

Albion Place Medical Practice

Quality Report


23-29 Albion Place
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Albion Place Medical Practice on 26 July 2017. Overall the practice is rated as inadequate.

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

- The practice's system for reporting and recording significant events was not always effectively managed and implemented.
- Patients were at risk of harm because the systems and processes to help keep them safe and safeguarded from abuse were not always implemented effectively.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- The practice was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to employment.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Staff were aware of current evidence based guidance. However, not all staff had received an annual appraisal and the practice was unable to demonstrate all relevant staff were up to date with safeguarding children and vulnerable adults training, chaperone training as well as infection prevention and control training.
- The practice was unable to demonstrate they had a reliable system that ensured records were kept of all samples sent for the cervical screening programme.

Summary of findings

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice was responsive to the needs of specific groups of patients. For example, older patients and those patients that were deaf or hearing impaired. Online consultations via a website were also available to patients.
- Results from the national GP Patient Surveys in July 2017 indicated that patients scored the practice lower than average in relation to accessing services, appointment availability and seeing a GP of their choice.
- Patients we spoke with said they did not always find it easy to make an appointment with a named GP but urgent appointments were always available the same day usually with other practitioners.
- Information about services and how to complain was available. However, improvements were required to help ensure all complaint investigation outcomes were recorded appropriately and shared with staff.
- Governance arrangements were not always sufficient or effectively implemented.
- The provider was aware of the requirements of the duty of candour. However, the practice was unable to demonstrate the systems to help ensure compliance with the duty of candour, which included support training for all staff on communicating with patients about notifiable safety incidents, were effective.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

In addition the provider should:

- Continue to ensure they identify and keep a record of patients who are carers to help ensure they are offered appropriate support.
- Maintain an accurate record in respect of how staff feedback is acted upon.
- Continue to ensure the patient participation group is embedded and made sustainable.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

- The practice's system for reporting and recording significant events was not always effectively managed and implemented.
- Patients were at risk of harm because the systems and processes to help keep them safe and safeguarded from abuse were not always implemented effectively.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- The practice was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to employment.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- There was a business continuity plan for unforeseen circumstances that may affect the practice. However, not all staff were aware of this or where the plan could be accessed if needed.
- There were not always enough staff to keep patients safe. For example, there were not enough GPs and the practice were in a deficit of 150 appointments each week.

Inadequate



Are services effective?

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

- Staff were aware of current evidence based guidance. However, not all staff had received an annual appraisal and the practice was unable to provide documentary evidence to demonstrate all staff were up to date with safeguarding children and vulnerable adults training to the level relevant to their role, chaperone training as well as infection prevention and control training.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Requires improvement



Summary of findings

- The practice was unable to demonstrate they had a reliable system that ensured all samples sent for the cervical screening programme were recorded.

Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

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

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national GP Patient Surveys in July 2017 indicated that patients scored the practice lower than average in relation to accessing services, appointment availability and seeing a GP of their choice.
- Patients we spoke with said they did not always find it easy to make an appointment with a named GP but urgent appointments were always available the same day usually with other practitioners. There were not enough GPs and the practice were in a deficit of 150 appointments each week.
- The practice was responsive to the needs of specific groups of patients. For example, older patients and those patients that were deaf or hearing impaired. Online consultations via a website were also available to patients. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. However, improvements were required to help ensure all complaint investigation outcomes were recorded appropriately and shared with staff.

Requires improvement



Are services well-led?

The practice is rated as inadequate for providing well-led services.

Inadequate



Summary of findings

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity. However, not all staff who accessed policies and procedures on the computer system knew where to find them.
- Governance arrangements were not always sufficient or effectively implemented. The systems and processes to underpin the services provided were not always implemented effectively. For example; significant events, complaints, recruitment checks, infection control audits, checks of equipment, staff training and appraisals, national patient safety alerts, policies and procedures.
- The provider was aware of the requirements of the duty of candour. However, the practice was unable to demonstrate the systems to help ensure compliance with the duty of candour, which included support training for all staff on communicating with patients about notifiable safety incidents, were effective.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example, minor surgery.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older people. The provider is rated as inadequate for safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. It had a scheme for patients, who lived local residential/nursing care homes and as required visits were conducted.
- Home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- The practice had recognised the needs of older patients and had implemented a system for this patient group to access telephone consultations during the practice lunchtime closing hours. Patients aged 75 years and over were provided with a designated mobile telephone number in order to access this service.

Inadequate



People with long term conditions

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

The provider is rated as inadequate for safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Inadequate



Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice did not have a system for providing patients with a named GP. However, there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

The provider is rated as inadequate for safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- There were systems 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 were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a system prioritise patients aged under 5 years of age, in order to ensure they were seen on the day if needed.
- We saw positive examples of joint working with midwives and health visitors.
- The practice provided chlamydia screening for those under 25. Chlamydia test kits were available to collect anonymously in the entrance to the practice

Inadequate



Working age people (including those recently retired and students)

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

Inadequate



Summary of findings

is rated as inadequate for safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

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

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider is rated as inadequate for safe and well-led services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider is rated as inadequate for safe and well-led

Inadequate



Summary of findings

services, requires improvement for providing effective and responsive services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Care planning for patients with dementia was carried out.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Nurses administered injectable medicines for patients with mental illness and there was a system to follow up non-attenders.
- Where patients experienced poor mental health due to suicidal tendencies or self-harm, the practice had introduced new protocols for ensuring the patients well-being.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing significantly lower than the local and national averages. Two hundred and seventy three survey forms were distributed and 121 were returned. This represented 1% of the practice's patient list.

- 29% of respondents found it easy to get through to this practice by telephone compared to the local average of 74% and the national average of 73%.
- 72% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the local average of 88% and the national average of 84%.
- 60% of respondents described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.

- 40% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comments cards all of which contained positive comments about the service patients experienced at Albion Place Medical Practice. Seven comment cards also contained negative comments. Themes identified from the negative comments related to difficulty obtaining an appointment that suited their needs and lack of available parking at the practice.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us they did not always find it easy to make an appointment with a named GP but urgent appointments were always available the same day.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Action the service **SHOULD** take to improve

- Continue to ensure they identify and keep a record of patients who are carers to help ensure they are offered appropriate support.
- Maintain an accurate record in respect of how staff feedback is acted upon.
- Continue to ensure the patient participation group is embedded and made sustainable.

Albion Place Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Albion Place Medical Practice

Albion Place Medical Practice is a GP practice based in Maidstone, Kent with a patient population of 12,800. The practice has a mix of white British, Nepalese and Eastern European population, with some pockets of deprivation, as well as average levels of unemployment and alcohol and drug misuse.

The practice holds a General Medical Service contract and consists of two partners (one female and one male). The GPs are supported by a salaried GP (female), a practice manager, an assistant practice manager, three nurse practitioners (female), three practice nurses (female), a healthcare assistant (female), two paramedic practitioners (one female and one male) and a team of administrative staff. The practice is on the first floor of a large building that is shared with other healthcare providers. All patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is open between 8am to 6.30pm Monday to Friday. There was a duty doctor system for patients to access the practice between 1pm to 2pm. The reception opening times were between 8am to 1pm and 2pm to 6.30pm Monday to Friday. GP appointments were from 8.30am to 11.20am every morning and 3.30pm to 6pm daily, practitioner appointments were from 8.20am to

12.30pm every morning and 2pm to 6pm daily and nurse appointments were from 8am to 12.30pm every morning and 2pm to 5pm daily. In addition appointments could be pre-booked up to six weeks in advance; urgent appointments were also available for patients that needed them. Extended hours were not currently being offered by the practice but there were plans to implement these in September 2017.

Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. Appointments can be booked up to six weeks in advance; urgent appointments are also available for people that needed them. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

Albion Place Medical Practice, 23-29 Albion Place, Maidstone, Kent, ME14 5DY.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

We carried out an announced visit on 26 July 2017.

During our visit we:

- Spoke with a range of staff (the senior GP partner and the salaried GP, the practice manager, the assistant practice manager, two nurse practitioners, two practice nurses, a healthcare assistant, a paramedic practitioner and 10 administrative staff) and spoke with three patients who used the service.
- Observed how staff talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 23 comment cards, where patients or other healthcare providers shared their views and experiences of the service.

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

- Is it safe?

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

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

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

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

The practice's system for reporting and recording significant events was not always effectively managed and implemented.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However, the incident recording form did not support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We looked at the records of four significant events. None of these records demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings and found that significant events were not routinely discussed. The practice was unable to demonstrate that they carried out a thorough analysis of the significant events.
- We saw evidence that following one significant event, lessons were shared and action was taken to improve safety in the practice. For example, emergency procedures, policies and procedures had been changed as a consequence of a respiratory arrest that had occurred at the practice. However, the practice was unable to demonstrate that this approach was consistent for all significant events recorded. We found that other incidents had been reported and action had been taken to commence the investigation process but due to a lack of documentation, the audit trail became unclear as to how the investigation had been concluded.

- The practice did not monitor trends in significant events and evaluate any action taken. Staff told us of two incidents of errors with repeat prescriptions, which had been verbally reported but had not been investigated as a significant event.

The system to process The Medicines and Healthcare Products Regulatory Agency (MHRA) and National Patient Safety (NPS) alerts was not always effective. Staff told us that all alerts (either MHRA or NPS) were processed by the practice manager and then cascaded to the GPs who acted on them accordingly. Staff told us that once the GPs had received the alert, the practice manager discarded them. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken. However, the practice did not always keep records of action taken or if no action was necessary in response to receipt of all notifiable safety incidents.

Overview of safety systems and processes

The practice's systems, processes and practices did not always help keep patients safe and safeguarded from abuse.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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. There was a lead member of staff for safeguarding. From the documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and told us they had received training. However, the practice was unable to provide documentary evidence to demonstrate that all staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. The practice was unable to demonstrate that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or risk assessment of using staff in this role without DBS

Are services safe?

clearance. (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). We were told by the practice management team that chaperone duties were conducted by nursing staff. However, we were told by other staff that administrative staff, on occasion, acted as chaperones.

We observed the premises to be clean and tidy.

- Staff told us there were cleaning schedules and monitoring systems in place. Schedules of domestic cleaning were available to guide staff. However, the practice was unable to demonstrate they kept records of domestic cleaning that was carried out or records of audits of domestic cleaning as these had not been conducted.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol. However, the practice was unable to demonstrate that all relevant staff were up to date with infection prevention and control training.
- An IPC audit had been undertaken. However, the audit did not cover all aspects of IPC. For example, hand washing audits. There was limited evidence to show that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being handed to patients. However, staff told us of two incidents where repeat prescriptions had errors within them and these had not been investigated as a significant event. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. There were systems to monitor the use of blank prescription forms and pads. However, these were not always securely stored. Staff told us that clinical staff removed

blank prescription forms from their printers at the end of the day and these were held securely overnight. However, blank prescription forms in non-clinical staff's printers were not removed and stored securely overnight. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, there was a lack of proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Additionally, we found that the practice group indemnity insurance did not cover the practice of the advanced nurse practitioners and paramedic practitioners. The provider was aware of this and was sourcing a policy to cover these staff. However, advanced nurse practitioners were conducting duties they were not appropriately insured to conduct. We raised this with the provider at the time of our visit and were told that advanced nurse practitioners would be conducting practice nurse duties only, until the appropriate insurance arrangements had been made.

Monitoring risks to patients

The procedures for assessing, monitoring and managing risks to patient and staff safety were not always effective.

- There was a health and safety policy available.
- The practice had a copy of the landlord's up to date fire risk assessment and regular fire alarms/drills were carried out. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. However, the practice was unable to demonstrate that staff had received fire safety awareness training.

Are services safe?

- All electrical and clinical equipment was checked and calibrated in December 2015 to help ensure it was safe to use and was in good working order. However, no further checks and calibration had been carried out since this date.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were not always enough staff to keep patients safe. For example, there were not enough GPs and the practice were in a deficit of 150 appointments each week.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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. A first aid kit and accident book were 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, not all staff were aware of the plan or where to locate it.

Arrangements to deal with emergencies and major incidents

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). There was no published Quality and Outcomes Framework data available about Albion Place Medical Practice that applied to the period of time since Dr Peter Szwedziuk and Doctor Annmarie Keeley registered with the Care Quality Commission (CQC) to provide services there. The practice provided us with their own unpublished and unverified results. These showed that 95% of the total number of points available had been achieved, with 9% exception reporting (compared to the CCG average of 10%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had recognised that they were having to admit patients to hospital for false high

potassium results. From the audit viewed, we saw that the over-reporting of high potassium levels was reduced by the practice, as a consequence of centrifuging blood in the practice first (A centrifuge is a piece of unnecessary admissions to hospital for apparent raised potassium had been reduced.

Information about patients' outcomes was used to make improvements such as: reviewing patients on a certain medicine which had adverse cardiac (heart) side effects.

Effective staffing

The practice could not always demonstrate that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety awareness, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff had not been identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us that there was ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. However, there was no documentary evidence to support this, with the exception of appraisals for revalidation of GPs. Records showed that 20 out of 25 nursing and administrative staff had not received an appraisal within the last 12 months.
- Staff received training that included: basic life support and information governance. However, the practice was unable to demonstrate that all staff were up to date with relevant training. For example, safeguarding children and vulnerable adults training, chaperone training as well as infection prevention and control training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. We were told that meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Such meetings were attended by hospice staff and complex care nurses. Staff told us that meetings were held with social services, complex care nurse, the health and social care co-ordinator as well as mental health services. However, there was no documented evidence to support this and minutes we were shown included only palliative care staff.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health support.

The practice was involved with the cervical screening programme. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The systems to help ensure results were received for all samples sent for the cervical screening programme were not always failsafe. We were told by nursing staff that they did not keep a log/register of samples taken. However, audits of samples received were being conducted. The practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. However, there was no published data available in relation to childhood immunisations about Albion Place Medical Practice that applied to the period of time since Dr Peter Szwedziuk and Doctor Annmarie Keeley registered with CQC to provide services there.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to help maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Seven comment cards were a mix of both positive and negative. The negative comments related to the accessing services and availability of parking at the practice.

We spoke with three patients who were members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for some satisfaction scores on consultations with GPs and nurses. For example:

- 86% of respondents said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 86% of respondents said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.

- 92% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 81% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 87% and the national average of 86%.
- 90% of respondents said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 86% of respondents said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 96% of respondents said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 89% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 79% of respondents said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

We reviewed a sample of patients care plans and found these were extensive in content and where appropriate, included do not resuscitate orders as well as advanced directives. Where patients had attended appointments and there had been significant changes to their care, we saw that care plans were updated as a matter of course.

Are services caring?

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

- 84% of respondents said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 70% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 86%.
- 85% of respondents said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 79% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

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

The practice had identified 12 patients as carers (less than 1% of the practice list). However, a carers list had not been established. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its patient population profile and had used this understanding to meet the needs of its patient population:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Additionally, the practice had recognised the needs of older patients and had implemented a system for this patient group to access telephone consultations during the practice lunchtime closing hours. Patients aged 75 years and over were provided with a designated mobile telephone number in order to access this service.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included lift access to the practice and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. The practice had recognised the needs of patients who were deaf or hard of hearing and that this patient group may not always benefit from telephone consultations. As a consequence, the practice had implemented a system for this patient group to access email consultations (if a visit to the practice was not necessary).
- The practice was proactive in offering online services. Online consultations via a website (www.contactmygp.co.uk) had been created by the senior GP partner. The website enabled patients to securely send their GP images which may have been requested during a consultation, in order that they

could make a diagnosis and therefore organise effective treatment. Email accounts had been appropriately encrypted in order to help ensure security of emails sent and received.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. There was a duty doctor system for patients to access the practice between 1pm to 2pm. The reception opening times were between 8am to 1pm and 2pm to 6.30pm Monday to Friday. GP appointments were from 8.30am to 11.20am every morning and 3.30pm to 6pm daily, practitioner appointments were from 8.20am to 12.30pm every morning and 2pm to 6pm daily and nurse appointments were from 8am to 12.30pm every morning and 2pm to 5pm daily. In addition appointments could be pre-booked up to six weeks in advance; urgent appointments were also available for patients that needed them. Extended hours were not currently being offered by the practice but there were plans to implement these in September 2017.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally lower, and sometimes significantly lower, than local and national averages.

- 47% of respondents were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 29% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 74% and the national average of 71%.
- 72% of respondents said that the last time they wanted to speak with a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 65% of respondents said their last appointment was convenient compared with the CCG average of 88% and the national average of 81%.
- 39% of respondents described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 40% of respondents said they don't normally have to wait too long to be seen compared with the CCG and national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice were aware of the appointment and telephone booking issues and that performance was low. The practice had reviewed its telephone system and a new system had been installed. The practice had recognised that for some patient groups the telephone may not be the chosen method for contacting the practice and offered these patients face to face appointments or email consultations. Appointment issues had also been reviewed. As a consequence, appointment availability had been reviewed. In response, the work force of the practice had been enhanced by the employment of other health professionals such as advanced nurse practitioners and paramedic practitioners. The practice was conducting ongoing monitoring of the effect of their actions to address these issues.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Patients told us on the day of the inspection and in comment cards that they were not always able to get appointments when they needed them. The GP partner and practice manager were aware of the impact that the systemic problem of recruiting GPs was having at the practice. Staff told us that the practice was currently

running 150 appointments a week short for their list size of 12,800 patients. Recruitment processes and advertising of available roles within the practice continued and in order to provide better access to appointments, the practice had employed advanced nurse practitioners, paramedic practitioners and an additional practice nurse.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, posters displayed in the waiting room, the practice information leaflet and the practices website.

The practice was unable to demonstrate a consistent approach when managing complaints. We looked at 17 complaints received in the last 12 months. Records showed that some complaints had been recorded and investigations commenced. However, due to lack of documentation, the audit trail for these complaints was not clear as to how the investigations had been concluded. The practice was also unable to demonstrate that learning from complaints was routinely disseminated to all relevant staff.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and a strategy which reflected the vision and values. However, most of the staff we spoke with were not aware of the practice's vision, mission statement or strategy.

Governance arrangements

Governance arrangements were not always sufficient or effectively implemented.

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was not being provided to staff by the GPs. The practice was unable to demonstrate they had an action plan to address performance issues and patient satisfaction results.
- Practice specific policies were implemented and were available to all staff at the practice in paper format as well as on the computer system. However, not all staff who chose to access policies and procedures on the computer system knew where to find them, as they were not stored in a central location within the computer system. These were updated and reviewed regularly.
- There was evidence that clinical audits were driving quality improvement.
- The systems and processes to underpin the services provided were not always implemented effectively. For example; significant events, complaints, recruitment checks, infection control audits, checks of equipment, staff training, national patient safety alerts, policies and procedures.

Leadership and culture

The GP partners were not providing safe, effective, responsive or well-led oversight of the practice, in order to help ensure high quality care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.

Staff told us that:

- Practice meetings had recently been implemented and were held monthly and records confirmed this.
- They felt valued and supported and were informed about developments within the practice. However, there were no records to confirm this.
- They were aware of significant events, complaints and some safety issues and they were encouraged to raise concerns or identify areas for improvement to the services provided. We saw minutes of practice meetings held in June and July 2017. These minutes were available for staff to read at any time. However, they did not contain sufficient detail and there was a lack of evidence to demonstrate that significant events, safety alerts, updates to guidance, performance and survey data were being discussed at these meetings.

The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the practice was unable to demonstrate the systems to ensure compliance with the Duty of Candour, which included support training for all staff on communicating with patients about notifiable safety incidents, were effective. The practice had a system to help ensure that when things went wrong with care and treatment and gave affected people reasonable support, truthful information and a verbal and written apology. However, the practice was unable to demonstrate this system had been effectively implemented.

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

The practice encouraged feedback from patients and staff. It proactively sought feedback from:

- Patients through the newly formed patient participation group (PPG) and through patient feedback forms received. The PPG had held two meetings and planned to meet regularly in the future. The first meetings had been utilised in order to establish the terms of reference for the PPG and how they would work alongside the partnership and practice staff to improve services for patients. They had plans to carry out patient surveys and submit proposals for improvements to the practice management team. For example, reviewing and updating the practices website.

Are services well-led?

Inadequate 

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

- Practice feedback questionnaires and compliments that had been received. We reviewed 35 feedback questionnaires received by the practice and these aligned to the comments made in the Care Quality Commission comments cards, in that patients were positive about the care and treatment they received. Negative comments also aligned and related to lack of GPs, difficulties being able to get through to the practice on the telephone, lack of appointments to see a GP of their choice and the lack of parking availability.
- Staff through staff meetings and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they generally felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had taken into account the needs of its patients and were looking at ways to improve services provided. For example, the introduction of online consultations as an effective alternative for patients wishing to see a GP. However, records of significant event management and complaints management were not always complete and did not always demonstrate learning or improvement had taken place.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure the proper and safe management of medicines.</p> <p>In that:</p> <ul style="list-style-type: none">• The system for monitoring the security of blank prescriptions was not always safe. We found that blank prescriptions assigned to administrative staff were not locked away overnight, as per the practice's policy. <p>This was in breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure that persons employed by the service received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>In that:</p> <ul style="list-style-type: none">• Mandatory training for all staff included basic life support, information governance and safeguarding. It did not include infection prevention and control, fire safety, deprivation of liberty safeguards, Mental Capacity Act 2005 and health and safety training.

This section is primarily information for the provider

Requirement notices

- The learning needs of staff had not been identified through a system of appraisals. We found that 20 out of 25 staff had not received an appraisal within the last 12 months.

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person was failing to operate an effective system or process established to ensure compliance with the requirements of regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations.</p> <p>In that:</p> <p>We found that there was a lack of governance and written communication at the practice.</p> <ul style="list-style-type: none">• The system for reporting and recording significant events was not always effectively managed and implemented.• The system to process to govern how The Medicines and Healthcare Products Regulatory Agency (MHRA) and national patient safety (NPS) alerts should be managed and monitored appropriately were not always safe.• Patients were at risk of harm because the governance systems and processes to help keep them safe and safeguarded from abuse were not always implemented effectively.• The registered person was unable to demonstrate that they always followed national guidance on infection prevention and control.• The governance arrangements for managing medicines in the practice did not always keep patients safe.• The registered person was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to the employment of staff.

Enforcement actions

- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The registered person could not always demonstrate that staff had the skills and knowledge to deliver effective care and treatment. The learning needs of staff had not been identified through a system of appraisals, meetings and reviews of practice development needs. The registered person was also unable to demonstrate that all staff were up to date with relevant training.
- The systems to help ensure results were received for all samples sent for the cervical screening programme were not always failsafe.
- The registered person was unable to demonstrate a consistent approach when managing complaints nor that learning from complaints was routinely disseminated to all relevant staff.
- A comprehensive understanding of the performance of the practice was not being provided to staff by the GPs. The registered person was unable to demonstrate that they had an action plan to address performance issues and patient satisfaction results. Not all staff who chose to access policies and procedures on the computer system knew where to find them, as they were not stored in a central location within the computer system.
- Practice meetings minutes did not contain sufficient detail and there was a lack of evidence to demonstrate that significant events, safety alerts, updates to guidance, performance and survey data were being discussed at these meetings. Additionally, records showed that multi-disciplinary meetings only involved palliative care staff.
- The registered person was unable to demonstrate the systems to help ensure compliance with the duty of candour. There was no system implemented which included support training for all staff on communicating with patients about notifiable safety incidents, were effective, due to a lack of documentation to support this. Their governance system had failed to identify this.

Enforcement actions

- Additionally the systems and processes to underpin the services provided were not always implemented effectively. For example; significant events, complaints, recruitment checks, infection control audits, checks of equipment, staff training, national patient safety alerts, policies and procedures.
- These omissions had not been identified by an effective system or process established to ensure compliance with the requirements.

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

Regulated activity

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

Regulation

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

How the regulation was not being met:

The registered person did not have an established and effective recruitment procedure.

In that:

- Personnel files did not contain evidence of appropriate recruitment checks having been undertaken prior to employment. For example, there was a lack of proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The practice group indemnity insurance did not cover the practice of the advanced nurse practitioners.

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