Cleveland Surgery

Quality Report

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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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cleveland Surgery on 3 September 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to be requires improvement for providing safe, responsive 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 good for providing a caring and effective service.

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

- There was a clear leadership structure in place and staff felt supported by management despite the practice suffering recent GP and nurse shortages which had impacted on the provision of appointments for patients. The practice had a clear plan in place to address these issues and had been proactive in making improvements for patients and to the services it offered.
- The practice proactively sought feedback from patients and acted upon it.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses however information about safety was not always recorded, monitored and appropriately reviewed and addressed. There was limited evidence of learning from significant events and complaints, discussion in meetings and dissemination to staff.
- Not all staff had received an appraisal within the last 12 months. However, we saw evidence of a schedule of appraisals to ensure all staff were appraised during September 2015. We saw evidence that clinical supervision processes were in place for the nursing team.

Summary of findings

- 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 available and easy to understand.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments but they understood the challenges the practice had faced recently with a shortage of GPs and nurses.
- The practice had a number of policies and procedures to govern activity, but some of these were either out of date or due a review, the practice did not have a cold chain policy in place however this was addressed and a comprehensive policy was implemented immediately after our inspection.
- Regular multi-disciplinary meetings had taken place including partnership and staff meetings. We saw evidence of meeting minutes during our inspection.

The areas where the provider must make improvements are:

- Ensure all staff have appropriate, accurate, in date policies, procedures and guidance to carry out their roles in a safe and effective manner, ensuring they are current and reviewed and disseminated to staff.
- Ensure chaperone training is undertaken by staff who perform chaperone duties.
- Ensure robust system and processes for infection control ensuring the clinical lead for infection control is appropriately trained, ensuring that an up to date infection control audit is carried out.
- Ensure a robust system for disseminating NICE guidance to staff and ensuring updated guidance is acted upon.
- Ensure a carpet cleaning schedule and a schedule for changing curtains is in place and appropriate records are kept up to date.
- Ensure COSHH sheets are available for all hazardous substances and that they are in date and available to staff.
- Ensure an up to date legionella and fire risk assessment is in place and accessible to all staff and ensure risk assessments are carried out and reviewed regularly and accessible to staff ensuring a risk register is held by the practice.
- Ensure a protocol is in place for the handling of safety alerts.
- Ensure all staff have regular appraisals and performance reviews and objectives agreed.
- Ensure a system is in place to ensure all significant events and near misses are reviewed and recorded correctly, investigated and learning outcomes agreed and cascaded to staff.

In addition the provider should:

- Improve the availability of non-urgent appointments.
- Ensure all staff are aware of lead roles in the practice such as safeguarding and infection control.

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. However, when things went wrong, reviews and investigations were not thorough enough.
- The process for investigating incidents was not always completed or outcomes recorded and lessons learned were not communicated widely enough to support improvement.
- 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.
- There was no evidence to show that all significant events had been investigated.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Knowledge of and reference to national guidelines were inconsistent, there was no process in place for the dissemination of updated guidance from the National Institute for Health (NICE) and Care for staff and there was no evidence of discussion of updated NICE guidance in meeting minutes.
- There was evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- There was evidence that regular multi-disciplinary and clinical meetings had taken place.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Requires improvement

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

- The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) with an aim to secure improvements to services where these were identified.
- Feedback from patients reported that they often have to wait four weeks to receive a routine appointment with a GP, although urgent appointments were usually available the same day.
- Patients told us that they found it difficult getting through on the telephone to make an appointment.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- It had a vision and a strategy in place and understood the strategy and vision of the practice, staff told us they recognised the practice had faced recent staffing changes and recruitment problems.
- Staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were not dated or were overdue a review.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- Not all staff had received a performance review within the last 12 months. However, we saw evidence of a schedule of appraisals to ensure all staff were appraised during September 2015.
- The practice held regular governance meetings including staff meetings, the last staff meeting was held on 1 September 2015.

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. The practice is rated as good for caring and effective however, it was rated as requires improvement for safe, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients for conditions commonly found in older people were average. The practice offered proactive, personalised care to meet the needs of the older people, named accountable GPs were assigned to all patients over the age of 75. Longer appointments and home visits were available for older people when needed and this was acknowledged positively in feedback from patients. The leadership of the practice had engaged with this patient group through their active patient participation group to look at further options to improve services for them. The practice also engaged with this patient group in the community attending local events to provide health promotion information.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as good for caring and effective however, it was rated as requires improvement for safe, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at an increased risk of hospital admission were identified as a priority however not all patients had their care plans reviewed. There was no system in place to identify new patients with a long term condition who may be at risk of an unplanned admission to hospital. Longer appointments and home visits were available when needed. Patients did have a named GP and a structured annual review and medication reviews to check that their health and care needs were being met.

Families, children and young people

Requires improvement

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

Summary of findings

for caring and effective however, it was rated as requires improvement for safe, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were some 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. Immunisation rates for the standard childhood immunisations were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. However some patients told us they found it difficult to obtain urgent appointments on the day for their children. Appointments were available outside of school hours. The premises were suitable for families, children and young people and a children's play area was also available in the waiting area.

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 is rated as good for caring and effective however, it was rated as requires improvement for safe, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. The practice did not offer extended opening hours for appointments. The practice did offer an on-line appointment booking service, patients could also order repeat prescriptions online. Health promotion advice was offered and health promotion material was available and accessible through the practice. There was a mixed uptake for health checks and screening for example, 84% of patients on the chronic obstructive pulmonary disease register had already had an annual review at the time of our inspection and 45% of patients identified as at risk of dementia had attended for cognitive screening.

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. The practice is rated as good for caring and effective however, it was rated as requires improvement for safe, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability, 13 out of the 69 patients on the learning disability register had received an annual review at the time of our inspection, however the practice was not participating in the enhanced service for patients with a learning disability.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as good for caring and effective however, it was rated as requires improvement for safe, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

32% of people experiencing poor mental health had received an annual physical health check. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and dementia. 45% of patients identified as at risk of having dementia had been offered cognitive testing at the time of our inspection. 2% of these patients had taken up the offer of cognitive testing. The practice offered a dementia clinic service for patients and told patients how to access various support groups available to them.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015. The results showed the practice was performing in line with local and national averages. 312 survey forms were distributed and 37.5% were returned.

- 95.2% say the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89.3% and national average of 86.3%.
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The results showed some areas where the practice was falling below the local and national averages for example:

- 66.6% say they found it easy to get through to the practice by phone compared to the CCG average of 77.2% and national average of 74.4%.
- 56.7% described their experience of making an appointment as good, compared to the CCG average of 74.4% and national average of 73.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards on the day of inspection, eight were positive about the level of service experienced.

Patients said staff were friendly and supportive and treated them with dignity and respect. Comments which were less positive reflected dissatisfaction with getting through on the telephone to make an appointment, unable to obtain urgent appointments and lack of GP appointments.

We spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and they said their dignity and privacy was respected. Patients said they felt involved in decisions about their care and treatment and felt listened to. They told us that they had difficulty in getting through on the telephone and they can wait a month for a routine appointment to see a GP.

Areas for improvement

Action the service MUST take to improve

- Ensure all staff have appropriate, accurate, in date policies, procedures and guidance to carry out their roles in a safe and effective manner, ensuring they are current and reviewed and disseminated to staff.
- Ensure chaperone training is undertaken by staff who perform chaperone duties.
- Ensure robust system and processes for infection control ensuring the clinical lead for infection control is appropriately trained, ensuring that an upto date infection control audit is carried out.
- Ensure a robust system for disseminating NICE guidance to staff and ensuring updated guidance is acted upon.
- Ensure a carpet cleaning schedule and a schedule for changing curtains is in place and appropriate records are kept up to date.
- Ensure COSHH sheets are available for all hazardous substances and that they are in date and available to staff.
- Ensure an upto date legionella and fire risk assessment is in place and accessible to all staff and ensure risk assessments are carried out and reviewed regularly and accessible to staff ensuring a risk register is held by the practice.
- Ensure a protocol is in place for the handling of safety alerts.
- Ensure all staff have regular appraisals and performance reviews and objectives agreed.
- Ensure a system is in place to ensure all significant events and near misses are reviewed and recorded correctly, investigated and learning outcomes agreed and cascaded to staff.

Action the service SHOULD take to improve

- Improve the availability of non-urgent appointments.
- Ensure all staff are aware of lead roles in the practice such as safeguarding and infection control.

Cleveland 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 one further CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Cleveland Surgery

Cleveland Surgery provides primary medical services to a population of approximately 9,836 patients in Gainsborough and the surrounding area. The practice provides services to patients residing in nine residential care and nursing homes in the surrounding area.

The practice has a higher distribution of patients between the ages of 40-54 years and an even distribution of male/female patients.

At the time of our inspection the practice employed four GP partners, a practice manager, two practice nurses, one health care assistant and a team of reception and administration staff.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice has one location registered with the Care Quality Commission (CQC) which is Cleveland Surgery, Vanessa Drive, Gainsborough, Lincolnshire, DN21 2UQ.

The practice is open from 8am to 6.30pm Monday to Friday. The practice does not provide extended opening hours. GP clinics run between 8.45am and 11.45am and 3.15pm and 5.30pm Monday to Friday. Pre-bookable appointments and on the day 'urgent' appointments are available. The practice also provides a home visit service for patients. The practice offers on-line services for patients such as on-line appointment booking and ordering repeat prescriptions.

The practice has an active patient participation group (PPG) who meet bi-monthly.

The practice is located within the area covered by NHS Lincolnshire West Clinical Commissioning Group (LWCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

NHS Lincolnshire West Clinical Commissioning Group (LWCCG) is responsible for improving the health of and the commissioning of health services for 230,000 people registered with 37 GP member practices covering 420 square miles across Lincoln, Gainsborough and surrounding villages. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed information from Lincolnshire West Clinical Commissioning Group (LWCCG), NHS England (NHSE), Public Health England (PHE), Healthwatch and NHS Choices.

We carried out an announced visit on 3 September 2015.

During our visit we:

- asked the practice to put a box and comment cards in their reception area to enable patients and members of the public to share their views and experiences.
- reviewed 11 comment cards.
- spoke with six patients on the day of our inspection. These comments were largely positive and described the care given by the staff although some comments were negative with regards to the long wait time for an appointment.
- spoke with one GP, a practice manager, two receptionists, two practice nurses, two administration assistants, one secretary and two members of the patient participation group (PPG).
- observed the way the service was delivered but did not observe any aspects of patient care or treatment.

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

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

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

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

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice did not have a robust system in place to ensure incidents, near misses and risks were reported and dealt with appropriately to identify risks and improve patient safety.

- Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.
- We found evidence of 11 significant events reported between 1 August 2014 and 31 July 2015 which had been recorded and reviewed, with evidence of lessons learnt and actions taken. However, we found evidence of 10 further significant events recorded between 15 April 2015 and 18 June 2015, a summary of each event was recorded but there was no evidence of investigation, discussion, lessons learnt or sharing with staff.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were not always shared to make sure action was taken to improve safety in the practice. We saw evidence of a significant event regarding a patient being prescribed multiple pain relief medications, there was no outcomes or lessons learned recorded.

The practice did not have a robust system in place to ensure significant events were co-ordinated, investigated and lessons learnt shared with staff. The last record of significant events being discussed with staff were recorded in minutes of a partners meeting dated 15 June 2015.

The practice had identified that a written protocol was required for handling safety device alerts as there was no evidence to show these alerts had been actioned, discussed or disseminated to staff.

Overview of safety systems and processes

The practice did not always have clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, for example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However not all staff had completed role specific safeguarding children training. There was a lead member of staff for safeguarding, however not all staff knew who this was. A GP we spoke with showed us examples of how the practice identified children at risk on their patient records and gave a clear example of an appropriate safeguarding referral. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

There was a chaperone policy in place dated 20 August 2013, this policy did not have a review date recorded. A notice in the waiting room advised patients that nurses would act as chaperones, if required. Staff who acted as chaperones were not all trained for the role but were able to describe their duties and responsibilities, they had all received a disclosure and barring 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. We observed the premises to be clean and tidy. The practice employed an external cleaning company, during the inspection records were made available to demonstrate monthly checks had taken place. The practice used fabric privacy curtains in consulting and treatment rooms and there was no schedule or records in place for laundering these in line with national guidance. However, the practice manager told us disposable curtains had been ordered. These arrived during our visit and we were told a schedule would be implemented to ensure they were changed in line with infection control guidance.
- An infection control policy was available for staff to refer to, this policy was dated 2012, it was not a specific policy and did not name the infection control lead in the practice. The policy did not enable staff to plan and implement measures to control infection. We saw evidence that the lead had carried out an audit in January 2013. Areas of improvement had been identified but there was no record of actions being completed. The practice manager showed us an infection control audit the practice were in the process

of completing. The practice had a GP lead for infection control. This GP had not undertaken further training to enable him to provide advice on the practice infection control policy and carry out staff training. Not all staff we spoke with were aware of who the infection control lead was. All staff received induction training about infection control specific to their role and most staff had received annual updates until June 2014.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice did not have a robust cold chain policy in place with specific guidance to ensure that medicines were kept at the required temperatures or describing the action to be taken in the event of a potential failure, however immediately following our inspection the practice implemented this.
- We saw records of practice meetings that noted the actions taken in response to a review of prescribing data. For example, we saw evidence in partnership meeting minutes dated 27 October 2014 that the results of a high risk drug monitoring audit carried out in October 2014 was discussed, the actions required from this audit were for the practice to carry out a wider review of drug monitoring in the practice, to be discussed in future meetings. The practice manager told us that a re-audit of high risk drugs had been planned for the future.
- Prescription pads were securely stored and there were systems in place to monitor their use. 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 vaccinations.
- We reviewed eight personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- The practice had limited systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy in place, this policy was last reviewed on 28 November 2014. Health and safety information was displayed for staff to see on the first floor and there was an identified health and safety representative.
- The practice did not hold a risk register and there was three risk assessments available to view on the day of inspection. Shortly after the inspection we were provided with a copy of a health & safety office based risk assessment carried out on the 4 September 2015. We saw evidence of a fire risk assessment which was carried out in 2010. Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. Meeting minutes did not always demonstrate that risks were identified and action taken to mitigate risks taken.
- 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. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.
- The practice manager told us that they had a shortage of GP's due to a GP who recently left the practice and another GP on long term absence. Another GP was due to leave the practice at the end of September 2015. The practice was in the process of recruiting an additional GP to ensure they could provide appointments for their patients. The practice was also in the process of recruiting additional nurse practitioners and used the services of a highly skilled locum nurse practitioner to provider services for patients and improve patient access to appointments.

Requires improvement

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We discussed with a GP how NICE guidance was received into the practice. They told us that clinical staff kept themselves updated by researching up to date NICE guidelines. There was no evidence of discussion of NICE guidelines in minutes of clinical meetings. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.
- Staff described how they carried out comprehensive assessments which covered all health needs and were in line with national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.
- Discrimination was avoided when making care and treatment decisions.The culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.Patients we spoke to said they felt involved in decisions made about their care and treatment.
- The practice manager told us that the practice employed the services of a locum nurse practitioner who was qualified to review patient blood test results and could also refer patients to other services.They were also able to provide an insulin initiation service and home visits.
- The practice held a register of patients who were palliative and held regular gold standards framework meetings to review palliative care patients.The last meeting recorded was 16 June 2015, we saw evidence that 28 patients were reviewed during this meeting. All staff were invited to attend these meetings.The practice offered priority appointments, home visits and prescription requests to palliative care patients and their relatives. We were able to see alerts which were added to these patient care records to alert staff. A GP told us the practice worked closely with a palliative macmillan nurse and also a hospice situated close to the practice.
- The practice kept up to date disease registers for patients with long term conditions, such as asthma and diabetes. All these patients had a named GP and a structured annual review to check their health and medication needs were met.
- The practice had participated in the unplanned admissions avoidance scheme and we saw a risk stratification tool which the practice used to agree a register of patients at risk of unplanned admission to hospital, the tool monitors any changes in the level of risk to the patient. The practice manager and a GP told us at that they were unable to carry on providing care planning and reviews due to a lack of clinical staff to enable them to provide this service.
- We saw in minutes of a clinical meeting dated 22 September 2014, that the practice had clinical leads in specialist clinical areas.These were out of date due to staffing changes and long term absence of a GP.
- Interviews with staff showed the culture of the practice was that patients were cared for and treated based on individual need and the practice took account of patient's age, gender, race and culture as appropriate. Discrimination was avoided when making care and treatment decisions. The patients we spoke with told us that they felt involved in decisions made about their care and treatment.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 97% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 showed:

- Performance for diabetes related indicators were above the national average, the practice achieved 96.4%.
- The practice achieved a performance of 100% of patients with hypertension having regular blood pressure tests which exceeded the national average.
- Performance for child health screening, osteoporosis, heart failure and depression were all above national average achieving 100%.Dementia achieved 95.2% and mental health achieved 89.8%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last 18 months, one of these were a completed audit of cervical smears taken where the practice was able to demonstrate the changes resulting since the initial audit and where the improvements made were implemented and monitored.

Other examples included audits of:

- Patients with Type 2 Diabetes who were at risk of hypoglycaemia who required a medication review, we were told by a GP that this audit was discussed with other GP's in the practice along with an update of the relevant National Institute for Health and Care Excellence guidance. The aim of this audit was to ensure as many patients as possible received a medication review with a GP so the GP could give the patient advice regarding Hypoglycaemia and change medication if necessary.
- We also saw a high risk drug monitoring audit and an audit of patients in deficiency groups who were at high risk of developing osteoporosis and suffer fractures and to review whether these patients were being prescribed calcium and vitamin D3 therapy in line with national guidelines. The results of this audit demonstrated 75 patients who may be suitable for calcium and vitamin D3 therapy.

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. The staff we spoke to were clear and confident in their roles and demonstrated they were up to date with their work. These roles included data input, scanning and coding clinical post and managing safeguarding alerts. The information staff collected was used to support the practice to carry out clinical audits.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Not all staff had received an appraisal within the last 12 months. However, we saw an action plan for all staff appraisals to be scheduled for September 2015.
- Staff that we spoke with confirmed that the practice was proactive in providing training and funding for relevant courses.
- Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of vaccines, cervical cytology, spirometry diploma, COPD diploma, certificate in atrial fibrillation and sample taking conversion training.
- We saw evidence of extended qualifications and training undertaken by a locum nurse practitioner such as a BSc in emergency practitioner, a certificate in non-medical prescribing, a post graduate certificate in primary care studies and a certificate in cardio-respiratory symptoms long-term management of palliative care. We also saw evidence of staff who were trained in insulin initiation, cytology and cytology conversion training, spirometry and a COPD diploma to carry out their roles.

Good

Are services effective?

(for example, treatment is effective)

- Staff files we reviewed showed that where poor performance had been identified appropriate action had been taken to manage this.
- 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.

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.

- The practice was commissioned for the unplanned admissions enhanced service, despite the practice being unable to deliver the core elements of the unplanned admissions enhanced service due to staffing shortages, we saw that the policy for actioning hospital communications for patients was working well.This including following up patients who had been discharged from hospital.(Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).
- The practice held multi-disciplinary team meetings every four to six weeks to discuss patients with complex needs, we saw minutes of the last clinical meeting which was held on 8 June 2015. GP's, nurses and health care assistants were present. The practice also held three monthly meetings to discuss palliative care patients. These meetings were attended by a palliative macmillan nurse and district nurses. We saw minutes of a meeting held on 16 June 2015, we could see 28 patients were reviewed and decisions about care planning were documented in a shared care record. Staff felt this system worked well.
- The practice had signed up to the electronic Summary Care Record.(Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).
- We saw evidence of an internal system in the administration department to ensure GP's read and actioned all incoming patient information on the day. We also saw a process in place to ensure patient information is actioned by a different GP if the registered GP was on annual leave.
- We saw that the practice had a system in place for making patient referrals and checking that appointments had been made which was working effectively. There was no back-log of dictated or electronic referrals as they were completed on a daily basis.
- The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- There was a practice procedure in place for documenting consent for specific interventions. For example, for all minor surgical procedures, we saw evidence of 11 patients who had minor surgery between February and March 2015 who had their verbal consent documented in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure. In addition, the practice obtained written consent for significant minor procedures and all staff were clear about when to obtain written consent. We were shown an audit that confirmed the consent process for minor surgery had been followed in 100% of cases.

Health promotion and prevention

Good

Are services effective?

(for example, treatment is effective)

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, for example, the practice had offered smoking cessation advice to 89% of its patients who were recorded as having a chronic disease and smoke, patients were then signposted to the relevant service.
- The practice provided data to show that 471 out of 2010 eligible patients had attended for cervical screening in the last year. Three reminder letters were sent out centrally to patients due for cytology screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above average for the majority of immunisations where comparative data was available. For example:

- Childhood immunisation rates for the vaccinations given to under twos ranged from 96% to 97% and five year olds were 97%, these were above the CCG and national averages of 95%. We found that even though the practice were having difficulties with clinical staff shortages they were still delivering a high level of care in ensuring childhood immunisations and vaccinations were offered and administered.
- The practice achieved 76.9% immunisation rate for flu vaccinations for patients aged 65 and over compared to a target of 75%, the practice achieved 58.1% for patients aged 65 and under compared to a target of 75%, they achieved 33.9% in pregnant women compared to a target of 75% and they also achieved 45% in children between the ages of 2 and 4 years of age compared to a local average of 41.2%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Practice data showed that:

- 6.61% of patients were to be invited for the NHS health check.At the time of our inspection, 10.92% of these patients had taken up the offer of the health check. There was a process in place for following up patients if they had a risk factor for disease identified at the health check and further investigations were scheduled.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

- We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.
- We saw a large sign in the reception area offering a private interview room should patients wish to speak in private.We also saw a confidentiality sign in the waiting room.
- We heard the radio playing in the background in the waiting area for patients to help protect privacy for patients when speaking at the reception desk. The practice switchboard was located away from the reception desk in a separate office behind the main reception desk.
- There was a barrier in the waiting area for patients to stand behind whilst waiting at the reception desk to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

11 patient CQC comment cards we received, eight were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff work very hard to deliver the best service they can, helpful and caring. They said staff treated them with dignity and respect. Three comments were less positive and reflected dissatisfaction in being able to obtain an appointment.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published on the 4 July 2015 and a survey of 740 patients undertaken by the practice's patient participation group (PPG) and patient satisfaction questionnaires sent out to patients by each of the practice's partners. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was also largely in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 95.2% said the GP was good at listening to them compared to the CCG average of 89.3% and national average of 88.6%.
- 87.6% said the GP gave them enough time compared to the CCG average of 88.1% and national average of 86.8%.
- 96.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95.3%.
- 99.2% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.1% and national average of 97.2%.
- 87% said they found the receptionists at the practice helpful compared to the CCG average of 87.7% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

Good

Are services caring?

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.5% and national average of 86.3%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.6% and national average of 81.5%.

Staff told us that a translation service called Language Line was available for patients who did not have English as a first language. Staff told us that if they required this service they would ask the permission of the practice manager. Staff told us that some patients who had hearing difficulties brought sign language interpreters with them.

Patient and carer support to cope emotionally with care and treatment

During our inspection we saw evidence of alerts on patient care records for patients who had a carer or were a carer. We also saw evidence of a patient information leaflet in the waiting room which advised patients to complete a form at the reception desk if they look after someone who is ill, frail, disabled or mentally ill. The receptionist would then send this form to the Carers Service Team with the permission of the patient.

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 88.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.4% and national average of 85.1%.
- 91.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.7% and national average of 90.4%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff told us that if families had suffered a bereavement, a GP contacted them to offer support and a patient consultation with a GP at a flexible time and location if they required this. A process was in place to inform a GP as soon as staff became aware of a patient death and reception staff would cancel outstanding appointments for the deceased patient.

Requires improvement

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:

- The practice had recently been suffering a shortage of GPs and nurse practitioners and recent problems in recruitment which had caused difficulties for the practice in the number of appointments the practice were able to offer to patients. This problem had also increased the average wait time for a patient appointment. We could see evidence of positive actions the practice had taken to address this issue. We saw evidence that meetings had taken place with neighbouring practices and the local CCG and NHS England. We also saw evidence that a new GP had been recruited and also three new nurse practitioners were due to commence their employment.
- The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example the annual patient participation survey report dated March 2015 stated that patients had previously raised concerns about the cleanliness of the patient toilets, the practice had met with the cleaning contractor and following lack of improvement, the contract was terminated and awarded to a new cleaning contractor. The results of the patient survey showed improvement in the overall cleanliness of the premises as well as the patient toilets. We saw that this was also publicised in a patient newsletter.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled facilities and translation services available.

Access to the service

The surgery was open from 8am to 6.30pm Monday to Friday, except on a Tuesday when the practice closed between 1pm to 2pm for staff training. Telephone lines opened from 8am until 6.30pm. Appointments were available from 8.30am to 6.30pm on weekdays. On the day of our inspection we looked at the availability of appointments, the number of appointments available changed on a weekly basis depending on cover being provided by locum GPs but each day the first appointment was available at 8.45am with appointments available until 5.30pm. Pre-bookable appointments were available each day for a GP, nurse and health care assistant and could also be booked using an on-line system. On the day appointments were also available each day for emergencies. We could see that home visits were available every day and the reception team provided the GP with a patient summary care record and a map to help them find the patients home address.

The patient survey information we reviewed about access to appointments were below local and national averages and did not rate the practice well in these areas. For example:

- 67.1% were satisfied with the practice's opening hours compared to the CCG average of 76.9% and national average of 75.7%.
- 56.7% described their experience of making an appointment as good compared to the CCG average of 74.4% and national average of 73.8%.
- 75.7% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71.7% and national average of 65.2%.
- 66.6% said they could get through easily to the surgery by phone compared to the CCG average of 77.2% and national average of 74.4%.

Patients told us they could see another doctor if there was a wait to see the GP of their choice. They also told us they received a text message reminding them of their appointment date and time.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. We saw a complaints procedure leaflet available for patients in the waiting room and on the reception desk. This leaflet gave information on how to make a complaint on behalf of someone else, what the practice would do, there was also information about the Ombudsman, Patient Advice and Liaison Service (PALS) and the Independent Complaints Advocacy Service (ICAS).

Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 18 complaints received in the last 12 months and found that these complaints had been acknowledged and responded to in a timely manner in line with the practice complaints policy.

We saw that lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result. For example, we saw a complaint from a patient regarding the cleanliness of the patient toilets. The complaint was acknowledged, with a full response sent to the patient explaining that a new cleaning staff were in the process of being employed to improve the cleanliness of the premises for patients and staff.

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 had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had suffered recent GP and nurse shortages but the practice manager was able to demonstrate positive actions taken to address this issue to improve services for patients in the future. The partners' had planned a future practice away day to plan the strategic direction of the practice, agree a business plan for 2015-16 and to improve team work with practice staff.

Staff we spoke to all understood what the practice wanted to achieve and understood the challenges faced by the practice and they understood the vision and values of the practice. Patients we spoke to also understood the difficulties the practice had faced with recent staff shortages and understood this had caused longer waiting times for routine appointments.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity. We looked at 10 of these policies and procedures and all of these were available on the practice intranet for staff to access. Some of these policies were either overdue, undated or not specific to the practice.

There was a clear leadership structure with named members of staff in lead roles however some of these lead roles were now out of date. For example, there was a lead GP for infection control and a GP was the lead for safeguarding. We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff told us that the practice manager had an open door policy and they felt they could go to him if they had any concerns.

The GP and practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. This included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards.

The practice also had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Evidence from other data from sources, including incidents and complaints was used to identify areas where improvements could be made. Additionally, there were processes in place to review patient satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff. The practice regularly submitted governance and performance data to the CCG.

The practice did not have a robust system in place to identify, record and manage risks. We saw evidence of a health and safety risk assessment of the premises which had been carried out, risks had been identified and actions to be taken were recorded. We also saw evidence of a fire risk assessment which had been carried out in 2010. There was a risk assessment in place in relation to business continuity. These were the only risk assessments which had been carried out.

The practice held regular partnership meetings and regular clinical meetings. Risks, significant events and complaints were not discussed on a regular basis during these meetings.

We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

Leadership, openness and transparency

The partners in the practice were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners had planned a future away day to involve all staff in the future of the practice and to encourage them to be involved in discussions about how to run the practice.

We saw from minutes that team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if

Are services well-led?

Requires improvement

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

they did. Staff told us that the practice manager had been very open with them about the current issues facing the practice and staff also said they felt respected, valued and supported, particularly by the senior partner in the practice and the practice manager.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. It had an active PPG in place. The PPG had been involved in surveys and met every two months. The practice manager showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

We spoke with two members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice. They told us they had arranged various first aid courses for patients and that the main issues for patients were with telephone access. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

We also saw evidence that the practice had reviewed its' results from the NHS Friends and Family test to see if there were any areas that needed addressing. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice and encouraged patients to submit their feedback using a link on their website. The Friends and Family test is a system for gathering patient feedback which asks patients how likely they would be to recommend their practice to friends and family. There is also an opportunity to add comments. At the time of our inspection, 130 responses had been received to the friends and family test, 75 patients said they would recommend their practice.

The practice encouraged staff to give feedback through staff meetings and discussions and 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 in the practice to improve outcomes for both staff and patients.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have appropriate procedures in place to assess the risks to the health and safety of service users or staff doing all that is reasonably practicable to mitigate any such risks. The provider did not have a robust system in place to learn from significant events. They were not discussed at team meetings or with all relevant staff. The provider did not have robust infection control processes in place. The provider did not have a system in place for the dissemination of NICE guidance to staff or ensuring up to date guidance is acted upon. The provider did not have a protocol in place for reviewing and disseminating safety alerts to staff. Staff were not trained to carry out chaperone duties. Staff did not have appropriate, accurate, in-date policies and procedures to allow them to carry out their roles in a safe and effective manner. COSHH sheets for hazardous substances were out of date. Patients identified as at risk of unplanned admission to hospital did not have regular reviews of their care plans. There was no system in place to identify new patients who may be at risk of unplanned admission to hospital who require care planning and reviews. These matters were in breach of regulation 12 (1) 12 (2) (a) (b) (d) (h) (I)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to ensure that systems and processes were established and operated effectively.

The provider had not assessed, monitored and mitigated the risks to the health, safety and welfare of service users and others.

The provider had failed to ensure leadership and governance resulting in practice policies not always being reviewed to ensure their effectiveness and relevance.

The provider had not ensured all staff had undertaken an annual appraisal or review of their performance within the last 12 months.

These matters were in breach of regulation (17) (1) (2) (a) (b) (c)