and risk of legionella.
- Ensure staff are supported to undertake training defined as mandatory by the provider

**Action the service SHOULD take to improve**

- Provide staff with regular performance appraisals.
- Improve arrangements to seek and act on feedback from all staff
- Review the arrangements for the storage of vaccines
- Ensure complaints are handled in line with practice policy and that learning from complaints is documented and shared with relevant staff
- Review and improve arrangements for undertaking annual reviews of patients with a learning disability

# The Beechdale Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

An inspection of all four locations registered under the Beechdale Medical Group was undertaken on 11 May and 23 May. The team across the two days included four GP specialist advisors, two practice manager specialist advisors, a practice nurse specialist advisor and five CQC inspectors.

## Background to The Beechdale Surgery

The Beechdale Surgery provides primary medical services to approximately 3700 patients in the Beechdale area of Nottingham. The practice is located at 439 Beechdale Road, Nottingham, NG8 3LF.

The provider is registered for the provision of the following regulated activities from The Beechdale Surgery:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The Beechdale Surgery is part of the Beechdale Medical Group which has three further GP practices located within a close radius. Each practice holds a Primary Medical Services (PMS) contract with Nottingham City CCG and each has a separate patient list. Beechdale Medical Group is a partnership between a GP and nurse practitioner. The total list size of the four practices in the group is approximately 12,650 and all are situated in the NG8 district of Nottingham. Patients registered with any practice within the Beechdale Medical Group have access to appointments at all sites.

The Beechdale Surgery is situated in an area of high deprivation falling into the most deprived decile. Income deprivation affecting children and older people is above the national average.

The clinical staff comprises of five part time GPs (male and female), an advanced nurse practitioner, a practice nurse and a healthcare assistant. The clinical team is supported by a practice manager and a team of reception and administrative staff. A number of staff work across the group of practices including an IT manager.

The practice is open between 8.30am and 6.30pm Tuesday to Friday. There is extended opening on a Monday with the practice being open from 8.30am to 8pm; the practice opens on Saturday from 9am to 1pm.

When the surgery is closed out-of-hours GP services are provided by Nottinghamshire Emergency Medical Services (NEMS) which is accessed by telephoning the NHS111 service.

## Why we carried out this inspection

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

# Detailed findings

The Beechdale Surgery was previously inspected in November 2014 and rated as good in all domains.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including Nottingham City CCG and NHS England to share what they knew. We carried out an announced visit on 11 May 2017 and 23 May 2017. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff and administrative staff) and spoke with patients/ members of the patient participation group (PPG) who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all provider locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Inadequate

# Are services safe?

## Our findings

**Safe track record and learning**

There were system and processes in place to support the reporting and recording significant events. However, there were areas where these systems needed to be strengthened.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system which would be completed by the practice manager.
- As part of our inspection we requested details of significant events which had occurred in the last 12 months. We were provided with information related to three significant events which had occurred in February, March and April of 2016. Learning outcomes and reviews of significant events were not always recorded.
- There was limited evidence recorded in paperwork related to significant events to evidence when or how learning was shared. Meeting minutes did not evidence regular discussion of significant events across the group of practices.

Alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were received and disseminated by the practice manager. System searches demonstrated that appropriate action had been taken in response to alerts.

**Overview of safety systems and processes**

The practice had some systems, processes and practices in place to minimise risks to patient safety. However, there were areas where these needed to be strengthened.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice group's lead GP was the lead member of staff for safeguarding across all four registered locations.
- A review of safeguarding information on the clinical computer system demonstrated that the practice responded promptly to requests for information.
- Staff understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. At the time of the inspection the practice could not provide, when requested, evidence to demonstrate the lead GP was trained to child safeguarding level 3. Following the inspection, the practice provided evidence to demonstrate that the e-learning training had been undertaken by the lead GP for child safeguarding level 3 on 15 June 2017.
- Information was displayed to advise patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice had arrangements in place to maintain standards of cleanliness and hygiene:

- We observed the premises to be clean and tidy. There were cleaning schedules in place. For example, there were cleaning schedules in place to cover specific pieces of clinical equipment including equipment used for spirometry and ear syringing.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol in place. Staff had recently completed IPC training.
- Regular IPC audits were undertaken and we saw that action was taken to address any improvements identified as a result. The practice had received a report following their recent audit on 9 May 2017 which identified some areas for improvement. For example, the requirement for staff to have IPC training had been identified and training had been undertaken in May 2017.

Most arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of patients being prescribed high risk medicines
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines using patient specific prescriptions or directions from a prescriber.
- Records demonstrated that fridge temperatures were being monitored in line with guidance; however fridges were overfilled meaning that there was a risk that air would be unable to circulate effectively. In addition, the recent IPC audit had identified that records of servicing were not available for all vaccine fridges.
- During our inspection we identified that sharps waste was not always being disposed of in line with guidance. For example, the purple-lidded sharps waste bin (used to dispose of cytotoxic and cytostatic medicinally-contaminated sharps; for example, hormone-containing medicines such as contraceptive injections, Goserelin and testosterone) had not been locked on assembly and had not been disposed of after three months; the sharps bin was dated as having been assembled in September 2016.

We reviewed two personnel files for staff recruited since our previous inspection and found some recruitment checks had been undertaken prior to employment. Checks undertaken included proof of identification, qualifications and registration with the appropriate professional body. However, we identified that a DBS check had not been undertaken for a recently recruited member of reception staff or for a nurse working across the practice group. Although both of these members of staff had provided copies of DBS checks undertaken by previous employers these were historic, dating from 2015 for the receptionist and 2011 for the nurse. The practice had not undertaken a documented assessment of this risk. In addition, the practice had not obtained evidence of satisfactory conduct in previous employment in respect of the nurse.

**Monitoring risks to patients**

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

- There was a health and safety policy available.
- The practice did not have an up to date fire risk assessment and could not provide evidence of carrying out regular fire drills. The most recent fire risk assessment was dated November 2015; however, this had not been reviewed or updated and did not reflect the current premises. For example, an automatic door had been installed at the entrance but the risk assessment did not reflect this.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health general premises risk assessments.
- The practice had not undertaken a risk assessment in respect of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Shortly before the inspection, the practice had made arrangements to have water samples tested. At the time of the inspection, they had not received any results. Evidence supplied following the inspection indicated that the sample was negative for the presence of legionella.
- A number of staff worked across different sites within the practice group and the clinical system could be accessed from any site. However, we were not assured there were always adequate staff on duty to meet the needs of patients. The practice was in the process of recruiting a business manager and additional GPs.

**Arrangements to deal with emergencies and major incidents**

The practice had some arrangements to respond to emergencies and major incidents. However, there were areas where these needed to be strengthened.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Evidence provided during the inspection indicated that a number of non-clinical staff had not undertaken cardio-pulmonary resuscitation training since 2013 or 14 and were recorded as being overdue for refresher training.

Inadequate

# Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- There were emergency medicines available in the nurse's room. However, not all staff were clear on the location of emergency medicines. During our review of the emergency medicines we identified stock of atropine which had expired. This was replaced immediately. In addition, the needles stored with the emergency medicines had expired in 2005. This was highlighted to the practice.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for suppliers but did not contain staff contact details or detail how information would be cascaded to staff in the event of an incident.

Requires improvement

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

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

- There were arrangements in the practice to keep clinical staff up to date. This included circulating information relating to NICE guidance.
- We saw evidence of audits undertaken linked to guidance.

**Management, monitoring and improving outcomes for people**

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results demonstrated the practice had achieved 96.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 93.1% and national average of 95.3%.

The practice had an exception reporting rate of 10.8% which was in line with the CCG average of 9.1% and the national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 82.7% which was 0.7% below the CCG average and 7.1% below the national average. Exception reporting for indicators related to diabetes was 12.4% which was slightly above the CCG average 9.9% and the national average of 11.6%.
- Performance for hypertension related indicators was 100% which was 3.6% above the CCG average and 2.7% above the national average. Exception reporting for indicators related to hypertension was 1.9% which was below the CCG average of 4% and the national average of 3.9%.
- Performance for mental health related indicators was 97.6% which was 6.5% above the CCG average and 4.8% above the national average. Exception reporting indicators related to mental health was 11.7% which was in line with the CCG average of 11% and the national average of 11.3%.
- 92.6% of patients diagnosed with dementia had their case plan reviewed in the last 12 months in a face to face meeting. This was 6.9% above the CCG average and 8.9% above the national average. Exception reporting for this indicator was 10.5% which was 5.4% above the CCG average and 3.7% above the national average. Information provided by the practice indicated that they had undertaken 30 physform health checks between 1 April 2016 and 1 April 2017; physform is a tool to record an annual physical health overview for people with serious mental illness.

The practice operated a recall system for patients with long term conditions which focussed on the patients being recalled in the month of their birthday. The practice used a range of means to communicate with patients including telephone calls, text messages and letters.

There was evidence of quality improvement including clinical audit:

- A range of clinical audits had been undertaken across the practice group. A number of these were two cycle audits where improvements could be demonstrated in the quality of care provided to patients. Audits had been undertaken in respect of opioid substitution and ADHD.
- We saw evidence of audits linked to medicines and to guidelines. We saw evidence of audits being undertaken in conjunction with community based professionals, for example reviews undertaken in relation to substance misuse in conjunction with the community based substance misuse worker.

**Effective staffing**

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, health and safety and confidentiality. We saw evidence of a completed induction plan for the most recently recruited member of reception staff.

Requires improvement

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff including for those reviewing patients with long-term conditions. For example the practice nurse had a diploma qualification in asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through appraisals, meetings and reviews of practice development needs. A recent review of training needs had identified gaps in training for some members of staff. Plans were in place to address this.
- Not all staff had received an appraisal in the last 12 months. The practice had undergone a change in practice management which had delayed staff appraisals being undertaken. The new practice manager had received training in conducting appraisals and had plans in place to complete appraisals for staff.
- The practice had identified training which it considered mandatory for staff which included: safeguarding, fire safety, information governance and infection control. Staff had access to and made use of e-learning training modules and in-house training. However, there were some areas where training was overdue, for example, in relation to fire safety and cardio-pulmonary resuscitation.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

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

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice provided data which indicated that they had 39 active EPaCCS (Electronic Palliative Care Co-ordination Systems) referrals which was equivalent to the 1% of practice population target.

**Consent to care and treatment**

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

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

**Supporting patients to live healthier lives**

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Substance misuse clinics were operated from the practice on a weekly basis in conjunction with the community based substance misuse worker. These were accessed by over 20 patients.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Published data for 2 year olds indicated that uptake rates for the vaccines given had not met the 90% standard for all

Requires improvement

# Are services effective?

## (for example, treatment is effective)

vaccines. However, data provided by the practice for 2016/17 demonstrated an improvement with vaccination rates for 2 year olds ranging from 94% to 95%. Practice provided data demonstrated that rates for 5 year olds were 92%.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 82% and the national average of 82%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Published date showed the practice's uptake rate for breast cancer screening was 69% compared with the CCG average of 72% and the national average of 73%. The practice's uptake rate for bowel cancer screening was 49.1% compared with the CCG average of 54% and the national average of 58%. Data provided by the practice from eHealthscope showed the practice's uptake for breast cancer screening was 67% and indicated it ranked 41st of 57 CCG practice; eHealthscope data showed the practice's uptake for bowel cancer screening was 53% and indicated it ranked 21st of 57 practices in the CCG. (EHealthscope is a locally developed shared intranet facility for clinicians and commissioners across the county of Nottinghamshire. The tool facilitates benchmarking across local practices and gives access to a range of information, guidance, performance and outcomes)

Data provided by the practice indicated that there were 56 patients on their QOF learning disability register. However, only three of these patients had received a review in the last year. This meant the practice could not be assured that the health needs of patients with a learning disability were being met.

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

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

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

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

As part of our inspection, we spoke with five patients and members of the Patient Participation Group (PPG) from across the practice group. In addition, we received 34 completed CQC comment cards. Feedback from patients and from comment cards was largely positive about the standard of care and treatment received. Patients indicated they felt listened to and were generally given enough time during consultations. Staff were described as friendly and helpful and patients said the environment was welcoming.

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

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 93%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The practice had recently undertaken their own survey of patient experience across the practice group; however, the results of this had not been collated or analysed.

**Care planning and involvement in decisions about care and treatment**

Patient feedback indicated patients felt involved in decision making about the treatment they received. Feedback indicated patients felt listened to and supported by staff and had time during consultations to make informed decisions about the treatment available to them.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, the practice had completed the 'You're Welcome Standard'. 'You're welcome' is a self-assessment toolkit produced with young people by the Department of Health; services are mystery shopped by a young person and receive feedback.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

Good

# Are services caring?

- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and this was promoted on the practice website.
- Some information leaflets were available in easy read format.

**Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients as carers. This was equivalent to 1.5% of the practice list.Written information was available to direct carers to the various avenues of support available to them.

Requires improvement

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice understood its population profile and had used this understanding to meet the needs of its population. The practice group had taken over three other practices in the area in the last year and was working towards merging some services to improve access.

Services were planned and delivered to take into account the needs of different patient groups and to improve flexibility, choice and continuity of care. For example:

- A range of services were offered in the practice to reduce the need for patients to travel to access services. This included minor surgery, travel vaccinations, phlebotomy and spirometry services.
- The practice offered extended hours one evening per week and offered weekend opening on a Saturday. Patients could also access appointments on a Sunday at another practice in the group. Although there was a flexibility of access across the patient group, we were not assured that patients could always easily access an appointment with a GP at a convenient time in the practice with which they were registered. For example, we saw evidence that there were no GP appointments available at Beechdale Surgery on any Thursday in March. A review of other clinical appointments available on Thursdays in March at this location demonstrated that there a total of 44 ANP appointments on Thursday in March and a total of 0 nurse appointments on Thursdays in March.
- From 1 April 2017 the practice had commenced opening on Thursday afternoons as part of the local primary care patient offer.
- Data from April 2017 demonstrated average weekly appointment numbers were 142 GP appointments each week, 91 nurse appointments, 11 ANP appointments and 82 HCA appointments.
- The practice nurse had a lead role in chronic disease management. This included facilitating a range of clinics to monitor the health needs of patients with long term conditions such as asthma and diabetes. A specialist diabetes nurse attended the practice once a month to provide support for patients with poorly controlled diabetes.
- There were longer appointments available for patients who required these.
- Patients could access family planning services (including long acting reversible contraception) at another practice in the group.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice used text messaging for appointment reminders and to recall patients for reviews.
- The practice used a service called TEXT DIRECT (TYPETALK National Telephone Relay Service) to promote accessibility for deaf and hard of hearing patients.
- A range of online services were available including online appointment booking and prescription ordering.
- Telephone consultations and advice were offered each day when this was appropriate, so that patients did not always have to attend the practice for a face-to-face consultation. A telephone triage service was operated across all four practice group locations each day.
- The practice was easily accessible for patients with reduced mobility and all consulting rooms were located on the ground floor.
- A substance misuse clinic was held weekly at the practice and could be accessed by patients registered with any of the four practice group locations. This service was accessed by over 30 people.
- Services were provided to a number of care homes in the local area including a local neurological care home. Feedback from the staff working there was positive about the engagement with the practice.

**Access to the service**

The practice was open between 8.30am and 6.30pm Tuesday to Friday. There was extended opening on a Monday with the practice being open from 8.30am to 8pm; the practice also opened on Saturday from 9am to 1pm. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. A triage system was operated across all four practice locations in the group with patients being offered appointments at other practices if there was no availability at their local practice.

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

Requires improvement

# Are services responsive to people's needs?

## (for example, to feedback?)

- 69% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 85%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 38% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

Feedback from patients indicated that they could generally get appointments when they needed them; however some patients told us the system for accessing appointments at other sites was not always operated effectively. Some patients said they were directed to ring other sites directly whilst some had appointments made for them by staff at their local site. Some patients referenced that appointments could sometimes run behind and that the practice was often very busy.

The practice had recently undertaken their own survey of patient experience. However, the results of this had not been collated and analysed.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Triage systems were operated on an ongoing basis throughout the day across the four practice sites.

Benchmarking data from eHealtscope, provided by the practice, for the period between April 2016 and March 2017 showed that the practice had high rates of emergency admissions within the CCG. For example the practice was ranked:

- 54 out of 56 for all emergency department attendances
- 42 out of 56 for all emergency department avoidable attendances (no investigations or treatment)

**Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to the practice manager if required.
- We saw that information was available to help patients understand the complaints system. This included a poster and summary leaflet.

We looked at three complaints received in the last 12 months and found these were generally handled in a satisfactory manner although the practice did not always respond in a timely manner in line with their own policies. There was some evidence of identified learning/actions but there was limited evidence of this being shared systematically with staff across the practice or the group of practices.

# 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**

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

- The practice had a strategy and supporting business plans which reflected the vision and values. The practice group had undergone significant change in the last year, with the provider adding new locations in April and June 2016.
- Not all staff across the practice group were able to articulate the vision for the practice.
- We were told that meetings were held by the partners and the practice management team to review business planning and business matters. We saw evidence of future planning work across the group including plans for mergers and site improvements.
- The partners acknowledged that GP recruitment and retention was an ongoing problem but were working closely with the clinical commissioning group to try and resolve the issues.

**Governance arrangements**

The practice had some governance arrangements in place; however these were not always operating effectively to support the delivery of good quality care.

- There was a clear staffing structure across the practice group and most staff were aware of their roles and responsibilities. However, we received reports from staff across the group of confusion in respect of who had responsibility for what, especially when patients were being seen at a location other than the one where they were registered.
- Practice policies were in place and available to all staff. However, the practice group did not always ensure their own policies were adhered to, for example in the respect of requesting references for newly appointed members of staff.
- The provider had been working to standardise policies across the practice group; however, there were areas where this had not been reviewed to ensure the information related to all sites. For example, in relation to the building maintenance policies.
- We did not see adequate evidence from minutes of meetings that demonstrated lessons were learned and shared following significant events and complaints. Recording of significant events did not always demonstrate that learning and actions had been identified or shared across the practice group.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions needed to be strengthened. For example, the practice had not formally assessed the risk of legionella in three locations across the group. In addition, the fire risk assessment had not been reviewed or updated following changes to the premises.
- There was evidence of ongoing audits to review areas of practice performance, however, there was limited evidence to demonstrate that audits had been reviewed or revisited to ensure improvements had been made in the delivery of care.
- During our inspection we identified an issue with the processing of tasks allocated on the clinical computer system. There was a large back log of tasks allocated to some members of staff that had not been marked as completed or actioned. We reviewed a sample of these and found that appropriate action had been taken to deal with these tasks in most cases. However, staff being unaware of how to operate the clinical system properly meant there was a risk of some things being missed. The practice acknowledged that the outstanding tasks could have presented a risk to safe and timely patient care and indicated that training needs would be addressed.

**Leadership and culture**

The Beechdale Medical Group partnership comprises a GP and an advanced nurse practitioner (ANP). We were concerned about the sustainability of this arrangement specifically the capacity and capability to run four practices and ensure high quality care. The evidence gathered at all four sites overseen and managed by the provider and inspected on the same days demonstrated that the systems in place to ensure the partners could assess and monitor the quality of the service and identify, assess and manage risks were not effective as their limited resources were stretched.

We were informed that the partners had recently recruited a business manager who would support them in their roles and oversee the administration of all practices in the group. We were also informed that the practice was in the process of recruiting additional GP support and saw evidence of this on the second day of our inspection.

# Are services well-led?

Inadequate

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

There was a leadership structure in place and most staff across the group felt supported by management.

- Most staff told us the partners were approachable and took the time to listen to them when needed. However, other evidence indicated that staff did not feel that concerns were listened to or that they had adequate support from the partners and management.
- Staff told us that the practice held regular team meetings and that these were usually held on a monthly basis. Minutes were not always available for meetings meaning that staff who had not attended had no access to a written record of the meeting.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- However, the system in place for the regular completion of training updates was not effectively managed. Records reviewed showed a number of staff had not undertaken refresher training in the last 12 to 24 months for courses considered mandatory by the provider. This included safeguarding and fire safety awareness.

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

The practice encouraged feedback from patients and staff; however, systems for reviewing and acting on feedback needed to be improved.

It sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG covered all four registered locations operated by the provider. Given that some locations had been operated by the provider for a longer period of time, some locations had more representation than others. The PPG members told us they were working to ensure all locations were well-represented. The PPG met regularly and submitted ideas for improvements to the practice management team. Meetings were attended by representatives of the practice and members of the group were positive about the relationship with the practice group.
- the NHS Friends and Family test; we were provided with copies of comments from patients to the Friends and Family test. However, the results of these had not been collated or analysed in respect of Beechdale.
- patient surveys; a patient survey had recently been undertaken, however, the results of this had not been collated or analysed.
- staff through meetings and general discussions. Some staff we spoke with across the practice group told us they would feel comfortable in giving feedback and discussing any concerns with management. However, other evidence indicated that not all staff felt comfortable in raising concerns or felt that concerns were listened to or acted upon by the partners and management team.

**Continuous improvement**

We saw evidence of the practice working with local residents and stakeholders. For example:

- Plans were in place to merge two of the existing practice group locations.
- Plans were in place to refurbish one of the locations.
- The lead GP told us they had been involved in the development of the Physform project across Nottingham. The project focussed on ensuring physical health reviews were undertaken for patients with a mental health condition and involved collaborative work with the local hospital trust.

This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

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

| Regulated activity | Regulation |
| --- | --- |
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>The provider did not operate systems effectively to improve the quality and safety of services and to assess, monitor and mitigate risk. Systems and processes to manage significant events, fire risk and legionella risk were not operated effectively. Systems and processes to monitor and improve the quality of services were not always operated effectively in relation to access to appointments and staff training.<br>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |