Dilston Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a planned comprehensive inspection of Dilston Medical Centre on 8 December 2014.

Overall, we rated the practice as requires improvement. Specifically, we found the practice to require improvement for providing safe, effective, caring and well led services. It also required improvement for providing services for 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 and people experiencing poor mental health (including people with dementia). It was inadequate for providing a responsive service.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses
- Risks to patients were assessed but action to address concerns was not always taken in a timely manner.
- Data showed patient outcomes were broadly comparable to the national averages.
- Infection control audits had been carried out, but they were not always used to drive improvements.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was not readily available in various languages to suit the practice population.
- Urgent appointments were not always available on the day they were requested. Patients said that they sometimes had to wait a long time for non-urgent appointments.
- The practice had a number of policies and procedures to govern activity, which were being reviewed and updated. The practice held regular governance meetings.
- The premises were not being adequately maintained.

Summary of findings

- The practice had not proactively sought feedback from patients.

The areas where the provider must make improvements are:

- Ensure there are effective mechanisms in place to identify, assess and manage risks relating to health, welfare and safety of service users.
- Ensure there are effective systems designed to assess the risk of and prevent, detect and control the spread of infection.
- Ensure that there are effective systems in place to ensure that the premises are adequately maintained.
- In addition the provider should:
- Consider implementation of arrangements to effectively capture the views of patients to improve the service provided by the practice.
- Consider implementation of arrangements to ensure adequate numbers of appointments are available to meet the needs of patients.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When these occurred there were means of investigating such incidents and communicating the lessons learned to all staff.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Information about safety was recorded, monitored, appropriately reviewed and addressed, although this was not always done in a timely manner.

There was no evidence that the cleaning was supervised or monitored effectively. The September 2014 infection control audit carried out by the practice highlighted some concerns and there was no evidence that those concerns had been followed up. There were enough staff to keep people safe.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Care and treatment was being delivered in line with current published best practice. Patients' needs were being met and referrals to other services were made in a timely manner. The practice regularly undertook clinical audits.

Staff had received, or were scheduled to receive, training appropriate to their roles and arrangements had been made to support clinicians with their continuing professional development. The practice worked with other healthcare professionals to share information.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services. Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.

Summary of findings

Feedback from patients reported that access to a named GP and continuity of care was not always available and urgent appointments were not usually available the same day. On the day of our inspection we were told the next routinely bookable appointment was not available until nine days later. Some patients said they found it difficult to make an appointment and urgent appointments were not usually available on the same day. The practice had taken some action to improve access but this was not effective.

The practice was equipped to treat patients and meet their needs. However, facilities required some refurbishment and there was a need for more consulting/treatment rooms. The practice had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to facilities where these were identified.

Patients could get information about how to complain in a format they could understand. Evidence showed that the practice responded quickly to issues raised. We saw that lessons were learnt from complaints and shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. It did not have a documented vision or strategy. Staff told us that practice believed in leadership by example. There was a documented leadership structure and staff felt supported by management.

The reception and clinical staff we spoke with told us that they enjoyed their work and the challenges presented by their large and varied patient population.

Staff we spoke with spoke of a culture of openness, and mutual support at the practice which helped them provide a good service. Staff were clear about their roles and responsibilities.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk but they were not effective. The practice manager told us that they were developing a work plan to improve service delivery by reviewing the governance arrangements such as updating policies and procedures. Plans were also being developed to refurbish the premises.

Summary of findings

The practice was aware that patients were sometimes unable to access their services when they needed to. In addition staff told us that the patient list had increased by 500 in the last year. There was no strategy to cope with this increase in demand for appointments.

The practice proactively sought feedback from staff and patients, which it acted upon. But this was not always sought on a regular basis. For example, the last recorded patient survey undertaken by the practice was in 2012. The patient participation group (PPG) had stopped functioning over the last 12 months. The practice manager told us that they were actively looking to resurrect the group.

Staff had received inductions, performance reviews and attended staff meetings and events. We found there was a good level of staff engagement and staff satisfaction.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example the data showed that 100% of patients aged 50 or over who had not reached the age of 75 with a record of a fragility fracture on or after 1 April 2012 were treated with an appropriate bone-sparing agent. This was 9.1% above the local CCG average. But 84.8% of patients who had suffered a stroke or transient ischaemic attack (TIA) (A TIA or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain) had a record of their total cholesterol in the preceding 12 months, which was below the local CCG average by 5.5%.

The practice offered personalised care to meet the needs of the older people in its population. The practice had a named GP for patients over the age of 75 years. The practice was responsive to the needs of older people, including offering home visits to relevant patients.

Due to the domains of safety and well-led being rated requires improvement there is an overall rating of requires improvement for this practice this population.

People with long term conditions

Requires improvement

The practice is rated requires improvement for the care of people with long term conditions. There was a lead GP, in conjunction with the nurses, monitored patients with long term conditions. They were offered regular health checks.

Due to the domains of safety and well-led being rated requires improvement there is an overall rating of requires improvement for this practice this population.

Families, children and young people

Requires improvement

The practice is rated requires improvement for the care of families, children and young people. There was a lead GP, in conjunction with the nurses, monitored patients within this population group. For example, all newly registered children to the practice under six years old were invited for a review of their immunisation history. Arrangements were made for them come into the practice for any vaccinations required to get them up-to-date with the United

Summary of findings

Kingdom immunisation schedule. Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed.

Due to the domains of safety and well-led being rated requires improvement there is an overall rating of requires improvement for this practice this population.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice did not offer extended opening hours for appointments. Patients could not always book routine or urgent appointments when needed. This is despite the fact that the practice had adjusted the way services were offered to improve access, and offer continuity of care. For example, in addition to the GPs, the practice had a nurse practitioner which enabled them to offer care and treatment that patients would otherwise need to see a GP for, such as prescribing medications and ordering diagnostic investigations. However, the premises lacked sufficient consulting/ treatment rooms for all the necessary services.

The practice also held travel clinics for patients who travelled abroad to ensure they received the appropriate vaccinations and advice before travelling.

Due to the domains of safety and well-led being rated requires improvement there is an overall rating of requires improvement for this practice this population.

People whose circumstances may make them vulnerable

Requires improvement

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

Systems were in place to identify patients, families and children who were at risk or vulnerable. These patients were offered regular reviews. The practice worked in collaboration with other agencies, for example, health visitors and district nurses, to ensure vulnerable families and children and other patients were safe. Multidisciplinary meetings were also held regularly to monitor the care provided.

The practice sign-posted vulnerable patients to various support groups and other relevant organisations such as Talking Therapies. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities to ensure they were safeguarded.

Summary of findings

Staff followed up vulnerable patients who did not attend their previous appointment by inviting them to make another appointment with a GP.

Due to the domains of safety and well-led being rated requires improvement there is an overall rating of requires improvement for this practice this population.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). Nationally reported data for patients with dementia showed that 77.8% had their care reviewed in a face-to-face appointment in the preceding 12 months which was 3.8% less than the CCG average. In addition, 62.5% of patients with other mental health conditions such as schizophrenia had a care plan documented in their records in the preceding 12 months, which was 21.2% below the local CCG average.

Due to the domains of safety and well-led being rated requires improvement there is an overall rating of requires improvement for this practice this population.

Summary of findings

What people who use the service say

We spoke with six patients during our inspection.

They told us the staff who worked there were welcoming, friendly and accommodating, but there were problems getting routine appointments. They also told us they found the premises to be clean and tidy.

Prior to our inspection we provided CQC comment cards to the practice to give patients an opportunity to tell us about their experiences. We received four responses which were all complimentary about the service.

The latest National GP Patient Survey completed in 2014 showed the large majority of patients who responded were satisfied with the services the practice offered. There were 449 surveys sent out and 59 were returned. This is a 13% completion rate. The results were comparable with other practices nationally and showed that:

- The proportion of patients who would recommend their GP surgery – 72%; compared to the national average - 79%;
- Percentage of patients rating satisfaction with the opening hours as 'fairly satisfied or 'very satisfied' – 87%; compared to the national average 77%;
- Percentage of patients rating their ability to get through on the phone as 'easy' or 'very easy' – 78%; compared to the national average – 73%;
- Percentage of patients rating their experience of making an appointment as 'fairly good' or 'very good' – 66%; compared to the national average – 75%;
- Percentage of patients rating their practice as 'fairly good' or 'very good' – 81%; compared to the national average – 86%.

Areas for improvement

Action the service MUST take to improve

- Ensure there are sufficient systems in place to identify, assess and effectively manage risks relating to health, welfare and safety of service users.
- Ensure there are effective systems designed to assess the risk of and prevent, detect and control the spread of infection.
- Ensure that there are effective systems in place to ensure that the premises are adequately maintained.

Action the service SHOULD take to improve

- Consider implementation of arrangements to effectively capture the views of patients to improve the service provided by the practice.
- Consider implementation of arrangements to ensure adequate numbers of appointments are available to meet the needs of patients.

Dilston Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dilston Medical Centre

Dilston Medical Centre is located in Newcastle upon Tyne and provides primary medical care services to patients living in their catchment area.

The practice provides services to 7,211 patients, from one location, Dilston Medical Centre,

23 Dilston Road, Newcastle Upon Tyne, NE4 5AB. We visited this address as part of the inspection. The practice provides services to patients of all ages under a Personal Medical Services (PMS) contract.

The practice is located in a converted two storey building. All patient facilities are situated on the ground floor which includes five consulting/treatment rooms. There is on street parking close to the practice. There is a toilet for the disabled, and it is wheelchair accessible with assistance.

The practice is a partnership of four GPs, three male and one female, two female practice nurses, one nurse practitioner, a practice manager and six administration staff.

The practice opening times are Monday to Friday 8.30am to 6pm. For the periods 8am to 8.30am and 6pm to 6.30pm services are provided by Northern Doctors.

They have opted out of providing out-of-hours services to their own patients. The service for patients requiring urgent medical attention out-of-hours is provided through the NHS 111 service to a GP out-of-hours provider.

Why we carried out this inspection

We inspected this service as part of our 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. 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 the 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?

Detailed findings

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)

We carried out an announced visit on 8 December 2014. We spoke with six patients and three GPs, three nurses, the practice manager and two members of the administration team. We also reviewed four completed CQC comment cards.

Requires improvement

Are services safe?

Our findings

Safe track record

Patients we spoke with said they felt safe when they came into the practice to attend their appointments.

We saw that the practice had a significant event analysis (SEA) policy and procedures. SEAs enable the practice to learn from patient safety incidents and 'near misses', and to highlight and learn from both strengths and weaknesses in the care they provide. The nurse practitioner was the lead for SEAs. We spoke with the nurse practitioner and a GP about how significant events were dealt with at the practice. They gave us examples of what had taken place. We saw that they followed appropriate procedures by contacting the patient and informing other agencies where needed. For example, we saw details of a patient who had not been followed up and had become anaemic. The practice followed their significant process and made changes to their systems to reduce the likelihood of any recurrences.

Learning and improvement from safety incidents

The practice was open and transparent when there were 'near misses' or when things went wrong. There was a system in place for reporting, recording and monitoring significant events. The practice manager told us that incidents were discussed at primary healthcare team meetings and investigated by a GP. Staff we spoke with confirmed this. For example, the process for monitoring patients suffering from cancer had been changed following an incident where a patient was 'lost' to the practice's follow-up process.

However, safety concerns were not always addressed quickly enough. We saw a summary of significant events that had occurred in the 12 months before our inspection. The summary described the events, learning points, action required and the outcome but it did not indicate when the event took place. However, we saw other records of an event that occurred in July 2014 but it had not been discussed until November 2014. The records we saw showed that the paperwork was not reviewed in a systematic way to ensure that any necessary changes were implemented without delay and learning shared in a timely fashion

We discussed the process for dealing with safety alerts with a GP. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. They told us alerts came into the practice from a number of sources. Safety alerts went to the practice manager and were discussed at practice meetings and then actioned.

Reliable safety systems and processes including safeguarding

The practice had separate GP leads for safeguarding children and vulnerable adults. We saw the practice had safeguarding policies in place for both children and vulnerable adults. The policies provided staff with information about safeguarding legislation and how to identify report and deal with suspected abuse. The practice maintained a contact list of other agencies that may need to be informed if concerns arose such as the local police and Social Services.

The practice held monthly child safeguarding meetings which included GPs, nurses, heath visitors and school nurses.

We saw staff training records which showed most staff who needed training had received training in safeguarding adults and all staff had received training in safeguarding children. GPs had received training at Level 3 for safeguarding children. The staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected.

The practice had a process to highlight vulnerable patients on their computerised records system. This information would be flagged up on patient records when they attended any appointments so that staff were aware of any issues. Staff followed up vulnerable patients who did not attend their previous appointment by inviting them to make another appointment with a GP.

Patients we spoke with where aware that chaperones were available; however we did not see any notices on display to inform patients of the availability of chaperones. Staff told us that the chaperones were trained and we saw staff training records that confirmed this. The staff we spoke with were clear about the requirements of their roles as chaperones. They also told us that if there were no trained chaperones on duty they would defer the examination until one was available. (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 manager confirmed that all chaperones and other clinical staff had been checked by the Disclosure and Barring Service (DBS).

Medicines management

There were clear systems in place to manage medicines Staff told us that the practice did not keep any controlled dugs on the premises. Controlled drugs are medicines that require extra checks and special storage arrangements because of the potential for misuse.

During this inspection we checked vaccines stored in the medicine refrigerators. We found they were stored securely and were only accessible to authorised staff and within their expiry dates. Maximum and minimum temperatures of the vaccine refrigerators were monitored daily by the nurses. Vaccines were administered by nurses using patient group directions (PGDs) and patient specific directions (PSDs). PGDs and PSDs are specific guidance on the administration of medicines authorising nurses and health care assistants to administer them. We saw up-to-date copies of directions that the nurses signed and kept for reference.

The practice had systems in place to ensure that prescriptions were stored securely. We saw that prescriptions were kept in a locked cupboard and records of their identification numbers were entered and monitored in a note book. Staff told us that personal security codes were required to access the printers to print the prescriptions, which provided a further level of security.

We saw that emergency medicines were stored in a nurse's treatment room. Each of the other clinical rooms had their own emergency packs which contained guidance on emergency situations such as anaphylaxis – (a sudden allergic reaction that can result in rapid collapse and death if not treated). There was a system in place for making sure that the emergency medicines were within their expiry dates. We saw that they were within their expiry dates.

Other emergency equipment such as oxygen, suction devices and a defibrillator were available and kept in the reception area.

Cleanliness and infection control

We saw that the practice was clean and generally tidy. However, some of the clinical rooms were cluttered which would make cleaning more difficult.

To assist cleanliness and infection control the Department of Health recommends that walls in clinical areas, which include consulting rooms, are smooth cleanable impervious surfaces and they are maintained. We saw that there were areas within the premises that required maintenance, for example, there was evidence of unrepaired damage to paint in several rooms and bare plaster was visible in one consulting room following alterations. We spoke with the practice manager about this. They told us that they had a plan which they were developing for maintenance work and improvements which included redecoration.

The practice used an outside contract cleaner. The practice manager showed us a manual which included details of which areas required cleaning and how often. There was no evidence that the cleaning was supervised or monitored effectively. The cupboard containing the cleaning equipment was untidy and badly organised, for example, there was no clear separation of cleaning equipment from other items being stored.

A practice nurse was the lead for infection control. We saw that they had undertaken an infection control audit in September 2014. The audit highlighted a number of areas which needed addressing, for example, the practice did not have a refrigerator to store specimens such as urine and blood samples prior to collection for testing. The specimens were placed in plastic bags and stored in the vaccination refrigerators. Staff we spoke with confirmed this. We spoke with the practice manager about this and they told us that they would stop this practice immediately. They told us that they would no longer store specimens until alternative suitable arrangements had been made. There were no written instructions available relating to fridge cleaning and defrosting. The audit also highlighted that curtains and blinds were not part of the daily and weekly cleaning specification. There was no evidence that the concerns highlighted by the audit had been followed up by the practice.

We saw that the infection control lead nurse had received training in infection prevention and control in November 2014. We also saw that other staff had received in-house training on infection control from the lead in September 2014. We were shown policies and procedures on infection control which included the appropriate management of spilled bodily fluids.

Requires improvement

Are services safe?

The risk of the spread of infection was reduced as all instruments used to examine or treat patients were single-use, and personal protective equipment (PPE), such as aprons and gloves, were available for staff to use. Hand washing instructions were also displayed by hand basins and there was a supply of liquid soap and paper hand towels.

Staff we spoke with told us that they always cleaned the patient couches between patients and used the paper roll sheets to cover the couches and further protect the patients.

We saw there were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We looked at some of the practice's clinical waste and sharps bins located in the consultation rooms. All of the clinical waste bins we saw had the appropriately coloured bin liners in place and the sharps bins were correctly located on counter tops and not on the floor.

Equipment

The practice had processes in place to make sure that equipment was regularly checked to ensure that it was safe and effective to meet patients' needs. The practice had a range of equipment in place that was appropriate to the service. This included medicine fridges, a defibrillator and oxygen, sharps boxes (for the safe disposal of needles) and fire extinguishers. We saw that all of the medical equipment had been checked by a specialist contractor in August 2014. We saw that a portable appliance test (PAT) had been undertaken in March 2014. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.)

Staffing and recruitment

The practice had taken reasonable steps to ensure that the staff they employed were suitable to work with vulnerable patients. We saw a copy of the practice's recruitment policy which stated references must be taken up before making a job offer. We also saw that the practice had separate policies for the employment of offenders, and Disclosure and Barring Service (DBS) checks which stated that DBS checks would be required prior to any job offers being made. We were told that all clinical staff had undergone DBS checks or had checks undertaken by its predecessor the Criminal Records Bureau. Staff we spoke with confirmed this.

The practice employed sufficient numbers of suitably qualified, skilled and experienced staff. The practice had a procedure for managing staff absences.

Monitoring safety and responding to risk

GPs worked on an 'on-call' rota to provide services to patients who needed to see a GP on the day they contacted the practice. The 'on-call' GP also triaged patients who telephoned the practice asking to speak to a GP.

Appropriate staffing levels and skill-mix were provided by the practice during the hours the service was open. Staff we spoke with were flexible in the tasks they carried out and they also told us that they worked well as a team and covered for each other when necessary to ensure their patients received good care.

The practice had nominated fire wardens. The practice had undertaken a fire risk assessment in September 2014. We saw records showing that the fire alarms were tested weekly. However, the practice manager told us that they have yet to develop a formal evacuation procedure.

Arrangements to deal with emergencies and major incidents

The practice manager told us that they had a nominated first-aider for each day the practice was open.

The practice had resuscitation equipment and medication available for these emergencies. Arrangements were in place to check emergency medicines were within their expiry date and suitable for use. We saw from the staff training records that most who needed to be trained had attended CPR (resuscitation) training in the last 12 months. Staff had sufficient support and knew what to do in emergency situations.

We saw that the practice had a business continuity plan that described what action staff need to take in the event of any foreseeable emergency, for example, a fire or flood. We saw that this was updated in June 2014.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Care and treatment was delivered in line with recognised best practice standards and guidelines.

GPs and nurses demonstrated an up-to-date knowledge of clinical guidelines for caring for patients. There was a strong emphasis on keeping up-to-date with clinical guidelines, including guidance published by professional and expert bodies such as the National Institute for Health and Care Excellence (NICE) and from local health commissioners (NHS Newcastle West Clinical Commissioning Group (CCG)). We saw that the nurses had reviewed and updated patient group directions (PGDs) and patient specific directions (PSDs). PGDs and PSDs are specific guidance on the administration of medicines including authorisation for nurses and health care assistants to administer them.

The practice had processes in place to ensure current guidance was being followed. We saw that the practice used the information from the Quality and Outcomes Framework (QOF) (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions, e.g. diabetes and implementing preventative measures. The results are published annually.) to monitor their patients. For 2014 the practice achieved an overall score of 82.2% which was below the CCG average by 14.1%. However, results for individual categories were mixed. For example, data showed that 100% of patients aged 50 or over who had not reached the age of 75 with a record of a fragility fracture on or after 1 April 2012 were treated with an appropriate bone-sparing agent. This was 9.1% above the local CCG average. But 84.8% of patients who had suffered a stroke or transient ischaemic attack (TIA) (A TIA or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain) had a record of their total cholesterol in the preceding 12 months, which was below the local CCG average by 5.5%. The practice told us that the patient population included a high percentage of patients who experienced social deprivation and a high number were non-English speakers from eastern European countries, Africa and Asia. Those factors and cultural influences posed challenges when offering and providing care and treatment which may have affected the overall QOF score. National data showed that the patient population are within the second most deprived category.

The practice coded patient records which enabled them to easily identify patients with long-term conditions and those with complex needs. We found from our discussions with the GP and the nurse that staff completed, in accordance with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. For example, the practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. We were shown an example of where a patient had been invited for their annual check but failed to attend. The practice took appropriate follow-up action by making further requests.

We were told that all patients over 75 years of age had been allocated a named GP, which they could change if they wished, who was responsible for their care. In addition, patients on the practice 'At Risk' register also had a named GP. This helped to ensure continuity of care.

The practice kept a register of patients with learning disabilities in order to monitor their care effectively. For those patients with mental health issues we saw that the practice undertook annual health checks including blood tests.

All newly registered children to the practice under six years old were invited for a review of their immunisation history and arrangements made for them come into the practice for any vaccinations required to get them up-to-date with the United Kingdom immunisation schedule. The nursing team were proactive in establishing previous vaccinations including accessing the World Health Organisation (WHO) database for details of different counties vaccination programmes. This enabled the nurses to determine the vaccination status of those patients who started an immunisation programme abroad and decide what vaccinations were required. Data showed that for children eligible for the second dose of the MMR vaccination the practice achieved 99.1% uptake, which was 6.4% higher than the local CCG average. (The MMR vaccine is an immunisation vaccine against measles, mumps, and rubella).

Requires improvement

Are services effective?

(for example, treatment is effective)

Management, monitoring and improving outcomes for people

The practice had a system in place for completing second clinical audit cycles, which led to improvements in clinical care. However, it was not always followed. The results of audits and any necessary actions were discussed at clinical meetings. We saw details of two audits. One audit was in respect of prescribing erectile dysfunction medication. The audit indicated that the practice had not always adhered to the prescribing protocol in respect of patient eligibility. The findings had been shared with the clinicians and changes were made. On completing the second audit cycle the practice recorded a 100% compliance with the prescribing protocol. The other audit was on rheumatology referrals which covered the period October 2013 to October 2014. The first cycle of the audit had been completed. Changes had been implemented during the first cycle which showed an improvement in the management plans for rheumatology referrals. However, we were not shown any records that demonstrated that the practice had completed the second audit cycle for rheumatology referrals.

We spoke with staff about how the practice helped patients with long-term conditions to manage their health. They told us that there were regular clinics where patients were booked in for an initial appointment and then scheduled for recall appointments. This ensured patients had routine tests, such as blood tests.

The practice used the information from QOF to monitor the practice's progress against their QOF targets. The practice recognised that their cervical screening rates were lower than the national average. The data showed that the practice achieved 73% compared to the national average of 81.9%. They told us that they thought this was due in part to the cultural beliefs of many of their patients. Staff told us that they had acted on those concerns by working hard to gain their patients trust and repeatedly reminded patients of the benefits of screening.

The practice also recognised that their progress against their QOF diabetes control targets needed improving. For example, data showed that 56.9% of a certain category of diabetic patient had undergone blood tests in the preceding 12 months compared to the national average 77.7%. We saw that they had taken steps to improve their care for diabetics. For example, two GPs have been trained to administer injectable medications so that patients could be treated at the practice rather than referring them to hospital. The practice had also changed the frequency that a particular medicine needed to be taken, reducing it to twice a day rather than three times, to help improve patient medication compliance. The practice was aware that there was an issue with diabetic education as a high proportion of their patients did not have English as a first language and differing cultural approaches to health care also had an impact. Comprehensive education packages were available locally but only in English. Clinical staff told us that with the aid of interpreters they delivered individual diabetes guidance and education to their patients. Clinical staff also told us that, when appropriate, consultations included discussions around overcoming some patients' pessimistic views of their ill health.

Effective staffing

Practice staffing included administrative, clinical and managerial staff. We reviewed staff training records and some individual continuing professional development (CPD) records. Good medical practice requires doctors and nurses to keep their knowledge and skills up to date throughout their working life and to maintain and improve their performance. CPD is a key way for them to meet their professional standards.

We saw that the practice had a comprehensive list of training for staff which included safeguarding for children and vulnerable adults, complaints and infection control. All staff were either up-to-date with attending mandatory courses such as basic life support or were scheduled to undertake the training. The practice held regular Protected Learning Time (PLT) sessions. This gave the staff an opportunity to undertake undisturbed formal and informal training. We saw that agenda for an in-house training session in November 2014 included training on the Mental Capacity Act and a guest speaker who gave a talk on cholesterol.

The practice manager told us that the whole team attended training sessions that were provided by the local clinical Commissioning Group (CCG). We saw training records that confirmed staff had attended such training.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated, or had a date for revalidation (every GP is appraised annually and every five years undertakes a fuller

Requires improvement

Are services effective?

(for example, treatment is effective)

assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practice and remain on the performers list with the NHS England.

The practice had appraisal and supervision policies. We were told that a GP and the practice manager undertook appraisals of the clinical and administration teams respectively. We were told that all staff received appraisals within the last 12 months. We saw an example of an appraisal that had taken place in March 2014 which included discussions on training and opportunities for development. Staff we spoke with confirmed this. They also stated that they felt supported by the practice.

Working with colleagues and other services

Staff told us that they worked well as a team. The practice also worked closely with other health and social care providers, to co-ordinate care and meets their patients' needs. For example, they held multidisciplinary meetings which included GPs nurses, district nurses and health visitors. The practice also worked with palliative care nurses to provide end of life care.

Correspondence from other health care and service providers, such as letters from hospital including discharge summaries, out-of-hours providers and the 111 service, were received both electronically and by post and reviewed by the patient's GP for action.

Information sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. These records generated alerts to prompt staff that a patient needed medical reviews such as blood tests.

Staff told us that they shared relevant patient information with the GP out of hours' service which helped ensure that their patients received appropriate care.

The practice made referrals to hospital services using the Choose and Book system (the Choose and Book system enables patients to choose which hospital they will be seen in and allows them to book their own outpatient appointments). We saw that when the practice made referrals under the two week rule (where there is a suspicion of cancer) they checked to ensure that the appointments took place and would follow an escalation process if this had not happened.

Regular meetings were held throughout the practice. These included all staff, clinical and multi-disciplinary team meetings. Information about risks and significant events were shared openly at meetings. Patient specific issues were also discussed with appropriate staff and other health care professionals to enable continuity of care.

Consent to care and treatment

We saw that the practice had a consent policy. Staff we spoke with were able to give examples of how they obtained consent.

We found that staff were aware of the Mental Capacity Act (MCA) 2005 and their responsibility in respect of consent prior to giving care and treatment. They described the procedures they would follow where patients lacked capacity to make an informed decision about their treatment.

The clinicians we spoke with showed they were knowledgeable about how and when to carry out Gillick competency assessments of children and young people. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health promotion and prevention

A range of health promotion information was available to patients in the reception and waiting area of the practices. This included information about lifestyle management such as smoking cessation. However, most of the information was in English.

All new patients were offered new patient checks to discuss their medical histories, current care needs, assess any risks and plan future care such as arranging routine blood tests.

The practice proactively identified patients who needed ongoing support. In particular, they identified carers and placed a flag on their records so that clinicians were made aware of this before these patients attended appointments. The practice undertook annual reviews for patients with long term conditions in addition to more frequent appointments when necessary. Patients at high risk of hospital admission had been identified and individual care plans were written by their GP and were in place ready for use.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with six patients during our inspection, most of them through an interpreter. They told us that the practice was 'very good', and 'caring' and they felt 'respected'.

We looked at data from the National GP Patient Survey, published in July 2014. They issued 449 questionnaires and 59 were returned. These showed the practice achieved broadly comparable scores compared to the national averages. Eighty-one per cent of patients said they had a good experience compared to the national average of 86%. For the helpfulness of reception staff category the practice achieved 92% in comparison to the national average of 87%. We saw that 88% of patients said they had confidence and trust in their GP compared to the national average of 93% and 79% said their GP was good at treating them with care and concern compared to the national average of 83%.

Staff we spoke with told us how they would protect patient's dignity. Consultations took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

We saw the reception staff dealt with patients pleasantly and warmly. Staff were aware of how to protect patients' confidential information. For example, staff spoke quietly to lessen the likelihood of their conversations being overheard when dealing with patients in person. However, conversations at reception could occasionally be overheard. For example, we saw that the short corridor leading to the reception area and the reception area became congested at times with patients queuing to be seen, staff moving between treatment rooms and patients leaving the practice. The practice did though offer a room for patients to speak with staff privately. The patients we spoke with were aware of this facility. However, there was no poster or sign on display explaining to patients that a private room was available if required. The practice manager was aware of the building's limitations and told us that the practice had considered options to improve their facilities, but there was limited scope if any for this.

Care planning and involvement in decisions about care and treatment

Patients told us they felt they had been involved in decisions about their care and treatment. They told us that the clinical staff took their time with them and always involved them in decisions

The results of the National GP Patient Survey from July 2014 were comparable compared to the national averages. They showed patients felt the GPs and nurses involved them in decisions about their care. In respect of GPs they achieved 75% and nurses achieved 81%, in comparison to the national averages of 75% for GPs and 67% for nurses. For explaining the need for any tests or treatment they achieved 82% and 86% respectively in comparison to the national averages 82% for GPs and 78% for nurses. This demonstrated that most patients who responded were satisfied with the way they were treated.

The practice used interpreting services. The practice manager told us that they estimated that 40% of their appointments required the assistance of an interpreter. Interpreters we spoke with told us that the service worked well, for example when patients were being seen the staff always took into account their culture when providing care and treatment.

Patient/carer support to cope emotionally with care and treatment

For patients receiving end of life care the practice used an electronic alert system which flagged up a coloured marker to remind a clinician what action was required. In addition GPs undertook home visits. We were told that the district nurses provided bereavement support to the relatives and carers.

We saw there was a variety of patient information on display throughout the practice. This included information on health conditions, health promotion leaflets for example on smoking cessation and alcohol awareness. There was some information on counselling, support for older patients experiencing mental health problems and those suffering from diabetes. However, the information on display was largely in English.

The practice held weekly multidisciplinary primary healthcare team meetings where they planned care for patients with complex needs, such as those experiencing mental health problems.

Requires improvement

Are services caring?

Staff told us that they also had close contacts with palliative care nurses.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff told us that they had patients from several eastern European countries as well as from North Africa and Asia. The practice made efforts to address the linguistic difficulties of their patients using a variety of resources, including using telephone and person-to-person interpreters. The practice also waited 15 minutes for an interpreter to arrive before asking patients to rebook their appointment. As the appointments could not take place without an interpreter and the practice needed to deal with their other appointments. All the GPs spoke Asian languages and one of them spoke Romanian which helped communications between GPs and patients We saw a member of the reception team dealing very caringly when arranging an appointment and booking an interpreter for a patient who had a poor understanding of English or the NHS.

Patients we spoke with told us they felt they had sufficient time during their appointment. Results of the National GP Patient Survey from 2014 confirmed this with 85% of patients stating the doctor gave them enough time and 85% stating they had sufficient time with the nurse. These results were mostly in line with the national averages (86% and 81% respectively).

The practice used electronic notes and coded alerts which were attached to medical records to advise staff that patients had additional needs such as, for example, a learning disability or that they were a carer. For example we saw that the practice used the alerts to proactively search for carers and invited them for annual flu vaccinations.

There was information available to patients in the waiting room and reception area about support groups, various clinics such as the flu clinics, and health and wellbeing advice was provided. However, we saw that most of the information was in English. Staff told us that some of the information was also available in other languages but patients needed to request them and staff would print copies for them.

Tackling inequity and promoting equality

The practice had recognised the needs of the different groups in the planning of its services.

Registers were maintained which identified patients whose circumstances may make them vulnerable, such as patients with learning disabilities and those with dementia. The practice used this information to ensure patients received an annual healthcare review and had access to other relevant checks and tests. Nationally reported data showed the practice had achieved outcomes below the local CCG average in relation to meeting the needs of patients whose circumstances may make them vulnerable. For example, the data showed that for patients' experiencing certain mental health problems, such as dementia, 77.8% of those patients had their care reviewed in a face-to-face meeting in the preceding 12 months. However, this was 3.8% below the local CCG average. In addition, 62.5% of patients with other mental health conditions such as schizophrenia had a care plan documented in their records in the preceding 12 months, which was 21.2% below the local CCG average.

Staff told us that the practice offered extended appointments for patients who needed them. The practice also used a computer programme to alert staff to book longer appointments for reviews of patients with certain medical conditions such as asthma or diabetes.

The practice had access to local drug and alcohol misuse support services for patients.

There were no car parking facilities at the practice but there was on street parking available. The premises had step free access at the side of the building for patients with mobility difficulties. However, wheelchair users would find it difficult to access the building by the side or main entrance. The practice was aware of the limitations of the building were considering installing an automatic door at the main entrance, which would help with access. The consulting and treatment rooms were accessible for all patients. There were also toilets that were accessible to disabled patients. There was plenty of seating available in the waiting room.

The practice had arrangements in place to access interpretation services for patients whose first language was not English. We saw that many of the patients who attended the surgery on the day of our inspection had interpreters to assist them.

Access to the service

The opening times for the practice were Monday to Friday 8.30am to 6pm. The Personal Medical Services (PMS) contract states that the contractor must provide the services within core hours. "Core hours" means the period beginning at 8am and ending at 6.30pm on any day from

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Monday to Friday except Good Friday, Christmas Day or bank holidays. The practice had made arrangements to provide advice or appointments between 8.am to 8.30am and between 6pm to 6.30pm Monday to Friday with Northern Doctors. This ensured that services were available to patients during the core hours.

Some of the patients we spoke with and a comment on one of the four CQC comment cards commented on the appointments system. There was a varied response some were satisfied with the appointment systems and others told us that it was not easy to get a routine appointment. Feedback from patients we spoke with raised concerns about getting an appointment with a clinician on the day if their need was urgent. This was reflected in the results of the most recent National GP Patient Survey (2014). This showed 66% of respondents described their experience of making an appointment as 'very good' or 'fairly good' compared to the national average of 75%. We also saw that 84% of the respondents said that the last appointment they got was 'convenient for them' compared to the national average of 92%.

The appointments system had come under strain at times which caused the practice to struggle to accommodate the needs of their patients. On the day of our inspection we were told the next routinely bookable appointment was in nine days' time. A patient told us that when they tried to book an urgent appointment they were referred to the local walk-in centre. We also observed a patient attempting to book an appointment. The appointment dates offered were not suitable for them. The patient was advised to attend the local walk-in centre as an alternative. We spoke with the practice manager about this and they told us that that advice was wrong and the patient should not have been advised to attend the walk-in centre. However, staff told us that for those patients over 16 years old they were redirected to the local walk-in centre and those less than 16 years old were redirected to the Children's Hospital emergency department when there were no appointments available. The practice had taken some action to improve access. For example, staff told us that when all the appointments for the day had been booked reception staff would take the names and telephone numbers of patients willing to take a cancelled appointment and would contact them if one became available. The on call GP had no pre-booked appointments for the morning and evening sessions. The appointments for those periods were released on the day. In addition, to increase capacity the practice remained open at lunchtimes four days a week. The practice also employed a nurse practitioner whose role included seeing patients who needed urgent appointments. (A nurse practitioner is a registered nurse who has additional qualifications and training in a specialty such as family practice. They are authorised to undertake certain roles that were previously undertaken by a GP such as prescribing medicines, the direct referral of patients to other health care professionals and ordering diagnostic investigations.)

Staff told us that their main difficulty in offering sufficient appointments was the lack of clinical rooms, of which there were five. The practice manager had told us that they were aware of the lack of clinical rooms and had looked at the possibility of extending the practice into an adjacent property but that was not possible. In addition they have been in discussions with the CCG about the possibility of moving to larger premises. They had been advised to prepare a business plan to present to the CCG when funds become available, which they agreed to do. The practice also told us that their patient list had increased, by 500 in the last year.

The practice had an up-to-date practice leaflet which provided information about the services available, contact details and repeat prescriptions. The practice also had a clear, easy to navigate website which contained information to support patients. However, the website was not up-to-date, for example it showed that the practice was closed between 12:00 and 13:00, which was incorrect.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was responsible for handling complaints in the practice. We saw the practice kept a record of written complaints covering the last four years. We were told that complaints were investigated and discussed at the partner's meetings. However, informal and verbal complaints were not recorded. The practice had not undertaken annual reviews of their complaints to identify any trends that may have been emerging and requiring attention.

Staff we spoke with were aware of the complaints policy and the action they needed to take if they received a complaint. They told us they would inform the practice manager of any complaints made to them. For example,

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

they would initially listen to the patient and try and resolve the matter and if that was not possible they would inform the practice manager who would then deal with the complaint.

The complaints procedure was outlined in the practice leaflet and on the website. There was also a notice on display in the waiting room outlining the procedure.

None of the six patients we spoke with on the day of the inspection said they had felt the need to complain or raise concerns with the practice.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice did not have a clear vision or a strategic document explaining their culture or ethos. Although not documented staff told us the practice believed in leadership by example. We were told by a GP they felt it was important that staff understood the reasons for doing things according to protocol. New staff were supervised in the behaviours expected by the practice. The reception staff and GPs we spoke with told us that they enjoyed their work and the challenges presented by their large and varied patient population. Patients we spoke with were complimentary about the care they had received.

Staff spoke of a culture of openness, and mutual support at the practice which helped them. The practice manager told us that they operated an open door policy which enabled staff to speak to them at any time about any concerns or issues. Staff we spoke with confirmed this.

The practice manager told us that they were developing a work plan to improve service delivery by reviewing the governance arrangements such as updating policies and procedures. Plans were also being developed to refurbish the premises.

The practice was aware that patients were sometimes unable to access their services when they needed to. In addition staff told us that the patient list had increased by 500 in the last year. There was no effective strategy to ensure patients could access the services when required.

Governance arrangements

The practice had a number of policies and procedures in place which governed their day-to-day activities. Staff were able to access these electronically from the practice intranet. Staff told us that they worked in accordance with their policies and procedures. However, we were told that the practice did not record all complaints, such as verbal ones.

The practice manager was in the process of reviewing all the policies and procedures to ensure that they were up-to-date.

We were told that governance issues were discussed at monthly partnership meetings. We were also told that practice performance issues were dealt with at team meetings. However the practice records showed that timely action was not taken to address audit findings such as infection control and we were told that they were not recording all complaints.

The practice did not have effective arrangements in place which ensured that their patients were able to access their services when they needed to. Staff told us that they redirected patients to the local hospital and walk-in centre during the practice's normal working hours when there were no appointments available. Patients we spoke with and comments on the CQC comment cards highlighted the difficulty of getting an appointment.

There was no effective maintenance programme to ensure that the premises were adequately maintained. We saw areas of the premises that required painting.

The Quality and Outcomes Framework (QOF) data for 2014 showed the practice achieved an overall score of 82.2% which was below the local CCG average by 14.1%. The results for individual clinical categories were mixed. The practice was aware that their patient population included a high percentage of patients who experienced social deprivation and a high number were non-English speakers from eastern European countries, Africa and Asia. They told us that they thought that these factors had affected the overall QOF score. However, there was no evidence that the practice had taken effective proactive action to implement changes designed to deliver service improvements.

Leadership, openness and transparency

The practice had a clear leadership structure which included a senior partner, GPs and a practice manager. Nominated staff were responsible for various clinical and non-clinical areas, for example, there were leads for premises and finance, and QOF domains.

The practice manager told us that they thought that one of the strengths of the practice was that they worked well as a team. Staff told us that they interacted with their colleagues throughout the day, supporting each other to provide their services to patients. They also told us that they felt well supported by the practice. In addition, staff told us that they would readily and freely raise any concerns or issues with the practice manager.

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

The practice gathered feedback from staff through staff meetings, appraisals and informal discussions in their

Are services well-led?

Requires improvement

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

day-to-day activities. Staff we spoke with told us these meetings provided them with the opportunity to discuss the service being delivered, feedback from patients and raise any concerns they had. The practice manager gave an example where staff had discussions about issues with the staffing rota which moved from an issue to a collaborative conclusion.

There was no effective mechanism for seeking comments and feedback from patients. The practice did not have an active patient participation group (PPG). This is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The practice previously had a PPG but that ceased to function. We saw records of the last PPG meeting which was dated June 2012. However, since the change of practice manager in the last 12 months the practice recognised that the group had stopped functioning. The practice manager told us that they were actively looking to resurrect this forum.

We saw that there was a suggestions box available in the waiting area for patients use.

Management lead through learning and improvement

The practice had management systems in place which enabled learning and improved performance.

Staff told us that the practice was supportive of training. They said they had received the training they needed or it had been scheduled, both to carry out their roles and responsibilities and to maintain their clinical and professional development. For example, one member of staff told us that they had received a good induction with clear learning targets and help in achieving them. We saw that all staff had an appraisal within the last few months.

The practice had a process for incident reporting which encouraged reporting and the review of all incidents. Team meetings were held to discuss any significant incidents that had occurred. The practice had completed reviews of significant events and other incidents and shared these with staff. Staff meeting minutes showed these events, and any actions taken to reduce the risk of them happening again, were discussed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision We found that the registered person had not protected people against the risk of inappropriate or unsafe care and treatment because their systems designed to provide this protection were ineffective. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 20010, which corresponds to regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. (1), (2) (a) (b) (f) How the regulation was not being met: Systems and processes were not operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities. Risks were not effectively assessed, monitored and mitigated in relation to the health, safety and welfare of patients and staff. Evaluation of information to improve practice had not been carried out effectively.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not ensured, so far as reasonably practicable that people were protected against identifiable risks of acquiring health care associated infection because there was no effective operation of systems designed to assess the risk of and to prevent , detect and control the spread of a health care associated infection. This was in breach of regulation 12 of the Health and Social Care Act 2008

This section is primarily information for the provider

Requirement notices

(Regulated Activities) Regulations 2010, which corresponds to regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. (1), (2) (a) (b) (h)

How the regulation was not being met:

Risks were not effectively addressed, monitored and mitigated in relation to the health, safety and welfare of patients and staff.

The results of infection control audits were not effectively addressed.

There was no mechanism to effectively monitor the cleanliness and hygiene of the premises.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises We found that the registered person had not ensured that people having access to the premises were protected against the risk associated with unsafe or unsuitable premises because the premises were not adequately maintained. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. (1)(e) How the regulation was not being met: There was no effective system to ensure that the premises were adequately maintained.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.