

Tudor Lodge 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?

Good



Are services well-led?

Requires improvement



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 Tudor Lodge Surgery on 11 February 2015. Overall the practice is rated as requires improvement.

Specifically we found it good for effective, caring and responsive services. It was also good for providing services for older people, people with long-term conditions, mothers, babies, children and young people, working-age population and those recently retired, people in vulnerable circumstances who may have poor access to primary care and people experiencing poor mental health. It required improvement for providing safe services and for being well led.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to staff recruitment checks and aspects of building safety.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- Patients said the practice had much improved the ability to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that the risks to patients, staff and visitors such as fire safety, infection control are risk assessed and actions put in place to mitigate those risks.
- Ensure that criminal records checks through the Disclosure and Barring Service (DBS) on these staff or any of the others that have joined the practice since January 2013 including the practice manager are undertaken

In addition the provider should:

- Ensure there are planned and recorded processes for regular meetings and decision making at the practice for significant events, safeguarding, and discussions about patient care.

- Ensure there is a system of monitoring that patient safety alerts were read and actioned, where appropriate, by staff.
- Ensure that records relating to staff training are maintained and up to date.
- Ensure that Patient Group Directions (PGDs) the written instructions for the supply or administration of medicines such as vaccines are signed for by the GP responsible before implementation.
- Ensure there is a system of tracking blank prescription printer paper through the practice when distributed to printers in consulting and treatment rooms.
- Ensure there are records kept of audits, checks and the monitoring of the quality of the service such as those for infection control, health and safety and cleaning.
- Ensure there is a system of management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).
- Ensure that staff annual appraisals occurred.

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. 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. The practice was responsive to concerns but there was not a regular programme of meetings for review of significant events and safeguarding concerns. The systems and planning for the management of unforeseen circumstances, dealing with emergencies not been implemented fully.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or just below average for the locality. Staff had access to guidance from the National Institute for Health and Care Excellence. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Staff worked with multidisciplinary teams.

Good



Are services caring?

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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it much easier to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led. It had a vision and a strategy. There was a documented leadership structure and staff felt supported by management and they were sure who to approach with issues. The practice had a number of policies and procedures to govern activity, but some of these were overdue for a review. There were gaps in governance meetings and systems. The practice proactively sought feedback from patients and had an active patient participation group (PPG). All staff had received inductions but not all staff had received regular performance reviews. Meetings in regard to decision making and events were not always recorded.

Requires improvement



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 requires improvement for the care of older people. Of the practice population just above 13% were over 65 years old. Around 7.6% of the practice patients were 75-84 years old and just under 3.15% of patients were over 85 years old. The practice provided services to higher (2.6%) than average (0.47%) population group of patients living in a care or nursing home they had identified named GPs to provide continuity of care. The practice offered proactive, personalised care to meet the needs of the older people in its population. Each patient over the age of 75 was provided with a named GP.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. Information from NHS England showed that 56% of the patients had long standing health conditions, which was above the national average of 54%. Nursing staff had lead roles in chronic disease management. Patients who had been deemed at risk were provided with support from multidisciplinary team. Care plans were in place to prevent hospital admissions. Longer appointments and home visits were available when needed. These patients had an annual review to check that their health and medication needs were being met.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk. Immunisation rates were similar for all standard childhood immunisations to the national average. Just below 15% patients were less than 14 years of age.

Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). Over 35% of patients registered with the practice were working aged from 15 to 44 years, 27.3% were aged from 45 to 64 years old. Of the

Requires improvement



Summary of findings

working population just below 2% were unemployed which is below the national average of 6.3%. The recent addition of the 'early bird' booked appointments on a Wednesday morning was much appreciated by the working population the practice supported.

The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice also offered NHS Health Checks to all its patients aged 40 to 75 years.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability and annual health checks were offered to provide extra support to them. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people or people seen as at risk. The practice provided patients access to and gave information about various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and knew how to contact relevant agencies. The percentage of patients who had caring responsibilities was just under 18% which is similar the national average of 18.5%. For people living in the community who needed support for substance abuse they had ensured that GPs shared the responsibility for caring for them by undertaking further training to meet their needs.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). Patients with poor mental health were offered an annual physical health check. The practice staff worked regularly with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. A GP at the practice took the lead in monitoring patients with dementia. All of these patients had a care plan in place. Patients also had access to a counsellor.

Requires improvement



Summary of findings

What people who use the service say

We reviewed the most recent information available for the practice on patient satisfaction. We looked at information on NHS Choices, from Healthwatch and a sample of complaints made to the practice. We also looked at information from a survey of patients undertaken during 2013 to 2014 by the practice's patient participation group (PPG) in partnership with the practice staff. Information showed that most patients were satisfied and had good experiences with their clinical care and treatment. Issues with telephone and appointment access were the main concerns.

There were 26 patients who completed CQC comment cards to tell us what they thought about the practice. We spoke with 15 patients during the day. There were many positive comments about the care and treatment they experienced. Key points were:

- Patients said they felt the practice offered either an excellent or good service and staff were understanding, efficient, helpful and caring.
- They said staff treated them with dignity and respect.
- Patients told us their experiences with telephone contact and appointment booking had improved latterly.
- Information from patients we spoke with showed patients experienced being involved in planning and

making decisions about their care and treatment and generally felt the practice did well in these areas. Patients also felt their GPs were good at explaining treatment and results. This was also reflected in the comments received about the practice nurses and health care assistants.

- Patients 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 they wished to receive. If they decided to decline treatment or a care plan this was listened to and acted upon.
- Patients spoke positively about the emotional support provided by the practice staff.
- The eight representatives from the Patient Participation Group during the inspection and told us the practice listened to them and acted upon what they said and were open to suggestions and comments about improving the service the practice provided.
- Some of the patients we spoke with, but not all, 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.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that the risks to patients, staff and visitors such as fire safety, infection control are risk assessed and actions put in place to mitigate those risks.
- Ensure that criminal records checks through the Disclosure and Barring Service (DBS) on these staff or any of the others that have joined the practice since January 2013 including the practice manager are undertaken

Action the service **SHOULD** take to improve

- Ensure there are planned and recorded processes for regular meetings and decision making at the practice for significant events, safeguarding, and discussions about patient care.
- Ensure there is a system of monitoring that patient safety alerts were read and actioned, where appropriate, by staff.
- Ensure that records relating to staff training are maintained and up to date.
- Ensure that Patient Group Directions (PGDs) the written instructions for the supply or administration of medicines such as vaccines are signed for by the GP responsible before implementation.

Summary of findings

- Ensure there is a system of tracking blank prescription printer paper through the practice when distributed to printers in consulting and treatment rooms.
- Ensure there are records kept of audits, checks and the monitoring of the quality of the service such as those for infection control, health and safety and cleaning.
- Ensure there is a system of management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).
- Ensure that staff annual appraisals occurred.

Tudor Lodge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector and three specialist advisors: a GP, Practice Manager and Practice Nurse.

Background to Tudor Lodge Surgery

Tudor Lodge Surgery is situated in the seaside town of Weston Super Mare, Somerset. The practice had approximately 10,250 registered patients. The practice provides care and support to patients residing in nursing and care homes in the area. Based on information from NHS England, we found that 2.6% of patients registered at the practice lived in nursing homes.

The practice is located in converted premises over two levels. There is a central patient waiting and reception area with 12 consulting rooms, two of which serve as treatment rooms, accessible from this area. The practice is on a primary medical service contract with North Somerset Clinical Commissioning Group.

Tudor Lodge Surgery is only provided from one location:

Tudor Lodge Surgery

3 Nithsdale Road

Weston Super Mare

Somerset

BS23 4JP

The practice supported patients from all of the population groups such as older people, people with long-term conditions, mothers, babies, children and young people, working-age population and those recently retired; people in vulnerable circumstances who may have poor access to primary care and people experiencing poor mental health.

Over 35% of patients registered with the practice were working aged from 15 to 44 years, 27.3% were aged from 45 to 64 years old. Just above 13% were over 65 years old. Around 7.6% of the practice patients were 75-84 years old and just under 3.15% of patients were over 85 years old. Just below 15% patients were less than 14 years of age. Information from NHS England showed that 56% of the patients had long standing health conditions, which was above the national average of 54%. The percentage of patients who had caring responsibilities was just under 18% which is similar the national average of 18.5%. Of the working population just below 2% were unemployed which is below the national average of 6.3%.

The practice consisted of five GP partners who employed three salaried GPs and supported one GP trainee. Of these nine GPs there were four male and five female GPs, one currently being on maternity leave. The practice was a training practice with up to two GP trainees at any one time. There was a nurse prescriber, two practice nurses and two health care assistants all of whom provided health screening and treatment five days a week. There were additional clinics implemented when required to meet patient's needs such as the undertaking of influenza vaccinations.

The practice was open between the hours of 8.00am to 6.30pm Monday to Friday; the practice offered extended hours on Wednesday and opened from 7.00am for

Detailed findings

pre-booked appointments. The practice referred patients to another provider BrisDoc and NHS 111 for an out of hour's service to deal with any urgent patient needs when the practice was closed.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This service was inspected under our pilot methodology in 2013.

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

How we carried out this inspection

The practice provided us with information to review before we carried out an inspection visit. We used this, in addition to information from their public website. We obtained information from other organisations, such as the local Healthwatch, the North Somerset Clinical Commissioning Group (CCG), and the local NHS England team. We looked at recent information left by patients on the NHS Choices website.

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

- 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 looks like for them. The population groups were:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

During our visit we spoke with eight GPs including four salaried GPs and one locum who had been at the practice for over three months. We also spoke with nursing staff, practice manager, reception and administration staff on duty. We spoke with 15 patients in person during the day we also spoke with eight members of the Patient Participation Group. We reviewed the 26 comment cards where patients and members of the public shared their views and experiences of the service.

On the day of our inspection we observed how the practice was run, such as the interactions between patients, staff and the overall patient experience.

Are services safe?

Our findings

Safe track record

We spoke with eight GPs and reviewed information about both clinical and other incidents that had occurred at the practice. We were given information about 18 incidents which had occurred during the last 12 months. These had been reviewed under the practice's significant events analysis process. These incidents included clerical errors with wrong patients booked into appointments to delays in reviewing test results.

Where events needed to be raised externally, such as with other providers or other relevant bodies, this was done and appropriate steps were taken to learn from these events. Steps taken included reporting to the Information Commissioner Office when incorrect coding was applied to a patient's record. The policy for reporting and recording incidents was available in hard copy in the staff room and on the practice's electronic records.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. The records we reviewed showed that each clinical event or incident was analysed and discussed by the GPs, nursing staff and practice manager. However, currently this process was responsive to when an event occurred and there was not a formal process of review and follow up of events. The last regular Significant Events Analysis (SEA) meetings were held in May/June 2014, we were told due to work pressures. When we spoke with other staff we were told that the findings from these processes were disseminated to other practice staff if relevant to their role.

We saw from summaries of the analysis of these events and a review of complaints which had been received that the practice had put actions in place in order to minimise or prevent reoccurrence of events. For example, an audit check was carried out on patients' records to check correct coding was applied and confidentiality was not compromised when the patients' records were shared. When delays in test results being read occurred, a member of administration staff was tasked to a new role to monitor results were reviewed in a timely way.

We looked at how information from National Patient Safety Alerts were received and disseminated at the practice. We

were informed that information was made available in hard copy in the staff meeting room. We saw that the practice nurse team had acknowledged when they had read any relevant alerts. However, there was no regular method of checking that all clinical or relevant staff had read these or taken appropriate action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We asked members of medical, nursing and administrative staff about their most recent training, those we spoke with confirmed they had undertaken training in safeguarding. However, when we looked at records relating to safeguarding training it was difficult to establish if all of the staff had attained at least level one training for both adults and children. One GP had recently taken on the role as lead for safeguarding children at the practice and told us they were in the process of updating the practice's policy and procedure documents. They also informed us they were hoping to reinstate regular safeguarding meetings in the next month. These had ceased to be regular planned meetings because of changes in the GP team. Two GPs had been trained to level three, safeguarding children. We were informed that the rest of the GPs employed at the practice would complete level three training during the next six months.

The GP who took the lead on safeguarding vulnerable adults and told us they were due to take their level two e learning training soon. Once the training had been completed the GP lead told us they were intending to review and update the adult safeguarding policies and protocol at the practice.

Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible. All staff we spoke to were aware who these leads were and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. Staff were alerted with 'pop

Are services safe?

ups' when patients records were accessed. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

Through discussion with staff it was clear that patients at risk were discussed and information shared with other staff at the practice. From information they provided to us the GPs daily morning coffee was a valued time for discussion about patient's needs, particularly those at risk or the potential of risk.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. None of the nursing staff or health care assistants undertook this role. Five of the administration staff had undertaken training and were currently being used for chaperone duties. If no chaperones were available the patient is rebooked and appointment to ensure they had this support. We were told six more staff had been booked for training in March. None of the GPs had participated in chaperone training. Not all patients we spoke with were aware of the availability of chaperones if they required it. None of the patients we spoke with had used a chaperone.

Medicines management

We looked at the systems for medication used at the practice. Patients had access to a commercial pharmacy service on the practice premises.

Staff told us about the practices for safe medication administration and storage at the practice. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. There was a safe system in place for storage, administration and dispensing controlled medicines at the practice.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. Patient Group Directions (PGDs) are written

instructions for the supply or administration of medicines, such as vaccines, to groups of patients who may not be individually identified before presentation for treatment. A GP at the practice is required to agree and sign for these PDG's so that nursing staff can provide treatment as and when required. Each of these documents were signed by the nurses between December 2014 and January 2015. They were not valid until the GP signed them 2nd February 2015.

The practice had a GP who was the medicines management lead who provided daily support to the two prescription clerks with the processes of repeat prescribing. Staff told us about the system of prescription management at the practice. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance; locked away and signed for when removed and returned to the practice. There were gaps in the record of how the blank prescription printer paper was managed at the practice. These were logged on receipt at the practice but there was no system of being tracked through the practice when distributed to printers in consulting and treatment rooms.

Cleanliness and infection control

We observed the practice premises to be clean and tidy. Patients we spoke with and who provided feedback to us in the comment cards said they had found the practice clean, hygienic and had no concerns about infection control.

The practice had a lead person responsible for infection control. The infection control lead and nursing staff on duty provided the required information about infection control. We asked also asked other staff about specific training about infection control. They told us some had participated in infection control training in their induction when they started at the practice and others had been provided with updates in the practice. There was no evidence in the training records we saw to support this. The practice nurses told us that infection control was sometimes a topic at the nurse forums they attended in the local area.

We saw evidence that the a recent infection control audit in January 2015 had identified some improvements to be put in place, such as lever taps in clinical rooms to ensure they meet with Department of Health infection control guidelines. There was no information to show that these changes had been completed. The date for action as a

Are services safe?

result of the audit had been identified as six months from the audit process. Practice nurses told us a hand hygiene audit was carried out approximately 18 months previously. However, nothing was recorded about the outcomes of this audit. There was a system of 'spot checks' each Monday carried out by the nurses for cleaning around the practice and there was a message book to inform cleaners if there were any issues. There was very little information in regard to general cleaning protocols or requirements at the practice, where there was information about planned cleaning schedules they did not match the providers own policy. There was no system of information for safe handling of chemicals at the practice in regard to Control of Substances Hazardous to Health Regulations 2002. Practice nurses were able to provide evidence of daily and following use cleaning of equipment used such as for ear irrigation and spirometer (lung function) testing.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. Some of these had been updated recently for example, hand hygiene and managing blood or body spillages. Another was guidance for non-clinical members of staff for handling specimens received at the practice.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Staff had access to disposable gloves and aprons.

The practice had not implemented fully a system of management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). There was no routine testing of water temperatures at the practice. We were saw that a legionella risk assessment had been carried out in early February by an external contractor who identified there may be a possible risk of legionella. The external contractor recommended that water tanks and boilers be replaced. The practice manager was not able to provide details at the time of the inspection as to when this would be completed.

Staff were able to describe and show us the systems for safe disposal of clinical waste. The practice had a contract with a clinical waste company.

Equipment

Staff 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. We saw equipment maintenance logs and other records which confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example spirometers.

Staffing and recruitment

The practice manager informed us that three new administration staff had joined the practice since January 2014. The records for these staff we looked at contained evidence that most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, and qualifications. However, there was no record of criminal records checks through the Disclosure and Barring Service (DBS) on these staff or any of the others that have joined the practice since January 2013 including the practice manager. There was no risk assessment process to justify why the new members of staff had not had a DBS check carried out. Where GPs had joined the practice there was evidence of DBS checks in place.

The practice had a recruitment policy that set out the standards it followed when recruiting staff. Evidence that there was a shortlisting and interview process was carried out by the practice manager and deputy practice manager and appropriate references were obtained. We were told that new staff were provided with information about their job role and the practice and taken through an induction process. When we spoke with a locum GP we were told they had not received any information pack about the practice or had any induction process.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager and GP partners reviewed the skill mix at the practice recently because of staff vacancies. This resulted in creating three new posts at the practice, one full time practice nurse, one half time diabetic specialist nurse and 18 hours health care assistant post which concentrated on health checks for patients. We saw there was a rota system in place. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Are services safe?

Staff told us the gaps in staff employed had impacted on regular meetings, appraisals and aspects of training at the practice but not necessarily on the delivery of care and support to patients.

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. From discussions with the practice manager it was clear that not all were recorded or were planned for. We found there were no risk assessment processes for the building or premises. There was no risk log outlining the key issues and actions required at the practice to ensure safety was maintained. The practice manager did a 'walk round' but did not always record what was regularly checked, where deficits were found this were highlighted in a book for actions. We were provided following the inspection visit an action plan from a health and safety audit carried out on 5th January 2015 which showed a number of issues identified. For example reviewing COSHH information, warning signage for where liquid nitrogen was stored and arranging refresher training for health and safety. From this document we could see that none of these had been completed. Health and safety information was displayed for staff to see. Health and safety policies and procedures had been provided by an external company which had been tailored for use at the practice. Hard copies of these documents were held in the staff meeting room and we were told by staff that all staff had a briefing in regard to health and safety just prior to the CQC inspection.

We were told that the welfare, clinical risks and the risks to patient's wellbeing were discussed daily by GPs and nursing staff informally, but as identified by one GP these discussions/ meetings were not always recorded. There were some systems for monitoring patients with long term conditions, end of life care and patients being treated for

cancer. The practice management had identified they needed to improve monitoring and support for patients in with long term conditions and were planning to increase nursing hours at the practice to accommodate this.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator.

All members of staff, they all knew the location of this equipment and records confirmed that these were checked regularly. Emergency medicines were stored safely. Medicines included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A draft business continuity plan was provided after the inspection visit to the practice. The plan outlined a range of emergencies that may impact on the daily operation of the practice. There was no method of rating the risk and the document had not been completed with the all relevant information. There was a separate disaster recovery plan for loss of access or to prevent loss of data from the electronic patient record system.

The practice had a fire risk assessment. Records submitted at the time of the inspection and following the inspection showed staff were not practising regular fire drills and or provided with appropriate annual training. We were told that annual fire training was by e learning, some staff told us they had not completed this and there was no evidence to determine when they last received the training. Fire alarm systems were tested monthly instead of weekly and no fire drills had been carried out, according to the records, since January 2014.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with told us about their approaches to providing care, treatment and support to their patients. They told us how they accessed guidelines from the National Institute for Health and Care Excellence, from local commissioners and shared information particularly at their morning meetings at the practice. Staff had access to information, guidance and protocols in the practices 'G' drive to assist with providing care and treatment to patients.

The GPs told us they had lead roles in specialist clinical areas to match the Quality Outcomes Framework (QOF) areas such as respiratory disease, diabetes, heart disease and stroke management. There were lead roles for GPs in other areas such as safeguarding adults and children, prescribing and clinical governance. Three of the GPs have undertaken the Royal College of General Practitioners Drug Misuse part 1 training to meet the needs of the above average number of patients with substance misuse living in the area. Most of the roles were new to the GPs at the practice as there had been a turnover of staff and changes in the partnership. The practice nurses supported the GPs with the care for patients with on-going long term conditions.

The practice had identified providing protected time for GPs to develop care plans where needed for the different patient groups they supported. For example older people or patients with long term health conditions. There were patient registers for people assessed at risk such as learning difficulties, dementia and mental health. The senior partner at the practice told us that both the registers for patients with a diagnosis of dementia or mental health need were under review as to check information is correctly recorded in the patient record systems as they currently do not match with data submitted for Quality Outcomes Framework (QOF).

Discrimination was avoided when making care and treatment decisions. Interviews with GPs and other staff showed that the culture in the practice was one in which patients were cared for and treated based on individual need. The practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles a named GP for patients over 75 years of age and named GPs for patients residing in care or nursing homes. According to information from NHS England this was 2.6 % of the practice population. Quality Outcomes Framework (QOF) information was used in the processes for review and development of the service. The lead GPs in the different clinical areas gave examples of how they had used this information in supporting the practice to carry out clinical audits or in reviewing how patient needs were identified and recorded in the patient records. For example, one GP who was the dementia lead was reviewing

patients with possible dementia/ changed mental health needs. They described how they were evaluating how patients with memory disturbance or confusion were coded in the patient record system. They were also reviewing the information for the practices patients from data from the memory clinic. This was to identify patients at possible risk. We saw that the total QOF points for 2013/ 2014 for the practice was 84% in comparison with 94% practice average across England.

The practice showed us information about past clinical audits, two during 2011/ 2012, one re-audit from 2014. The re-audit from 2104 was in regard to suspected cancer referrals at Tudor Lodge practice, the outcome established that the changed practice of timescales of referral met with current guidelines. There were no other completed clinical or cycle of audits at the practice. We were shown information about current audits taking place including the care of patients with coeliac disease and the checks in place to monitor their bone density.

Staff we spoke with were very positive about the culture in the practice in respect of development and improving the quality of the service and the outcomes for patients. There were several different work streams of improvement planned, including improvement with support for patients with long term conditions, dementia and drug misuse. However, these were not fully in place or completed at the time of the inspection visit.

Are services effective?

(for example, treatment is effective)

The practice had dedicated named GPs assigned to the nursing and residential care services it supported, including learning disability patients which provided continuity of care.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We noted a variety of skill mix and interests among the GPs. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

We were informed that all partners had five days study leave per year, and half days were also taken occasionally for staff training. We found the lead GPs had obtained or in the process of obtaining specific training they required such as safeguarding children training at level three or safeguarding adults' level 2. GPs were keen to continue the practice policy of providing support and mentoring to GP registrars, trainee doctors foundation year two, medical and nursing students. One GP was undertaking further training to lead supporting trainees at the practice. Another was taking further training to become a GP with special interest in drug misuse in order to support the patients who required treatment support for this in the local community.

Staff told us that annual appraisals had not always occurred and we were informed by the practice manager and staff that these were planned for March 2015. Nursing staff told us there had not been any clinical supervision process for some while due to staff shortages. The practice was a training practice; trainee GPs had access to a senior GP throughout the day for additional advice and support if needed.

Practice nurses had defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, they had completed training on the administration of vaccines, cervical cytology and family planning. Health care assistants had been trained appropriately to carry out phlebotomy (blood testing).

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and to work in a coordinated way to manage the needs of patients with complex needs. The practice had attached staff such as health visitors, midwife and the district nursing team.

There was multidisciplinary team working for patients identified as at risk through age, social circumstances and multiple healthcare needs. Regular meetings with other professionals such as the district nursing teams, health visitors, palliative care team and social workers took place.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

The practice had systems to provide staff with the information they needed. The practice had moved to a new patient record system EMIS web to coordinate, document and manage patients' care and we were told this was working well and had improved communication throughout. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. Patients commented that the new process to access appointments, repeat prescriptions and general communication had improved since the new system had been introduced.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with a learning disability and those with a diagnosis of dementia were supported to make decisions through the use of care plans, which they were involved with. These care plans were reviewed annually or more frequently if changes in clinical circumstances dictated it. The practice had a policy, procedure and information in regard to best interests' decision making processes for those people who lack capacity. One GP gave an example of best interests' assessment and decision making process

Are services effective?

(for example, treatment is effective)

and how this was carried out appropriately in regard to a patient living in a care home that was managed appropriately. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions including a patient's verbal consent which was recorded in the electronic patient notes.

We spoke with patients who told us that consent was asked routinely by staff when carrying out an examination or treatment. They also told us that staff always waited for consent or agreement to be given before carrying out a task or making personal contact. They also confirmed that if patients declined this was listened to and respected.

Health promotion and prevention

It was practice policy to offer a health check with the health care assistant or practice nurse to all new patients registering with the practice. New patients' health concerns were identified and arrangements made to add them into long term health monitoring processes such as the diabetes, asthma or heart conditions clinics or health reviews. The practice provided information and support to patients to help maintain or improve their mental, physical

health and wellbeing. For example, by offering chlamydia screening to patients aged 18 to 25 years and an evening education session for patients with hypertension. The practice also offered NHS Health Checks to all its patients aged 40 to 75 years.

The practice hosted other services such as Positive Step Mental Health Counselling, midwifery clinics, Diabetic Digital Retinopathy Clinics, and the North Somerset Bladder and Bowel service.

The number of patients with learning disabilities was low. The practice identified patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability these patients were offered an annual physical health check.

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 for all child immunisations was similar for the North Somerset Clinical Commissioning Group.

Advice and information was readily available in the practice about a wide range of topics from health promotion to support and advice. Access to information was also available through the practice website.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained 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. Patients told us that they felt at times their privacy was compromised at the reception desk when speaking to the receptionist. The practice had tried to address this by asking patients in the queue to remain standing further away whilst waiting. We observed that conversations could still be heard from reception in the main waiting room. We were told that staff and the practice were looking at methods to address this issue.

We saw that staff followed the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice staff did not routinely answer the telephone at the reception desk, patient calls for appointments, results and repeat prescriptions were answered away from the reception area.

Care planning and involvement in decisions about care and treatment

Information from patients we spoke with showed patients experienced being involved in planning and making

decisions about their care and treatment and generally felt the practice did well in these areas. Patients also felt their GPs were good at explaining treatment and results. This was also reflected in the comments received about the practice nurses and health care assistants.

Patients we spoke with on the day of our inspection 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 they wished to receive. If they decided to decline treatment or a care plan this was listened to and acted upon.

Staff told us that translation services were available for patients who did not have English as a first language. We observed a notice in the reception area informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The information from patients showed patients were positive about the emotional support provided by the practice staff. For example, one person told us about the empathy and caring attitude shown to them in regard to bereavement and told us that they found the staff to be supportive and very caring. Another informed us that reception staff were very prompt to assist and sensitive when they were anxious about a relative's health. They provided a private space away from the main waiting room and found nursing staff to provide support quickly.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and the needs of the practice population were understood and systems were in place to address identified needs. For example, the higher (2.6%) than average (0.47%) population group of patients living in a care or nursing home they had identified named GPs to provide continuity of care. For people living in the community who needed support for substance misuse they had ensured that GPs shared the responsibility for caring for them by undertaking further training to meet their needs.

Patients and staff told us that all patients who requested urgent attention were always seen on the day of their request, this included patients requiring home visits. There was also triage service so that urgent requests were assessed and prioritised according to need.

There was a computerised system for obtaining repeat prescriptions and patients were changing to the email request service which allowed patients to ask for repeat prescriptions electronically. Other patients either posted or placed their request in a drop box in reception. Patients told us these systems worked well for them and appeared to run smoothly.

The practice had a Patient Participation Group (PPG) and patients were able to provide feedback about the quality of services at the practice through the PPG. The PPG supported the practice with regular patient surveys and there was evidence that information from these was used to develop services. For example, telephone contact with the practice, appointment waiting times, and check in processes. We spoke to eight representatives from the PPG during the inspection and we were told the practice listened to them and acted upon what they said and were open to suggestions and comments about improving the service the practice provided.

Tackling inequity and promoting equality

The practice had systems to support people to access the service. For example for people whose first language was not English. Patients had access to online and telephone translation services should these be required. A hearing loop was available in the reception area. A media screen had been installed in the waiting room.

The premises were not purpose built but had been adapted to meet the needs of patient with disabilities. Patient areas were currently all on ground floor level and were accessible and suitable for wheel chair users and people with limited mobility.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and patients with prams and allowed easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice and included baby changing facilities.

Access to the service

The practice was open between the hours of 8.00am to 6.30pm Monday to Friday; the practice offered extended hours on Wednesday and opened from 7.00am for pre-booked appointments. The practice referred patients to another provider BrisDoc and NHS 111 for an out of hour's service to deal with any urgent patient needs when the practice was closed. We heard the recent addition of the 'early bird' booked appointments only on a Wednesday morning was much appreciated by the working population the practice supported.

Information was available to patients about appointments on the practice website. However, they were not currently on display in the practice waiting area or outside the practice premises. We were told and saw that this was because all signage and information had been removed for the refurbishment of the waiting room area and not yet replaced. Patients were also given detail of the opening hours and contact details in the patient information pack when they registered with the practice. This information included how to arrange urgent appointments, home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring and provided information on the out-of-hours service.

Longer appointments were also available for patients who needed them such as those requiring support for mental health needs and those with long-term conditions.

Are services responsive to people's needs?

(for example, to feedback?)

Patients' satisfaction with the appointments system was gradually improving. They confirmed that they could usually see a GP on the same day if they needed to. They also said they could see another GP if there was a wait to see the GP of their choice.

Listening and learning from concerns and complaints

The practice had a 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, the practice manager, who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Information was on display in the patient areas and included on the practice website. There were leaflets provided for patients to take away if they wished to with details of how the complaints process worked and how they could complain outside of the practice if they felt their complaints were not handled appropriately. Some of the patients we spoke with, but not all, 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 the information about the 22 complaints the practice had received in the last 12 months and found generally they were satisfactorily handled and dealt with in a timely way. The complaints ranged from a variety of

issues, some were about patient access to appointments, attitude of staff and communication. We could see that the practice had changed the access to appointment systems by the introduction of on line booking and retraining of staff to improve communication with patients. There were some aspects of care and treatment that patients complained about, for example, two patients had a delayed diagnosis. One was through the patient presenting multiple symptoms and another eventually diagnosed with an uncommon illness for the demographic patient population the practice served. Neither of the latter complaints had been upheld but they had generated the practice to review and discuss the initial diagnosis and lead to GPs learning about an unusual condition. We saw that from all complaints the practice had looked at how it could improve and avoid patients raising similar complaints in the future.

There was a method to identify common areas of complaints. Each complaints or comments were also reviewed. Where potential serious concerns had been identified these were elevated as a significant event and then reviewed in more depth by the management team.

In response to patients' feedback the practice had recently redecorated the reception area and removed the multiple notice boards and patient leaflet racks. We were informed that patient information was under review but patients could be provided with or sent information leaflets if requested.

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 emphasised in its aims and objectives about working with the patient to optimise their health and to constantly strive for clinical excellence through continuous training and development. They had also highlighted they wished to provide a caring, courteous care with continuity for patients.

When we spoke with GPs, the practice nurses and other staff they all shared this vision to improve care for patients. We found they were aware of the shortfalls the practice had at present and were working towards improving how the service was provided. When we spoke with GPs there was an enthusiastic approach to providing teaching, training and learning new skills.

Governance arrangements

The practice had a number of policies and procedures in place to govern how services were provided. These policies and procedures were available electronically, some in hard copy for easy access. Some but not all policies and procedures had been reviewed and updated to reflect current good practice. For example the business contingency plan. We were made aware that a number of policies and procedures were in the process of being updated such as safeguarding. There was not a system of recording or monitoring when staff had read and understood new or reviewed policies and procedures. GPs and nursing staff were provided with clinical protocols and pathways to follow for some of the aspects of their work. We saw that for nursing staff there they had carried out a robust system of development and review of clinical protocols covering a wide variety of topics. For example, blood taking to assist health care assistants and another was in regard to what actions to take when there was an elevated blood pressure reading when patient was not diagnosed with high blood pressure.

There was a clear leadership structure with named members of staff in lead roles. Some of the GPs and nursing staff were new to these lead roles. We told about the extra training they were undertaking to fulfil these roles for example safeguarding adults and children. One GP took the lead for clinical governance and had just started in

attending meetings within the clinical commissioning group to learn and feedback information. Another had commenced training to provide additional support for the trainees at the practice. All of the members of staff we spoke with were all clear about their own roles and responsibilities.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing slightly below or level with national standards. We saw the practice had recently designated individual staff in monitoring QOF data for particular health needs such as diabetes, dementia and lung disorders. The GPs were aware of areas of improvement required including ensuring the patient registers for dementia and mental health matched the QOF indicators.

The GPs and practice manager informed us about past clinical audits that had been carried out and what the practice was undertaking currently. There had been a gap in frequency in audits; this had been down to the turnover of clinical staff at the practice. We were told about the current audits in place, which included a case finding audit of patients with an identified memory loss to check if patients were monitored appropriately by the practice.

The practice had gaps in the arrangements for identifying, recording and managing risks. There was no central risk log to address a wide range of potential issues, such as the environment, fire safety or legionella testing. We saw that risk assessments had not been carried out for the usual risks associated with a health care provision such as a GP practice. We saw that some aspects had already been identified and action taken, such as seeking a professional assessment of the legionella risks at the practice shortly before to the CQC inspection visit was announced.

The practice currently held ad hoc governance meetings and daily discussions with staff to about the quality of the service. Much of these discussions were not recorded. Regular governance meetings had yet to be set up, a gap in permanent staff had led to these ceasing on a planned basis. We heard how business meetings where issues were discussed and plans put in place to develop the service had been reinstated over the last five months.

Leadership, openness and transparency

We heard from staff at all levels that team coffee morning meetings were held daily. Staff told us these daily meetings

Are services well-led?

Requires improvement 

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

were much valued and enjoyed by all with the opportunity to discuss a wide range of topics. Staff knew who to speak to if they had any issues, concerns or suggestions to improve what was provided.

We spoke with the practice manager about their role and responsibilities. This included managing administration staff and the general day to day running of the service. They ensured that business decisions made by the partners were put in place. They had the responsibility of overseeing the review and update of policies, procedures and protocols at the practice. We reviewed a number of policies, such as those for employing and supporting new staff, clinical protocols and found they were up to date and had the required information. However, there were a number of policies and procedures not up to date, not in place or acted upon such as the business contingency plans, fire safety, legionella and appraisal processes. Staff we spoke with knew where to find the practices policies and information if required.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and the complaints received. We looked at the results of the annual patient surveys and saw that patients had highlighted a range of issues that they thought could be improved. This included providing better telephone access, access to appointments and waiting times. The practice looked at improving telephone access, the information on their website, waiting times in the surgery for appointments to assist with improving the patient experience. Improvements had included on line booking appointments, which reduced the time patients had to take to contact the surgery and an electronic checking in service in the waiting area to reduce queueing for patients. The practice were aware of further improvements it wished to make to increase confidentiality in the reception area and develop staff to increase their knowledge and confidence in responding to patients queries.

The practice had an active patient participation group (PPG) that had been in place for approximately eight years. The PPG group age and ethnicity was mostly representative

of the population groups registered at the practice, they were actively trying to recruit young patients to participate. The PPG had carried out annual surveys and met every eight weeks. We met and spoke with eight representatives of the PPG who told us about the work they had done and how the practice had listened and responded to the questions they raised and the feedback they had provided. They told us they had been included in activities and that they had been supported to provide their first newsletter for Spring 2015.

The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice. This enabled staff to raise concerns without fear of reprisal and the staff we spoke with expressed confidence in raising concerns including safeguarding externally to the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff confirmed that previously regular appraisals had taken place, although a gap had occurred, there was a planned programme for these to be carried out. We spoke to new staff who gave examples of the support, supervision and mentoring they had when they joined the practice. There were examples given of how the practice was very supportive of training and that they were provided with opportunities to develop new skills and extend their roles.

The practice was a GP training practice; it also provided practical experience for medical and nursing students. We were told how much being involved with providing practical experience to others new to their profession helped in developing the service and the outcomes for patients. The practice had completed reviews of significant events and other incidents and shared findings with staff and developed actions to improve and prevent event reoccurring.

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use the service were not protected by robust systems which ensured the service was monitored for quality and safety and that any risks had been fully mitigated.

Regulation 17 (2) (a) (b)

Regulated activity

Regulation

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

Ensure that criminal records checks through the Disclosure and Barring Service (DBS) on these staff or any of the others that have joined the practice since January 2013 including the practice manager are undertaken.

Regulation 19 (3) (a)