Dr Patrick Gonsalves

Quality Report

432 Kingstanding Road
Kingstanding
Birmingham
B44 9SA
Tel: 0121 377 8244
Website: www.surgerykingstanding.co.uk

Date of inspection visit: 23 February 2015
Date of publication: 25/06/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Dr Patrick Gonsalves also known as Kingstanding Road Surgery on 23 February 2015.

The overall rating for the practice is inadequate. This is because the safe, effective, responsive and well led domains were rated as inadequate. The service was rated as requires improvement for caring for the population it served. It was also inadequate for providing services for the care to older people, people with long term conditions, families, children and young people, the working age population and those recently retired, people whose circumstances may make them vulnerable and people experiencing poor mental health.

Our key findings were as follows:

- Patients were at risk of harm because robust systems were not in place to ensure patients received a safe service through the management of risks.
- Staff were not clear about reporting incidents, near misses and concerns and there was very limited evidence of learning and communication with staff when things went wrong.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example the absence of completed clinical audits to demonstrate that patient outcomes were in line with national and local guidance which resulted in continuous improvements.
- We found that patients were treated with respect and their privacy and dignity was maintained. Some patients were not involved in their care treatment.
- Patients were happy with the access to appointments. However, systems in place to ensure adequate GP cover when the provider GP was on leave were not adequate.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal

Summary of findings

governance arrangements to ensure they could assess and monitor the quality of the service they provided and could identify, assess and manage risks to patients staff and others.

Areas of practice where the provider needs to make improvements.

The provider must:

- Ensure there is a robust system in place to ensure that the information and documentation required has been obtained before people start working at the practice to ensure they are suitable to work with patients.
- Ensure suitable arrangements are in place to support staff appropriately to deliver care and treatment safely and to an appropriate standard by receiving appropriate professional development and appraisal.
- Ensure there are effective systems in place to identify, assess the quality of the service and manage risks in order to protect service users, and others, against the risks of inappropriate or unsafe care. For example by having robust risk assessments in respect of fire safety, having sufficient GP cover to meet patient demand effectively, legionella and the control and prevention of infection and by undertaking completed audit cycles to ensure good and improving outcomes for patients.

Action the provider SHOULD take to improve:

- Document checks that are being carried out on medicines and emergency equipment.
- Appropriate procedures should be in place to ensure all staff members are recording the temperature of the vaccine fridge consistently and according to guidance.

On the basis of the ratings given to this practice at this inspection, (and the concerns identified at our previous inspection), I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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 were not clear about the systems in place for reporting incidents, near misses and concerns. Although the practice reviewed incidents when things went wrong, lessons learned were not communicated and so safety was not always improved. Patients were at risk of harm because systems and processes were not in place; improvements to areas of weakness were not implemented effectively in a way to keep them safe. For example, infection control systems, recruitment processes, fire safety and the management of unforeseen circumstance including dealing with emergencies. There was insufficient information to enable us to understand and be assured about safety because there was inadequate monitoring and oversight to ensure risks were identified, assessed and managed.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services. Data showed patient outcomes were below average for the locality. Patient outcomes were hard to identify as little or no reference was made to audits. There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required. There was a risk that basic care and treatment requirements were not met. For example, staff had not received training for cardiopulmonary resuscitation (CPR).

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services. Data showed that patients rated the practice lower than others for some aspects of care. Patients described the staff as friendly and helpful, and felt they treated them with dignity and respect. Most patients said they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Patients who we spoke with told us that clinical staff obtained their consent before any care or treatment commenced.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services. The practice had conducted a survey and was responding to some of the findings. We saw that The practice had adequate facilities and was well equipped to assess and treat patients in meeting their needs. Most patients we spoke with said they found it

Summary of findings

easy to make an appointment and urgent appointments available the same day. However, there was an overreliance on locum GPs, particularly when the GP provider was away and no contingency plans were in place if people failed to cover or cancel.

Are services well-led?

Inadequate

The practice is rated as inadequate for well-led. It did not have a clear vision and strategy. The practice had a number of policies and procedures to govern activity, but these were not specific to the practice or were absent (for example the policy in respect of poor performance). The practice did not hold regular and effective governance meetings and issues were discussed at ad hoc meetings. Staff had not received regular performance reviews and did not have clear objectives.

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 provider is rated as inadequate for safe, effective, and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Practice staff were responsive to the needs of older people, including offering home visits and rapid access appointments for those who needed urgent appointments. Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in the practice survey and in our discussions with patients. We evidenced that reviews involving patients were in place although nationally reported data showed that outcomes for patients for conditions commonly found in older people were below local and national averages.

People with long term conditions

Inadequate

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

The practice staff held a register of patients who had long term conditions. Clinical staff offered reviews for these patients to check their health and medication needs were being met. The practice nurse had the lead role in chronic disease management. Longer appointments and home visits were available when needed. All patients had a named GP but there was no personalised care plan to check that their health and care needs were being met. For those with the most complex care needs, we saw the GP worked with other 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 provider is rated as inadequate for safe, effective, and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk. Immunisation rates were low for a number of the standard

Summary of findings

childhood immunisations. A midwife held ante natal and post natal clinics at the practice. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

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

A number of clinics and services to promote good health and wellbeing were available for all patients. Although the practice offered emergency appointments and extended opening hours for appointments on Tuesday evenings, patients could not book appointments or order repeat prescriptions online.

People whose circumstances may make them vulnerable

Inadequate

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

Practice staff had identified patients with learning disabilities and most had received reviews and annual health checks. The practice worked with multi-disciplinary teams in the case management of vulnerable people. GPs carried out home visits to patients who were unable to access the practice on the day they had been requested. All staff members we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider is rated as inadequate for safe, effective, and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice was able to identify patients experiencing poor mental health or those with dementia. It had worked with multi-disciplinary teams in the case management of people experiencing poor mental

Summary of findings

health. However, advance care planning for patients with dementia was not evident. Care was tailored to patients' individual needs and circumstances including their physical health needs. Patients who presented with anxiety and depression were assessed and managed within with the National Institute for Clinical Excellence (NICE) guidelines. Annual health checks were offered to patients who had serious mental illnesses.

Summary of findings

What people who use the service say

We found mixed evidence in respect of patient's views on the service being provided.

We looked at the National Patient Survey results published in January 2015. We saw that surveys were sent out to 421 patients with 121 of patients completing these. This was a 25% response rate. The data showed that the practice performed better than other local practices in respect of patient satisfaction with access to appointments. 92% of respondents described their experience of making an appointment as good compared to 68% local average. 99% of respondents stated that reception staff were helpful compared to 84% local average. The practice did not perform as well as other local practices in respect of patient satisfaction with waiting times to be seen and whether they felt involved in decisions about their care and treatment. 43% of respondents stated that they usually wait 15 minutes or less after their appointment time to be seen compared to 62% local average. 61% of respondents also stated that the last GP they saw or spoke to was good at involving them in decisions about their care compared to 81% local average. Overall 66% of patient stated that they woudl recommend their surgery. These Scores were among the worst 25% natioanlly.

The practice had also undertaken their own patient survey in the last year and some of the findings reflected the above findings. For example, 45% of those surveyed stated that they had spent over 20 minutes or longer with the GP. This included 10% of patients who responded that they had spent over 30 minutes or longer. The practice recognised that this was contributing to delays in appointment times for other patients. The survey also showed that 57% of respondents were very satisfied with the quality of care, 33% were neither satisfied nor dissatisfied. 10% stated that they were dissatisfied. The practice response was to remind reception staff to book double appointments where needed as well as to remind the GP to keep to time. To increase satisfaction rate the practice aimed to use patient feedback to drive improvements.

We received 47 patient comment cards on the day of the inspection. All of the comments were positive regarding the care patients received, the helpfulness of staff and how easy it was to book appointments.

The practice had a Patient Participation Group (PPG) but the group had not met for 18 months. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. A new group consisting of 15 members had been developed by the practice and a meeting was scheduled for March 2015.

We spoke with four patients during our inspection. Most had been registered with the practice for many years. They informed us that staff were polite, helpful and knowledgeable about their needs. Most patients told us they were given enough information to understand their health needs and told us they were encouraged to make decisions about their care and treatment. They all gave us positive feedback about the standards of care they received.

Patients told us it was easy to obtain repeat prescriptions and to make appointments. They told us they were satisfied with the opening times. Some patents told us that they often had to wait a long time after their appointment times but told us that they could spend as long as they needed with the GP.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure there is a robust system in place to ensure that the information and documentation required by law has been obtained before people start working at the practice to ensure they are suitable to work with patients.
- Ensure suitable arrangements are in place to support staff appropriately to deliver care and treatment safely and to an appropriate standard by receiving appropriate professional development and appraisal.
- Ensure there are effective systems in place to identify, assess and manage risks in order to protect service users, and others, against the risks of inappropriate or unsafe care. For example by having robust risk assessments in respect of fire safety, having sufficient GP cover to meet patient demand effectively, legionella and the control and prevention of infection and by undertaking completed audit cycles to ensure good and improving outcomes for patients.

Action the service SHOULD take to improve

Document checks that are being carried out on medicines and emergency equipment.

Appropriate procedures should be in place to ensure all staff members are recording the temperature of the vaccine fridge consistently and according to guidance

Dr Patrick Gonsalves

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager advisor.

Background to Dr Patrick Gonsalves

The practice operates from a single location at 432 Kingstanding Road, Kingstanding, Birmingham. The services provided include: minor surgery, a range of clinics for long term conditions, health promotion and screening, family planning and midwifery.

The practice holds a General Medical Services (GMS) contract to deliver essential primary care services to approximately 1500 patients. The patient population registered at the practice are similar to the national average with a slightly higher number of patients between the ages of 40-50. Data from Public Health England shows that the practice is located in an area where income deprivation is higher than the England average.

The practice has one male GP (provider) who worked three and half days. We were told that two regular locum GPs (one male and one female) who also worked at the practice at other times. At the time of our inspection the GP provider was away on leave and a locum GP (male) provided the service for the morning session. Another locum GP was booked to provide the service in the afternoon. There was a practice nurse who worked 20 hours per week and a phlebotomist (a trained healthcare professional who takes blood for testing) who worked one morning every two weeks. A midwife was also available once a week. There was a full time practice manager and a team of administrative staff who worked at the practice.

The practice has been inspected twice using CQC's previous methodology. In December 2013 the practice was not meeting the required standards in respect of the care and welfare of people who use services; safeguarding people who use services from abuse and the management of medicines. We set compliance actions in these areas and required the provider send us an action plan setting out the actions they would take to improve and to meet standards. We undertook a follow up inspection in July 2014 and found the practice had not taken action to meet the required standards we identified in December 2013, and in addition they were not meeting the requirements in terms of assessing and monitoring the quality of service provision. We set compliance actions in these areas and required the provider to send us an action plan setting out the actions they would take to improve and to meet standards. However, the provider had not sent in an action plan.

The practice is open Monday to Friday 8am to 6.30pm. Extended opening hours are available on Monday evenings until 7.30pm. The practice has opted out of providing out-of-hours services to their own patients. This service is provided by an external out of hours service (Primecare) and there was information on the practice answer phone advising patients of how to contact the out of hours (OOH) service outside of practice opening hours.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a

Detailed findings

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

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

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 23 February 2015. During our inspection we spoke with a range of staff including the locum GP, the practice nurse, the practice manager and three receptionist/ administration staff. We also spoke with four patients who used the service and observed how patients were being cared for and staff interactions with them. We reviewed 47 comment cards patients had completed as well as other relevant documentation.

Are services safe?

Our findings

Safe track record

The practice did not have robust systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There was no fire risk assessment, no legionella risk assessment and no health and safety risk assessment in place. Risks from for example fire were not being identified and managed appropriately. We first inspected the practice in December 2013 and found fire risk assessments were not adequate. We referred the practice to the fire service in December 2013. The fire service visited the practice in December 2013 and provided advice. At this inspection staff could not, when requested provide evidence to demonstrate that the advice had been followed or that a fire safety risk assessment was in place.

The practice did not record significant events in a consistent way. Some incidents that were recorded were not being dated and some did not record any learning or action taken. We did not see evidence that learning was shared with staff. We saw evidence of a safety alert where a response from the practice was required. However, we saw that the practice had taken no action in response to the safety alert. This did not assure us that the practice had a safe track record over time.

Learning and improvement from safety incidents

The practice manager could not provide us with details of the incident reporting process or policy and we did not see any evidence of how learning was regularly discussed with staff. The practice manager told us that they were currently reviewing and developing the incident reporting process. Staff we spoke with were unsure of the procedure for recording and learning from incidents and significant events. We read minutes of a meeting held in February 2015 asking staff members to give examples of incidents so that they could be recorded and presented as evidence to the Care Quality Commission (CQC). This suggested that the practice did not have a clear and consistent approach to reporting, learning and improving practice as a result of incidents.

The practice manager told us they received national patient safety alerts and disseminated them to the provider to action. We observed that the practice had blinds with loop cords in the waiting area and asked the practice manager about a recent alert in respect of the strangulation risk associated with these blinds. The practice manger could not tell us what action if any had been taken by the practice in relation to this alert. The practice manager told us that they had forwarded the alert to the GP provider but could not show us any evidence. We asked the practice manager if it was the GPs responsibility to action such alerts. The practice manager told us that this would be something that they would normally action. They told us that they will get an appropriate contractor to respond to this alert. This suggested that there was no clear strategy to deal with safety alerts.

Reliable safety systems and processes including safeguarding

The practice had some systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Staff we spoke with knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information on safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Staff showed us contact details on the reception desk for the local authority safeguarding team.

The practice manager told us that the GP was the appointed lead for safeguarding vulnerable adults and children with the practice manager as the deputy. We saw that the practice had made a referral to the local authority recently. This showed that the practice had taken appropriate action in response to safeguarding concerns.

The practice had a safeguarding children and adult policy which was available on the shared computer system. The practice manager told us that they were reviewing the policy and tailoring it to the practice and we saw evidence that the practice manager had already done this with other policies.

The practice manager told us that they held quarterly multidisciplinary meetings to discuss vulnerable patients. Records we saw confirmed these meetings took place and were attended by the district nurse but the health visitor, school nurse and midwife did not always attend. This was confirmed by the practice manager. We were told that the

midwives and health visitors sent in a fax if they needed to alert the practice to any safeguarding issues. The practice would also call the midwives and health visitors as and when they needed.

There was a chaperone policy, which was visible on the waiting room noticeboard. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The practice nurse acted as a chaperone and in the absence of the nurse, reception staff acted as chaperones. Reception staff we spoke with told us that they had been trained by the GP.

Medicines management

We checked medicines stored in the nurses room and in the medicine refrigerator and found they were stored securely and were only accessible to authorised staff. The nurse showed us a protocol they followed to ensure that medicines were kept at the required temperatures. However, the protocol was not robust as it did not inform staff how to record temperatures according to Department of Health Guidance. For example, we saw that the nurse had recorded the minimum and maximum temperature of the fridge but did not record the actual temperature. In the absence of the nurse, reception staff had recorded the temperature but were only recording the actual temperature of the fridge and not the minimum and maximum temperature of the refrigerator.

The practice held emergency medicines which were kept in the nurses' room. The nurse was responsible for checking the medicines to ensure they were within their expiry date. We saw that all medicines were within their expiry dates and nurse had written the expiry dates on the packaging of the medicines so that it was easily visible. The nurse told us that they regularly checked the medicines but did not document these checks. The nurse told us that they would now be documenting the checks. At our previous inspections in December 2013 and July 2014 we also pointed this out to the practice.

We were told that all prescriptions were reviewed and signed by a GP before they were given to the patient. We saw that this was scheduled on a Wednesday for the provider GP but reviews also took place at other times as needed. Blank prescription forms were locked away in the office along with repeat prescription box and fit to work notes. A CCG support pharmacist attended the practice regularly and advised the practice manager on any anomalies.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy and patients we spoke with told us they had no concerns regarding the cleanliness of the practice. The practice had external cleaners who came in twice a week. However, the practice could not provide any cleaning schedules when asked. Without any cleaning schedules the practice could not assure themselves that cleaning was done to an acceptable standard.

There was a lack of clarity about who was the lead at the practice for infection prevention and control with two members of staff telling us that they assumed this lead role.

The practice manager could not locate the infection prevention and control policy to enable us to clarify who was named as having this lead role. We were concerned that in the absence of this policy staff did not have the guidance and information they needed to effectively prevent infections passing between patients and staff. The practice manager could not when requested provide us with evidence to demonstrate that staff had received training on infection control. They could not provide us when asked with any evidence to demonstrate that infection control audits had been carried out to identify, assess or manage preventable risks.

Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. The nurse we spoke with told us how they cleaned the treatment couch and benches after every patient. There was also a laminated needle stick injury protocol on the wall so that staff knew the procedure to follow in the event of an injury. An incident record we looked at involving a needle stick injury showed that staff followed the protocol.

The practice had not carried out a legionella risk assessment. Legionella is a bacterium that can grow in contaminated water and can be potentially harmful. This did not ensure that patients, staff and visitors were being protected against legionella.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments

and treatments. We saw that all equipment was tested and maintained regularly and we saw stickers on equipment to show that they had been carried out. All portable electrical equipment we looked at was tested and displayed stickers indicating the last testing date. We saw evidence of calibration of relevant equipment; for example blood pressure measuring devices and the scales.

Staffing and recruitment

The systems in place in respect of recruitment were not safe and robust. We looked at staff records and found that they were not well organised. We asked the practice manager to provide us with recruitment documents checks for the locum GP working on the day of the inspection. The practice manager could not when requested provide us with evidence to demonstrate that they had requested information from the locum agency which assured them that that the locum GP had undergone appropriate pre-employment checks. The practice manager told us that the locum agency carried out these checks but could not provide us any assurances that this was the case. We brought this to the attention of the practice in our previous inspection in December 2013 and July 2014 and we were told that records of appropriate checks would be in place. However, they were still not available. The practice manager showed us the record of the check they had made to ensure the GP was on the General Medical Council (GMC) register. The GMC is the statutory body responsible for licensing and regulating medical practitioners. There was no other personnel information available on the locum GP. The practice manager also told us that they used this locum GP frequently as they were a friend of the GP provider and so knew them well.

At our previous inspection in December 2013 we found that staff had not undergone Disclosure and Barring Service (DBS) checks and there were no risk assessments in place which would assure the provider that this was not necessary. DBS checks help to 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. We were told that application for DBS checks had been made at the time and the practice was awaiting a response. On our inspection in July 2014 we were told that information required to complete the checks was available but the checks had not as yet been completed. We had received assurance from the practice manager that these would be done as a matter of priority and they would inform the CQC when completed. We had not received such confirmation from the practice that the checks had been carried out. At this inspection we found that DBS checks or risk assessments were still not in place.

The practice had recruited three new administration and reception staff since our last inspection. The practice could not when requested provide us with any evidence to show they had undertaken appropriate recruitment checks such as references, identification and qualification. We were told that reception staff carried out the role of a chaperone when needed. When asked, the practice manager could not show us evidence that the reception staff had undergone a risk assessment to determine if a DBS check was required. This indicated to us that the provider had failed to take action to address this area of risk, even after it was brought to their attention through our report.

Non-clinical staff told us that they had set a rota to cover practice opening hours. Existing staff covered annual leave or absence due to illness. We saw that there was enough administration staff during the inspection. The practice had one nurse and there was no arrangement to cover them when they were on leave and clinics would be cancelled if they were unavailable with the GP covering where appropriate. The practice also contacts the district nurse team if they are able to attend to a patient especially if they are elderly or need urgent attention. If district nurses are unable to attend patients are advised to attend the walk in centre.

Monitoring safety and responding to risk

The practice did not have robust systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. Appropriate risk assessments for fire, health and safety were not in place. We referred the practice to the fire and rescue service after our first inspection in December 2013. The practice manager told us that the fire service visited the practice in December 2013 to carry out an assessment. The practice was told that the fire service did not provide a written fire assessment and had provided with some advice. During the inspection in July 2014 we were told that a fire risk assessment had been completed but could not provide us with the documentation to confirm this. During this

inspection the practice manager could not, when requested provide evidence to demonstrate that the advice from the fire service had been followed or that a fire safety risk assessment was in place.

We were concerned about the systems in place to ensure patients, staff and visitors would be safe in the event of a fire. There was a fire alarm at the practice which was tested recently by an external contractor. However, we noticed that one of the fire sensors in the nurses' room had been sounding. The nurse told us that it had been doing so for the last couple of days and they were unsure if the batteries needed replacing. We spoke with the practice manager who had been aware of the issue but could not provide evidence to demonstrate they had taken any action to ensure there was no risk to staff or patients from the sensor not working correctly**.** The practice manager told us that they had carried out a fire drill 12 months ago but could not show us a record of the fire drill when asked.

Arrangements to deal with emergencies and major incidents

We saw the practice had reviewed the emergency equipment held on site and they had oxygen and an Automated External Defibrillator (AED), (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) available for use in an emergency.

Staff we spoke with were aware of the location of the equipment. The practice nurse told us that they were responsible for checking if the emergency equipment was in good working order. There was no record of checks on the equipment as it had only just been delivered but the nurse was able to show us how they would check if the emergency equipment was in working order. The practice nurse told us they would start recording these checks.

Staff members had not been trained in basic life support and may not be able to respond appropriately to a medical emergency. There was evidence in the minutes of a practice meeting to demonstrate the need for staff to receive this training was discussed. However, this had not been organised.

The practice did not have a business continuity plan in place to deal with a range of emergencies that may impact on the daily operation of the practice. A business continuity plan helps to identify risks to the smooth running of the service for example, power failure, adverse weather, unplanned sickness and access to the building and helps to mitigate those risks. This led us to conclude they would be ill prepared for unexpected or emergency situations.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The locum clinical staff we spoke with had appropriate knowledge of National Institute for Health and Care Excellence (or NICE) guidance. NICE is responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. For example, they told us about the recent changes in anticoagulant management in patients with atrial fibrillation.

We saw some other examples where the practice had consulted current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE). For example we saw minutes of meetings where clinical staff were asked to follow NICE guidance for peak flow measurement in the diagnosis of asthma patients. Peak flow measurement is a measurement of lung capacity.

We also saw evidence that new guidelines on blood pressure and chronic obstructive pulmonary disease (COPD) were discussed. COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema. Typical symptoms are increasing shortness of breath, persistent cough and frequent chest infections.

Management, monitoring and improving outcomes for people

Some staff in the practice had key roles in monitoring and improving outcomes for patients. For example, we were told that one staff member was responsible for monitoring the Quality and Outcomes Framework (QOF) data. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The lead member of staff was not working on the day of the inspection but the records we saw confirmed that performance in relation to QOF was discussed. For example, we saw there were seven patients on the list with enduring severe mental health problems. We saw that 58% of the people on the list had a care plan. We saw 61% of patients diagnosed with diabetes had received a foot examination. In spite of this we saw the practice achievement in respect of QOF was generally below the Clinical Commissioning Group (CCG) average. CCGs are groups of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The GP provider was away on leave and we were unable to look at how the practice used clinical audits to improve outcomes for patients as these were not available at the practice. We saw one audit that had been conducted on myocardial infarction (heart attack). However, this was very limited and only four patients were identified. There was no follow up of the audit to demonstrate improved outcomes for patients. Staff told us an audit had been undertaken on patients who did not attend appointments, but they were unable when requested to provide this for us. Therefore we could not confirm this audit had been undertaken. We had requested the provider send us copies of the results of clinical audits prior to our inspection but no information had been provided to us. This evidence led us to conclude there was minimal monitoring of patients' outcomes from care and treatment provided by the practice. In the absence of clinical audit the provider could not demonstrate that the care and treatment being provided was effective.

There was a protocol for repeat prescribing which was in line with national guidance. There was a repeat prescription box and we saw that patients used this facility for requesting their repeat prescriptions. The protocol had been discussed at the last practice meeting including the steps to be taken to prevent patients who needed a review of their medicines from obtaining a further repeat prescription until the review had taken place. We were concerned as to how this system would work in the absence of the provider GP as locum GPs were available for appointments only and no administration tasks had been booked with locum GPs during our inspection to enable such review of medicines. This led us to conclude that the systems to ensure patients received reviews of their medicines were not robust and may lead to delays in patients receiving medicines necessary for their health and wellbeing.

The practice had a palliative care register and we saw that there were three patients on the list. We saw some minutes of multidisciplinary meetings to discuss the care and support needs of patients. We saw that district nurses attended these meetings. Minutes of meetings we looked at showed that patients needs were discussed at length.

Are services effective?

(for example, treatment is effective)

Effective staffing

On the day of our inspection the provider GP was away on leave and a locum GP was covering in the morning and another in the afternoon. The practice manager told us that they used the same locum GPs. The locum GP we spoke with told us that they last worked at the practice one month previously.

Practice staffing included medical, nursing and administrative staff. This included nurses and a phlebotomist. We looked at the training records and saw evidence that staff had completed courses such as safeguarding children and vulnerable adults. The practice manager could not provide us when requested any evidence to demonstrate the staff had received training in respect of basic life support. Records of a practice meeting indicated staff needed to attend this training but no action had been taken to organise this.

The practice manager told us the GP provider had undergone revalidation recently. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

We looked at the records of staff appraisals and saw that these were last conducted in 2012. The practice manager confirmed the records were accurate and told us some appraisals were booked for the following month. In the absence of recent appraisals the provider did not demonstrate how the staff were supported to deliver care safely and to suitable standards.

We were told that a staff member responsible for managing the new IT system was on leave on the day of our visit. We were told that the staff member was also responsible for carrying out the summarising of clinical information the practice received from other health professionals. In their absence no other staff member could access this information, we were therefore unable to confirm if that had been done. This did not ensure effective staffing to meet the needs of patients.

Working with colleagues and other services

We were informed by the CCG that the practice worked collaboratively with other practices within the locality to meet patient's needs. To manage patients with complex needs it received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post.

We were told that the provider GP would be responsible for checking test results and discharge letters received from hospital. The provider GP was on leave at the time of the inspection, in their absence staff could not assure us there was an effective system in place to review these. Staff we spoke with told us only urgent letters were given to locum GPs and other non-urgent letters were left for the provider GP to review on their return. We were concerned about non clinical staff making judgements about the priority of clinical matters.

The practice manager told us that extra locum sessions were booked in the absence of the GP provider to enable tests and results to be reviewed. However, there was limited GP cover with no additional sessions booked on the day on our inspection. The provider GP was away for two weeks.

The practice manager was not sure if the practice was currently commissioned for the new enhanced service to follow up patients discharged from hospital (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). We could not find any care plans in place to try and ensure patients at risk of unplanned admissions had the care, treatment and support to minimise the risk of emergency admission.

The practice held multidisciplinary team meetings quarterly to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses.

Information sharing

The practice had just installed a new electronic patient record system (EMIS web). We saw that a member of the commissioning support unit was at the practice on the day of our visit helping to implement the system. Staff were still learning to use the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

We were told that a staff member responsible for managing the system was on leave on the day of our visit. We were

Are services effective?

(for example, treatment is effective)

told that the staff member was also responsible for carrying out the summarising of clinical information the practice received from other health professionals. In their absence no other staff member could access this information we were therefore unable to confirm if that had been done.

The practice told us they used electronic systems to communicate with other providers such as local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We were not able to ascertain this, as specific patient examples were necessary and the locum/administrative staff were unable to provide these for us. Staff told us that they used an electronic system for making referrals through choose and book and we saw some evidence of choose and book referrals.

Consent to care and treatment

There were seven patients on the learning disability register. We saw that 58% of those patients were supported to make decisions through the use of care plans.

Relevant staff members we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and Gillick competency. The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way.

We saw that the nurse had carried out cervical screening on 239 patients which represented 73% of those eligible for the screening. We saw sexual health screen screening tools for chlamydia were available in the practice for patients to take away for self-testing.

We were told care plans were in place but we were unable to confirm this as a new electronic patient record system had been installed and the practice was still getting used to the new system.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

We looked at the current performance of the practice in respect of vaccination. We saw that only 12% of the eligible population (aged 6 months-65 years) had received the flu vaccination. Of the 41 children eligible for vaccination we checked 22 and none of those had been vaccinated. The practice manager told us that they found it very challenging to get patients into the practice for their vaccinations but could not provide us with evidence to demonstrate they had considered what they could do to improve this situation.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey in January 2015. We saw that 75% of respondents stated that the last GP they saw or spoke to was good at treating them with care and concern. This was similar to the CCG average.

We received 47 completed cards and the majority were positive about the service experienced. Patients commented they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

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

We saw that staff were aware of patient confidentiality at the reception desk as it opened into the reception area. We saw that background music was played to try and maintain some privacy at the reception desk and staff told us that a private room was offered if a patient wanted to discuss anything in private.

Care planning and involvement in decisions about care and treatment

The National patient survey from January 2015 indicated that 71% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments. This was below the CCG average of 87%. Also, 61% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care. This was also below the CCG average of 81%.

Three of the four patients we spoke with on the day of our inspection told us that health issues were discussed with them and explained to them in a way they understood. One of the patients we spoke with told us that they were not always involved in the care.

Staff told us that most patients spoke English as a first language. However, a translation service was available for patients who did not have English as a first language. This enabled patients to be involved in decisions about their care and treatment.

Patient/carer support to cope emotionally with care and treatment

Staff told us that if families had suffered bereavement, the GP contacted them based on need. Reception staff we spoke with showed us contact details on the reception desk of other agencies that they would refer patients to. These included counselling agencies for bereavement such as CRUSE. Patients we spoke with were positive about the staff. The GP patient survey we looked at showed that 95% of respondents stated that the last nurse they saw or spoke to was good at treating them with care and concern. For GPs this was 75%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice held registers of patients who had learning disabilities or experienced mental ill health. We found that these patient groups were offered an annual health review but not all of them had been reviewed. For example, there were seven patients registered with mental health illness and only four had a care plan in place. The practice had in total 59 patients in need of diabetic foot examination and the practice achievement was 61%. There was a palliative care register and multidisciplinary meetings were held to discuss patients care and support needs.

The practice had a Patient Participation Group (PPG) but this was not active and we were told that a new group had been developed and a meeting scheduled the following month. PPGs are made up of patients registered with a practice who work with the practice to improve services and the quality of care. The practice was hoping to establish a new group who would be more engaged with the practice.

Tackling inequity and promoting equality

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.

Most patients registered at the practice spoke English as a first language. However, the practice could cater for other different languages through translation services.

Patients who were unable to attend the practice could request a home visit. The practice leaflet informed patients to make a request before 1pm if possible. We were also told that the GP also visited patients at their home to review their long term conditions. Staff including the locum GP told us that they did not receive many requests for home visits.

The practice nurse told us they visited patients to administer flu jabs. The practice performance in respect of flu vaccinations was low in spite of this being available with only 12% of eligible patients having received the vaccination. The GP and the practice nurse visited patients who were unable to access the practice.

Access to the service

The GP patient survey showed that 96% of respondents found it easy to get through to this surgery by phone compared to the local CCG average of 63%. 92% of respondents describe their experience of making an appointment as good compared to the CCG average of 68%.

Six of the comments cards received also commented on the long waiting times to see a GP. Some patients spoken with on the day of the inspection gave similar feedback in regards to the waiting time.

Also, 94% of respondents stated that they were able to get an appointment to see or speak to someone the last time they tried. This was above the local average. At our previous inspections in December 2013 and June 2014 patients told us that they waited a long time to be seen for their appointments. We saw that this was also reflected in the GP patient survey where only 43% patients stated they were seen within 15 minutes or less after their appointment time. This was worse than the local CCG average where 62% of patients stated they were seen within 15 minutes or less. The practice approach was to ensure patients needing to be seen for longer were booked double slots and the GP was reminded to be mindful of consultation times as they often contributed to the delays. Our evidence indicated this remained an issue although some patients we spoke with commented that waiting times had become better.

To help working patients to access the service the practice had extended opening hours once a week. The practice had a single provider GP who was responsible for coordinating the care needs of older patients. We were told there were very few homeless people in the local area but staff we spoke with told us any who needed care or treatment were seen at the practice as temporary patients.

Patients could make appointments by telephone or in person. Reception staff told us that patients who requested to be seen urgently were offered a same day appointment. Requests for appointments for children were treated as urgent so that they were seen the same day.

On the day of our inspection we were concerned that the arrangements in place to provide sufficient GP sessions to ensure patients who needed to be seen were not effective. The GP provider was on leave and a locum GP was providing cover. The cover arrangements were very limited on the day of our inspection, with one locum providing cover between 9.30am and 11.30am and no further GP

Are services responsive to people's needs?

(for example, to feedback?)

cover until 5.30pm. The practice manager told us that a locum GP had cancelled their 11.30 session and they could not arrange another cover through a locum agency. The practice manager had arranged cover with an external provider (Primecare) to provide primary care services for their patients between 11.30 am and 5.30pm when the locum GP arrived. We were told that this had happened twice the previous week indicating that temporary GP cover was not well planned and the practice relied on walk in centres and accident and emergency services to meet the needs of patients with urgent care needs in such situations.

The practice manager told us that this was not an issue when the provider GP was available. However, when the provider GP was on leave the locum process was not robust. This did not ensure that patients had access to appropriate care and treatment when needed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

There were complaints/ suggestion forms in the reception desk which patients were able to use to feedback any concerns. We saw information on the noticeboard encouraging patients to complain if they were unhappy with the service they had received. At our previous inspection in December 2013 we found that the practice had not responded to complaints appropriately. At this inspection we were told that the practice had not received any complaints during the last 12 months. All the patients we spoke with told us that they had not had any reasons to complain and the comments cards also reflected this. We looked at NHS choices website and saw that a feedback was left in January 2015 which could be deemed a complaint and the practice had not responded.

Are services well-led?

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

Our findings

Vision and strategy

The practice had a mission statement which was to deliver a quality health service and this was displayed in the waiting area of the practice. However, systems and processes were not developed to ensure this was effectively delivered. We spoke to the practice manger about the future direction and development of the practice but they were unable to articulate or provide us with evidence of a clear strategy.

Governance arrangements

We saw some policies and procedures on the computer system. The practice manager told us that they were currently reviewing all the policies.

We looked at the safeguarding policy which we were told had been reviewed and developed recently. We saw that the policy had not been tailored to the needs of the practice as it did not have contact details of appropriate safeguarding leads at the local authority. The practice manager told us that it was an oversight and they will be further tailoring the policy to meet the needs of the practice.

There was no clear leadership structure in place and we were unable to find clear evidence that there was effective leadership, management and oversight of the quality of the service being provided. Decisions were being made without consultation and planning between the GP and the practice manager. For example, the practice manager told us that they had interviewed a person for a role in the practice as they felt there was a need. They told us that they had only consulted the GP provider after the interview and the GP was considering if it was financially viable. Also, the practice did not have a spare consultation room and the practice manager could not show us evidence of how they had considered or planned to accommodate the new staff member in the practice.

There was some named members of staff in lead roles. For example, the practice manager was the lead for handling complaints and staff were aware of this. However, there was also some confusion about other areas. This is because practice manager told us that they were the lead for infection control as nobody wanted to be the lead. But the practice nurse we spoke with told us that they were the lead for infection control. This confusion had an obvious detrimental impact as no infection control audits were carried out and no systems were in place to ensure cleaners were following appropriate guidance. The lack of oversight led to risks not being identified, assessed and managed to protect patients, staff and visitors against the risks of inappropriate or unsafe care and treatment.

The practice did not have robust locum GP process in place to ensure there was adequate cover when the provider GP was on leave. The practice employed the services of other agencies as well as relying on walk in centres to meet the needs of patients. Not all staff were trained to use all IT systems to ensure that patients' needs were met adequately.

We saw evidence that the practice discussed their performance in respect of Quality and Outcomes Framework (QOF) targets. For example the care of patients with a diagnosis of asthma was discussed in a practice meeting to ensure they all received a review of their medication. This was not sufficient to drive improvements however and we saw that the QOF results the practice achieved in the last full year (April 2013 - March 2014) were below local and national standards.

Patient outcomes were hard to identify as little or no reference was made to clinical audits and there was no evidence that the practice was comparing its performance to others either locally or nationally.

We saw minutes of practice meetings where there was limited evidence of the practice assessing their performance, quality and risks. For example, we saw minutes of meeting held in January 2015 but many of the issues and risks discussed related to issues the CQC had brought to the provider's attention in previous inspection in December 2013 and July 2014 such as the provision of oxygen and training for staff on basic life support. Not all of the identified issues had clear actions in place to address them. These meetings were not held regularly; on average six monthly. However, staff we spoke with told us that it was a small practice and many of the communication about the practice took place informally. The practice manager told us that because of the low number of staff they struggled to hold meetings on a regular basis.

Leadership, openness and transparency

The appropriate policy and process in relation to the management of staff were not always in place. We were

Are services well-led?

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

given a specific example where the lack of robust policy and clear protocol had resulted in the failure of appropriate actions This demonstrated that the policies and system for managing the performance of staff needed considerable strengthening.

We asked staff if they delivered an enhanced service for unplanned admissions to hospitals. Staff we spoke with, including the practice manager were unable to tell us if this service was being delivered to patients at the practice. Practices can opt to provide services over and above the essential services normally provided to patients. These services are known as enhanced services and are delivered to a higher specified standard. Staff members confirmed they were unable to operate the computer system adequately to find out. It was unclear how staff would be able to assess that the practice was delivering services in line with contracts given this lack of knowledge and understanding.

We saw team meetings were held but these were not regular. Staff told us that as a small practice and they discussed issues informally. We saw a diary was used to communicate any issues amongst staff. Staff we spoke with felt this was useful as some reception staff worked part time.

The practice staff did not have a clear understanding of the processes and protocols to use in all situations (for example managing poor performance and appraisal). We reviewed some policies as well as other documents such as staff files. The files were not well organised and policies and other documentation such as contracts were missing from personnel files. The quality of record keeping needed considerable strengthening.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through a patient survey conducted in June 2014. The survey showed that patients were generally happy with the access to appointments but recognised that patients were still waiting too long after their appointment time to be seen. The practice had discussed with reception staff to ensure that patients needing to spend longer than 10 minutes with the GP are booked double appointment slots so that they do not delay other patients. The GP was also reminded to ensure they do not run late during consultations. Our interviews with patients and information we received from patient comment cards indicated these measures had not been wholly successful in addressing the issue.

The practice also recognised that online appointment and repeat prescriptions would be a useful addition to the practice. It was envisaged that this would reduce the number of patient visits. It was hoped the installation of the new IT system would allow for that to happen. This was not available to patients at the time of our inspection.

The practice manager told us that they were re-establishing the patient participation group (PPG) as the group had only met once in the previous 18 months. PPGs are groups of patients registered with a practice who work with the practice to improve services and the quality of care. The practice manager told us and we saw a date had been scheduled for the following month with a new group of patients. The practice manager told us that previously the PPG had requested extra chairs and the practice had ensured that they were purchased. We were not clear that the PPG had defined terms of reference to govern the way they worked with the practice.

Management lead through learning and improvement

The practice manager told us that they had in-house protected learning time (PLT), usually quarterly where they would close the surgery for half day so that training and update could be provided to staff. Because staff personnel files were disorganised and had information missing we could not be sure of the training staff had been provided. However, we saw that cardiopulmonary resuscitation (CPR) training was had not been completed by staff members this had been notes during our previous inspection in July 2014. This suggested that there was no effective learning and improvement strategy in place.

We saw minutes of meetings where the staff were told about the PLT dates and the training that were organised in April and July 2014. These were arranged for training around the computer system. The practice was closed during these training events and an external agency (Primecare) was contracted out to provide the service. This approach enabled them to address their training needs more adequately. However, we saw that training needs were not addressed in a timely manner.

We saw that appraisals, which are generally completed annually, were overdue for staff members as they had not

Are services well-led?

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

taken place since 2012. The practice manager told us that they had scheduled some in for March 2015. In the absence of recent appraisals we were not clear how the staff were supported to deliver care safely and to suitable standards. In the absence of annual appraisals the provide was unable to demonstrate that individual performance and training needs had been considered or discussed.

The practice had a system to record significant events and other incidents but this was neither robust nor effective with inconsistent systems which did not support appropriate analysis and the prevention of re-occurrence. Our evidence demonstrated a lack of reflection, action and learning to ensure the quality of the service was appropriately assessed and monitored and robust action was taken to identify, assess and manage risk. In the absence of these patients, staff and visitors were not protected against the risks of receiving inappropriate care and treatment.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found the provider did not have an effective system in place for identifying, assessing and managing risks to patients, staff and visitors. (for example by having robust systems in respect of incidents, significant events, patient safety alerts, fire safety and infection control) This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider must operate effective recruitment procedures and ensure they obtain all of the information and documentation required by law before people start working at the practice to ensure they are suitable to work with patients. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

Enforcement actions

Surgical procedures

Treatment of disease, disorder or injury

The provider must also ensure the welfare and safety of the service user by having sufficient numbers of suitably qualified, competent, skilled staff. Contingency arrangements must be in place to respond to additional demands while maintaining the essential standards of quality and safety. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.