

Langley Corner Surgery

Quality Report

Ifield Green, Crawley, West Sussex

RH11 0NF

Tel: 01293 514340

Website: www.langleycornersurgery.co.uk

Date of inspection visit: 16 February 2016

Date of publication: 28/04/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	11
Areas for improvement	11
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Langley Corner Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Langley Corner Surgery on 16 February 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety, and a system in place for reporting and recording significant events but we found these systems could be improved.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. There was a strong focus upon providing a caring service at all levels within the practice. This included that all patient deaths were reviewed in order to provide a supportive service, and for learning and best practice.
- Information about services and how to complain was available and easy to understand.
- Patients said there was continuity of care, with urgent appointments available the same day. However not all patients said it was easy to make an appointment with a GP.
- Patients' needs were assessed and individualised care was planned and delivered following best practice guidance.
- Some risks to patients were assessed and well managed. However, systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. They had taken steps to ensure the waiting room was welcoming and calming; including art activity for adults, paintings on display from a local sixth form college, and a play area for children.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was a strong focus on continuous learning and improvement within the practice.
 - The practice had collated and categorised all support information available to patients, and stored this into individual folders both at the surgery and on the practice website.

We saw one area of outstanding practice:

- The practice had become a certified training centre for Health Care Assistants (HCA). They provided external and internal candidates the opportunity to obtain an accredited qualification as a HCA, up to diploma level.

The areas where the provider must make improvement are:

- Ensure that significant events are recorded and information is disseminated within the practice so that lessons can be learnt at all levels.
- Ensure that cleaning schedules are reviewed, and that cleanliness is monitored.
- Ensure clinical waste is correctly documented in order to minimise the risks of improper disposal.
- Ensure that relevant and appropriate training is provided to staff in accordance with the practice training policy; including for safeguarding and for the Mental Capacity Act (MCA) 2005.
- Ensure that an appropriate number of staff are trained to operate the evacuation chair, in order to assist patients who have mobility problems.
- Ensure that the practice has suitable available medical supplies to deal with a medical emergency for a child.
- Ensure that recruitment checks, including proof of identification, are completed and retained as set out in the practice recruitment policy.

The areas where the provider should make improvement are:

- Carry out inclusive audits to improve patient outcomes that involve all clinical staff.
- Continue to review, assess and monitor access to appointments.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events, but the practice could not always demonstrate thorough record keeping.
- Lessons were shared amongst partners and managers to improve safety in the practice, however we found that this information was not always disseminated to all members of staff as appropriate.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Some risks to patients were assessed and well managed. However, systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included their ability to respond in an emergency, the disposal of medicines, and the oversight of cleanliness at the practice.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although not all clinical staff were involved in the audit schedule.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had taken steps to ensure the waiting room was welcoming and calming, including art activity for adults, paintings on display from a local sixth form college, and a secure area with a selection of toys and books for children.
- Information for patients about the services available was easy to understand and accessible. The practice had categorised and simplified information into folders available both practice websites and in the waiting room. These were to ensure patients were able to access the extra support they needed from local organisations, for example information and support groups relating to the community, family and disability.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice cared for their patients who had suffered bereavement and also ensured that all deaths were reviewed for learning and best practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice collaborated with the local authority to open a new branch in order to provide GP access to a nearby area.
- Patients said there was continuity of care, with urgent appointments available the same day. However not all patients said it was easy to make an appointment with a GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included disabled access (including automatic doors), a portable hearing loop and baby changing facilities. They also shared their premises with a mental health liaison practitioner, midwife, counselling service, and ultrasound services.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice GPs regularly visited two care homes and delivered an enhanced service to the residents. In order to assist effective

Good



Summary of findings

visits, the GP took a laptop to the care home in order to access and update patient notes immediately. This prevented any delay of care and treatment and ensured the GP had up to date information.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. Staff told us they felt encouraged to make suggestions for improvement of the practice.
- The practice had a number of policies and procedures to govern activity and held regular team and governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. This included a system for patients to easily inform the practice whether they would recommend or not recommend the surgery following their experience that day.
- The patient participation group was active. They told us that a partner and the practice manager always attended their meeting and they had been involved in improvements at the practice, for example a re-design of the waiting room.
- There was a strong focus on continuous learning and improvement at all levels. The practice provided staff with positive comments from patients by displaying these on the coffee table within the staff rest room. All staff we spoke with felt this added to the positive atmosphere at the practice.
- The practice had become a certified CACHE (Council for Awards in Care, Health and Education) training centre for Health Care Assistants (HCA). They provided external and internal candidates the opportunity to obtain an accredited qualification as a HCA, up to diploma level.

Good



Summary of findings

- The practice team was forward thinking and sought to improve patient outcomes using new technology such as voice recognition. One of the partners told us this technology was being trialled in order to record patient notes and dictate letters. They told us they hoped it would improve their effectiveness, and also provide assistance to GPs who were less able to type for long periods of time.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average for areas including diabetes and hypertension.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of enhanced services to people with long term conditions. This included asthma and diabetes clinics.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice had made the decision to train all staff to child safeguarding level three (GPs are required to receive level three, clinical staff level two and non-clinical level one)

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations. The practice had a policy to notify the health visitor for follow up if a child repeatedly missed their immunisation appointment.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including booking appointments and an electronic prescribing service.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Data showed that 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with national averages. There were 292 survey forms were distributed and 116 were returned. This represented 0.12% of the practice's patient list and a response rate of 40%.

- 70% of patients found it easy to get through to this surgery by phone compared to a national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 87% of patients described the overall experience of their GP surgery as good (national average 85%).
- 78% of patients said they would recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were professional, empathetic and attentive. There were three less positive comments which all related to appointment booking and waiting times.

We spoke with four patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

We reviewed the latest results from the friends and family test in November 2015, which received 36 responses. This showed that 92% of respondents would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that significant events are recorded and information is disseminated within the practice so that lessons can be learnt at all levels.
- Ensure that cleaning schedules are reviewed, and that cleanliness is monitored.
- Ensure clinical waste is correctly documented in order to minimise the risks of improper disposal.
- Ensure that relevant and appropriate training is provided to staff in accordance with the practice training policy; including for safeguarding and for the Mental Capacity Act (MCA) 2005.

- Ensure that an appropriate number of staff are trained to operate the evacuation chair, in order to assist patients who have mobility problems.
- Ensure that the practice has suitable available medical supplies to deal with a medical emergency for a child.
- Ensure that recruitment checks, including proof of identification, are completed and retained as set out in the practice recruitment policy.

Action the service **SHOULD** take to improve

- Carry out inclusive audits to improve patient outcomes that involve all clinical staff.
- Continue to review, assess and monitor access to appointments.

Summary of findings

Outstanding practice

- The practice had become a certified training centre for Health Care Assistants (HCA). They provided external and internal candidates the opportunity to obtain an accredited qualification as a Health Care Assistant, up to diploma level.

Langley Corner Surgery

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 second CQC inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to Langley Corner Surgery

Langley Corner Surgery is located in a residential area of Crawley and provides primary medical services to approximately 9900 patients. The practice also provides care and treatment for the residents of two nearby care homes, which serve individuals with dementia or nursing needs.

Services are provided from two locations, the main practice building at:

Langley Corner Surgery

Ifield Green,

Crawley,

West Sussex

RH11 0NF

And the branch surgery at:

Ifield West Community Centre

Dobbins Place,

Ifield, Crawley,

RH11 0SZ

There are five GP partners and two salaried GP (three male, four female). Collectively they equate to 5.5 full time GPs.

The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are seven female members of the nursing team; four practice nurses and three health care assistants. GPs and nurses are supported by the practice manager, a deputy practice manager, and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 0 to 18 when compared to the national average. The number of patients aged 65 and over is also slightly above the national average. The number of registered patients suffering income deprivation is below the national average.

The main practice is open from Monday to Friday between 8:30am and 6:30pm. Extended hours appointments are offered every Monday from 6:30pm to 8pm, and Tuesday to Friday from 7:30am to 8:30am. The Ifield West surgery is open every Monday from 2:30pm to 5:30pm, and Wednesday and Friday from 9:30am to 12:30pm. An emergency telephone service is provided between 1pm and 2pm. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; family planning, chronic disease management, minor surgery, health checks, smoking cessation, and holiday vaccines and advice.

Detailed findings

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Crawley Clinical Commissioning Group.

Why we carried out this inspection

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

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.

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

- Older people

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 February 2016. During our visit we:

- Spoke with a range of staff including; four GP partners, one salaried GP, two practice nurses, three health care assistants, the practice manager, the reception manager/deputy practice manager and eight receptionists/administrators/secretaries. We also spoke with four patients who used the service, including two members of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members and reviewed 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.
- Made observations of the internal and external areas of both the main premises and the branch surgery.
- Reviewed documentation relating to the practice including policies and procedures.

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, but we found this system could be improved. Staff told us there was an open culture and they would inform the practice manager of any incidents. We saw there was a recording form available on the practice's computer system.

The practice told us they carried out a thorough analysis of significant events, which were fully discussed in a monthly meeting unless requiring more urgent attention. We reviewed the significant event register that the practice used to record and monitor events. We also reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Once the event was discussed, it was found that the practice could not always demonstrate that actions had been completed, and the practice did not always keep a full description of the incident. Lessons were shared amongst the GPs and any involved staff to improve safety in the practice and we saw examples of this. For example, a child was given an incorrect vaccine. The practice took immediate action to determine any risks to the child's health and to notify the parent. A significant event was then recorded, investigated and discussed at a meeting. As a result, nurses were advised of a revised protocol to prevent further events and we saw that the practice had reviewed their child immunisations protocol with this information. The practice also ensured the child received the correct vaccine.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Comprehensive arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. We saw that the practice had an adult safeguarding policy and a child protection/safeguarding

policy that were accessible by all staff, and had been recently reviewed. The policies were comprehensive and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The senior partner was the lead for safeguarding and had a designated deputy when absent. We saw that safeguarding alerts were a standing agenda item at weekly practice meetings and we saw evidence of this in the three most recent minutes. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Children and adults at risk were also identified on the practice computer system using an alert on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice had taken the decision to train all staff to child safeguarding level three (GPs are required to receive level three, clinical staff level two and non-clinical level one) and were in the process of this action. All GPs had been trained to child safeguarding level three. Staff had also received training on adult safeguarding, with the exception of one who had planned to complete this.

- Notices in the waiting room advised patients that chaperones were available if required, however we noted that not all treatment rooms had signs displayed. There was a chaperone protocol available to all staff which included; when a chaperone can be requested, which staff were chaperones, and the correct procedure at an examination. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 maintained appropriate standards of cleanliness and hygiene in most areas. We observed the premises to be tidy however we saw areas that required further cleaning, for example blinds and shelves. We reviewed the practice cleaning schedule and noted that surfaces above a specific height were not included for cleaning. The practice told us they would take immediate steps to resolve this issue.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to

Are services safe?

keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the most recent was completed in October 2015. We saw evidence that action was taken to address any improvements identified as a result.

- The majority of arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). All sharps bins were correctly assembled and labelled at the main premises, however we found three sharps bins in one treatment room at the branch surgery that had not been labelled appropriately. The practice had allocated a partner as the medicines management lead who worked with a designated receptionist, to ensure patients receiving high risk medicines were monitored appropriately. They also carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Two nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. They also told us they were given protected time to attend study days or local peer groups. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. We viewed the PDGs and a sample of PSDs and these had been completed correctly.
- We reviewed the practices' recruitment policy and five personnel files, where we found in most cases there had been appropriate recruitment checks undertaken prior to employment. This included; proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we found one file that did not contain proof of identification in accordance with their recruitment policy.

- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had produced an information pack and allocated a lead GP partner for locums. Locums were sourced using a specialised GP cover company and then appropriate recruitment processes were completed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- A protocol for dealing with emergencies was available to all staff.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. A first aid kit and accident book were available. The practice had an evacuation chair for those with mobility problems to be assisted to exit the

Are services safe?

building in an emergency. However, they were not able to provide evidence that staff had been trained and none of the staff we spoke with knew who could use the equipment.

- The practice had a defibrillator available at both premises. The main premises had oxygen available with an adult and child's mask. The branch surgery had oxygen available with an adult mask but they were not able to locate a child's mask. The practice told us they would take immediate steps to ensure a child's mask was available at the branch surgery.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, we also saw a comprehensive care plan for a patient with a high risk of hospital admission, which was completed using a recognised template.
- Structured annual reviews were completed for patients experiencing poor mental health, diabetes, COPD and dementia. The practice had a policy to allow 30 to 40 minute appointments for these reviews. We saw evidence that the reviews were clear, comprehensive and appropriately documented.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 85% compared with a national average of 78%; and the percentage of

patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 94% compared with a national average of 88%.

- The percentage of patients with hypertension having regular blood pressure tests was 86% which was better than the national average 84%.
- Performance for mental health related indicators was better than the national average. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 88% which was better than the national average of 84%.

The practice completed clinical audits that demonstrated quality improvement. We saw the practice had developed an audit protocol and set an internal target of achieving six audits per year. They also discussed ideas for audits in their monthly meeting. In order to record the audits completed, actions taken and re-audit dates for a full cycle, the practice maintained an audit register. We saw that:

- There had been 11 clinical audits completed in the last two years. Four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services and we saw evidence of two completed audit cycles. For example, an audit was completed in August 2014 to look at whether or not patients were being investigated and referred appropriately when they were newly diagnosed with hypertension. The audit identified that patients were not receiving a full investigation as per best practice guidance. In response, the practice held a significant events meeting to discuss the issues and agree actions. This included a check list of specific tests that was developed to pop up when a patient was newly diagnosed and entered onto the computer system. A follow up audit was completed in December 2014 which showed improvement in many areas, however some areas decreased. The audit showed there was further discussion to continue improvement and focus for these patients.

Are services effective?

(for example, treatment is effective)

It was noted that audits were only completed by GPs (including student GPs); practice nurses had little or no involvement. Additionally, one of the practice nurses had conducted an audit in 2014 to determine the quality of cervical smears taken, but we that this was not included on the audit register.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff and they used a checklist to ensure all actions were completed. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions.
- 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, attendance at local peer groups, discussions with colleagues and updates cascaded via email.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The GPs and nurses we spoke with told us they felt encouraged to take responsibility for their own learning and share knowledge with others in the practice.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings were attended by all GPs along with a district nurse and hospice nurse. These took place on a monthly basis and care plans were routinely reviewed and updated.

We were also told about the unplanned admissions avoidance scheme for the most at risk patients. The practice maintained a list of patients and used a risk identification system to identify those at risk. Each patient was discussed at a multi-disciplinary team meeting and referred to the proactive care team. This was in order to provide extra care and support in the community, tailored to their individual needs and to help maintain their independence.

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 (MCA) 2005. We saw in the practice training policy that all staff were required to complete training in this area. Their training schedule demonstrated that 31 out of 37 staff had received MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- 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.
- The process for seeking consent was recorded and monitored through records audits. We saw an example of the form that patients were asked to sign as record of their consent prior to a minor operation. This included information on the procedure and common risks. Once signed these forms were then scanned into the patients' notes.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Advice on patients' diet and smoking cessation advice was available from the health care assistant.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 72% and the national average of 74%. The practice sent a

letter and/or text message to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. They also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable or above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 89% to 99%. The practice had a policy that if a child did not attend their immunisation appointment three times then a health visitor was informed for a follow up, and this was documented in the patients' notes.

Patients had access to appropriate health assessments and checks. We saw in the waiting room the practice had used a noticeboard to provide information on their "healthy hearts month" which encouraged patients to attend a health check. Health checks were offered to new patients and 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception area was open; however there were two waiting areas located away from the reception desk. We noted that staff dealt with patients professionally, quietly and appropriately. Staff told us that a room could be made available if patients wanted to speak confidentially away from the reception area. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Within consulting rooms we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We received 17 patient Care Quality Commission comment cards that were positive about the care and treatment provided by the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments included that staff were professional, empathetic and attentive.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They both commented that the practice was friendly and staff were helpful. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 89%.
- 85% of patients said the GP gave them enough time (CCG average 85% and national average 87%).

- 92% of patients said they had confidence and trust in the last GP they saw (CCG average 94% and national average 95%).
- 82% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 82% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (national average 81%)
- 90% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We were told that the practice had Dutch, Gujarati, Hindi, Punjabi, Tamil and Urdu speakers among the team. In the waiting room we saw that the digital check in system had a number of different languages available. The practice also had developed a protocol to support patients who were deaf or hearing impaired when booking appointments, and when in a consultation. We saw this included detail on methods to assist communication and how to book services such as a sign language interpreter.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

A wide range of leaflets in the patient waiting rooms told patients how to access a number of support groups and organisations. The practice used a notice board to inform patients and the local community of nearby events and activities for adults and children.

The practice had also collated and categorised all support information available to patients, and stored this into individual folders both in the surgery and online. We spoke to the member of staff who completed this task and was responsible for updating the information. They had a created a space for this “Little Library of Information” in the main waiting room to enable patients to view information in a discreet manner. The folders provided specific information and support for; Cancer; Mental Health; Specific Illness; Community, family and disability support; Carers; and Practice Policies. We looked at the community, family and disability folder and saw this included local child/toddler groups, breastfeeding support, disability awareness groups and many other support groups such as for children with a learning disability. The practice had completed an information sheet for each group/organisation that provided the contact details, meeting times and a short description.

The practice had also taken steps to ensure the waiting room was welcoming and calming. For example, colouring pencils and patterned paper was provided for adults to use to encourage mindfulness and relaxation. There were also paintings on display from a local sixth form college. We also saw that a secure area with a selection of toys and books had been provided for children.

They understood when someone may need extra support or assistance for their appointment. For example, the practice had a patient with a learning disability who did not wish to use the waiting room and preferred to wait in their car in the car park before being called.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified 155 carers at the practice through proactively asking patients during consultations and a specific question on their third party consent form. Along with the support information supplied, the practice had also hosted support groups each month.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card if they were well known to the practice. The practice also welcomed a patient consultation to include advice on how to find a support service. In addition, the practice manager and GPs reviewed and discussed all patient deaths at the weekly meeting, and recorded any learning for on-going best practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, in 2015 the practice collaborated with the local authority to open a new branch in order to provide GP access to a nearby area. This was set up in a community centre to maximise availability to residents and included two treatments rooms, a reception, and parking facilities.

- The practice offered extended hours appointments every Monday from 6:30pm to 8pm, and Tuesday to Friday from 7:30am to 8:30am.
- There were longer appointments available for patients who needed them, for example younger patients and those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was registered to provide the yellow fever vaccine, which can only be offered by a designated yellow fever vaccination centre.
- There were disabled facilities, baby changing facilities, a hearing loop and translation services available.
- Appointments were offered to patients with no fixed address.
- The practice shared their premises with a mental health liaison practitioner, midwife, counselling services, and an ultrasound service. They also planned to expand these facilities to include services for muscular skeletal disorders.
- The practice regularly attended to the patients of two nearby care homes, delivering an enhanced service including mediation reviews, health checks, and end of life care. GPs also conducted planned 30 minute reviews for the patients every six months. In order to assist effective visits, the GP took a laptop to the care home in order to access and update patient notes immediately. This prevented any delay of care and treatment and ensured the GP had up to date information.

Access to the service

The practice was open from Monday to Friday between 8:30am and 6:30pm. Extended hours appointments were offered every Monday from 6:30pm to 8pm, and Tuesday to Friday from 7:30am to 8:30am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, appointments were available on the day through the practice triage system. Reception staff first triaged using guidelines on appropriate actions to take depending on the patients' need. We saw the guidelines and this included what situations were to be considered urgent. Once the same day appointments were filled, patients were offered a call back by the duty GP and a subsequent appointment if needed.

On the day of our inspection we saw there was a three week wait for a pre-bookable appointment with any GP. Urgent appointments were available all day for patients that needed them, for example children below one year old were automatically offered an appointment.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 70% of patients said they could get through easily to the surgery by phone (national average 73%).
- 21% of patients said they usually get to see or speak to their preferred GP (national average 59%)

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, out of the 17 comment cards we received, there were three less positive comments regarding appointments. One commented that it was frustrating trying to make an appointment, one stated it was difficult to book an appointment with a named GP, and the final comment related to the waiting time at the practice that was sometimes over 30 minutes.

The partners and practice manager told us the availability of appointments was an ongoing concern for them. They told us they had trialled numerous solutions and felt the latest telephone triage/consultation system was working well, and would in time show improvements in patient satisfaction.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- We saw that the complaints protocol was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available on notice boards and the digital display in the waiting room to help patients understand the complaints system.

The practice had received 26 complaints in the last 12 months and we looked five in detail. We saw that these were fully investigated, with transparency and openness.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient was inappropriately resuscitated as the completed DNAR (do not attempt resuscitation) form had not been collected from the surgery in time. As a result of this complaint, the practice sent a letter of apology and changed their policy to ensure a collection time was arranged when issuing a DNAR. This was shared with clinical staff in meetings. They also arranged to offer "Message in a Bottle" containers and stickers to patients. These are provided for free by a service club organisation. They are intended to be stored in the fridge containing essential information and medical details. We saw these available in the waiting room along with an explanation of their use.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had recently updated their three year strategy and staff told us it was available to them electronically.
- The practice had a robust strategy and supporting business plans. These reflected the vision and values and were regularly monitored.
- We found details of the practice aims and objectives values in their statement of purpose. This included that they aim to; provide safe, effective and patient-centred healthcare to patients in a welcoming and caring manner, and to keep a culture of learning throughout the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These included a whistleblowing policy, chaperone policy and a confidentiality policy. The practice also had a staff handbook which included information on topics such as health and safety, working standards and grievances.
- A comprehensive understanding of the performance of the practice was maintained. The practice had allocated a partner as the QOF (Quality Outcome Focus) lead, who was responsible for the oversight of performance and regularly discussed indicators at the practice meeting.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements, although it was noted that this did not involve all clinical staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had become a certified CACHE (Council for Awards in Care, Health and Education) training centre for Health Care Assistants (HCA). They provided external

and internal candidates the opportunity to obtain an accredited qualification as a HCA, up to diploma level. This involved training, skills days and assessment at the practice. We spoke with staff involved, including the nurse manager who delivered training and the administrator for the program. At the time of inspection the practice had eight trainees completing a full diploma and many others completing individual units. All staff we spoke with enjoyed this aspect of the practice, and welcomed the opportunities it provided for staff to improve within their career.

- We saw the practice had a comprehensive and up to date business continuity plan accessible to all staff electronically.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The practice had brought in a policy to have a dedicated “officially interruptable” partner and manager each day. All staff were extremely positive about this, they told us they felt welcomed to ask for help and the partner/manager always took the time to listen.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness, honesty, suggestions and improvement at all levels of staff. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. This included a monthly partners meeting and a monthly significant events/complaints meeting. These were attended by partners and managers. It was noted

Are services well-led?

Good 

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

that none of administrative/secretarial and nursing staff were aware of any recent significant events or complaints aside from those they had raised themselves.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. We were told about social outings that had been held, such as a recent bowling event. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Three staff members were able to give examples where they were supported when they made suggestions for improvement, such as for appointment availability.

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

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

- The practice had gathered feedback from patients through the long standing patient participation group (PPG) and through surveys and complaints received. The PPG was active, they told us they met regularly and that a partner and the practice manager always attended. We were told the PPG made an effort to encourage more members, with support from the practice, and we saw notices displayed in the waiting room. They felt the practice was innovative and enjoyed submitting proposals for improvements to the practice management team. A number of these had been actioned that they had been involved with. For example,

they assisted with the re-design of the waiting room. Additionally, they recently raised an issue that some patients felt reception staff required training in customer care. The practice took action on this and planned training for the following week.

- We saw in the waiting room that the practice had provided two boxes and a number of coloured plastic discs. Patients were encouraged to place a disc in one of the boxes after their appointment to state whether they would recommend the surgery or not recommend. This was emptied at the end of the day and used to inform staff.
- The practice had gathered feedback from staff using staff surveys and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice, for example the practice ensured staff were aware of positive comments from patients who had added these to the suggestion box. Staff were informed in person and also comments were printed and displayed on the coffee table within the staff rest room. All staff we spoke with felt this added to the positive atmosphere at the practice.

The practice team was forward thinking and sought to improve patient outcomes using new technology such as voice recognition. One of the partners told us this technology was being trialled in order to record patient notes and dictate letters. They told us they hoped it would improve their effectiveness, and also provide assistance to GPs who were less able to type for long periods of time.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks. This included a requirement to improve cleanliness due to an inadequate cleaning schedule, and that the practice could not always demonstrate the ability to deal with a medical emergency for a child. <p>This was in breach of regulation 12(1)(2)(a)(b)(c)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found that the registered provider could not demonstrate robust arrangements to ensure that all staff were involved in the ongoing assessment, monitoring and improvement of quality and safety of

Requirement notices

services provided by the practice. This includes that significant events were not always thoroughly recorded and shared to all staff, and that the practice did not involve all clinical staff in audits.

- We found that not all staff had completed training in accordance with the practice training policy. This included training to prevent the abuse of service users, and in the Mental Capacity Act 2005.

This was in breach of regulation 17(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and Proper Persons

How the regulation was not being met:

- We found that the registered provider had not ensured systems and processes were in place to ensure the completion and retention of appropriate recruitment checks. This included proof of identification in accordance with the practice policy.

This was in breach of regulation 19(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.