Crown Heights Medical Centre

Quality Report

2 Dickson House
Basingstoke
Hampshire
RG21 7AN
Tel: 01256 329021
Website: www.crownheightsmedicalcentre.co.uk

Date of inspection visit: 4 May 2016
Date of publication: 07/07/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crown Heights Medical Centre on 4 May 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control practice had not been taken.
- There was no evidence of learning and communication with staff about reported safety incidents.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity. However, some patients we spoke to reported that they felt their long term conditions and mental health were not taken seriously by all staff at the practice.
- Appointment systems were not working well so patients did not receive timely care when they needed it. This was particularly around the ineffective phone system at the practice that was not sufficient to keep up with the volume of patient calls. Patients told us that they could be on hold for up to half an hour before speaking to a receptionist.
- Patients had access to leaflets and online links to a wide range of support groups available in the local area.
- The practice had an above average uptake for the cervical screening programme (93%, Clinical commissioning group 81%, national average 82%).
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

Summary of findings

- Ensure there are processes for sharing of learning as a result of significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control practice including, understanding of the use and maintenance of specialist equipment.
- Ensure adherence to processes in place for the management of blank prescription pads.
- Ensure recruitment records include all necessary employment checks for all staff.
- Ensure all staff have received the relevant training for their role.
- Ensure patients with long term conditions have their health needs met.
- Ensure patient information is in formats suitable for the patient group.
- Ensure patient feedback is encouraged. Ensure there is an effective and representative Patient Participation Group in place.
- Patient complaints must be reviewed and responded to.
- Ensure there are formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

The areas where the provider should make improvement are:

- Improve the processes for patients to make appointments and arrangements for patients who work to have access to a GP appointment outside of normal hours.
- Ensure carers are identified by the practice to enable them to have the support they might need.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of 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 to 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 by adopting our proposal to remove this location or cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong lessons learned were not communicated widely enough to support improvement.
- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. For example the practice use a Little sister autoclave to sterilise reusable instruments but this had not been serviced since 2014 which was a breach of manufacturer warrantee. There was a lack of understanding of the checking of the safety of this equipment that could have placed patients at the risk of harm.
- Not all staff had completed training appropriate to their role such as in infection control.
- There was robust systems in place for the review and dissemination of medication alerts.
- There was no recording system in place to identify when the washable curtains in the GP consulting rooms required cleaning. Daily cleaning checks were not always completed on a daily basis. The practice did not have a record to show that cleaning checks for the ear syringe had been completed between 19 January 2016 and 7 March 2016. If the equipment did not require cleaning there was no evidence to show this.
- There was insufficient attention to safeguarding children and vulnerable adults. The practice did not have a robust system in place to ensure that all staff had completed safeguarding children and vulnerable adult training to ensure that all staff were able to recognise and respond appropriately if they suspected abuse. We found evidence that safeguarding alerts had been added to patients records. However, we did not see evidence that alerts had been cross referenced and alerts placed on other family member's records. The lack of effective systems could be potentially putting these patients at risk of harm.
- The practice had two dedicated safeguarding leads for safeguarding children and vulnerable adults.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the national average. For example, a patient on the diabetic register whose last cholesterol reading was within the acceptable range was 82% in comparison to the Clinical Commissioning Group (CCG) and national averages of 81%.
- Exception reporting was above the CCG and national averages for several clinical domains, including long term health conditions such as asthma. For example, the practice had an exception reporting rate of 30% for asthma (CCG average 12%, national 7%). (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). The practice did not have an action plan to improve care of patients with asthma.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was some evidence that audit was driving improvement.
- The practice had an induction programme for newly appointed staff. However, there was no clearly documented timescales for when this induction training was to be completed by. In the five staff personnel files we looked at only two had completed induction records and one of which was not dated. These staff members had been employed at the practice for between five and 17 months.
- All staff had received an appraisal within the past 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, the practice utilised the Gold Standards Framework of Care for patients nearing the end of their life. (The Gold Standards Framework of Care is an organisation that provides training to frontline staff to provide best practice care to nursing home patients and those on end of life care). The practice attended regular multi-disciplinary team meetings for their end of life care patients also attended by Macmillan and community nurses. The practice has a Red, Amber, and Green rating system to discuss clinical needs of these patients.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice in line with other practices for several aspects of care.

Summary of findings

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to. Three out of eight patients spoken to on the day reported that they felt their long term and mental health conditions were not taken seriously by both clinical and administrative staff.
- The practice did not have an up to date register of patients with caring responsibilities.
- Despite having a culturally diverse range of patients registered at the practice, written and electronic patient information at the practice was only available in English. The practice had a translation service for patients who did not speak English as a first language on its website.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services and improvements must be made.

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified. For example, the practice did not offer extended hours appointments despite patients having requested for this service to be available.
- Patients reported considerable difficulty in accessing a named GP and poor continuity of care. Urgent appointments were usually available the same day.
- Appointment systems were not working well so patients did not receive timely care when they needed it. Patients reported being on hold for up to half an hour in order to make a telephone appointment. Online booking of appointments was available for patients.
- 56% of patients stated they could get through easily to the practice by phone, which is lower than the national average of 73%.
- Information about how to complain was available for patients but was not in a format suitable for all patients.
- Patients did not always receive a verbal or written apology.
- Out of the eight patients spoken to on the day; one patient told us they had made a complaint but not received a response from the practice. Another patient spoken to said they wanted to make a complaint but was worried about the repercussions on their future care and treatment if they did.
- There was a designated person responsible for handling complaints. However, there was no evidence to demonstrate that learning had been shared with staff.

Summary of findings

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice had a clear vision and strategy.
- There was a staffing structure in place with staff having delegated responsibilities. However, as a result some staff were unclear of who was responsible for what or how to source information if it was not directly related to their delegated responsibilities. Staff reported feeling supported by management; however, some staff stated that there was a lack of openness from the management team.
- The practice had a number of policies and procedures to govern activity. All policies had been reviewed and updated. We found one policy that had been updated but still contained references to the previous practice manager despite having left the practice 12 months ago.
- The practice held regular governance meetings with management team. However, information was not always communicated directly with staff who felt there was a lack of communication around when changes had happened. They reported that staff often heard information from other staff rather than from the management team.
- The practice had not proactively sought feedback from staff or patients, and did not have an effective Patient Participation Group.
- We saw evidence that staff had received annual appraisals.

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

Inadequate

The practice is rated as inadequate for the care of older people. The practice was rated as inadequate for safe and for well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice personalised care to meet the needs of the older people in its population. For example, comprehensive care plans were in place for the older adult population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with national averages. For example, the percentage of patients with Chronic Obstructive Pulmonary Disorder (a chronic lung condition) who had a review undertaken, including breathlessness, in the past 12 months was 95% compared to the CCG average of 92% and a national average of 90%. However, the exception reporting levels for patients with this condition was higher than the national average (26%, CCG 14%, national 11%). The practice had not identified a way to encourage patients to attend their COPD review.
- The practice held a weekly ward round at one of the local nursing homes.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The practice was rated as inadequate for safe and for well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- Patients on the diabetic register who had a recorded blood sugar level within the acceptable range was the same as the CCG and national averages (78%).
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The exception reporting for patients with some long-term conditions such as asthma and diabetes was higher than the national average. For example, 30% of asthma patients were excepted in comparison to the CCG average 12% and national average of 7%. The practice acknowledged that their exception rating was high and stated that many asthmatic patients do not wish to come to the practice unless they are unwell. The practice had attempted to incorporate asthmatic reviews into other appointments where possible.
- Three out of the eight patients spoken to said they felt their health conditions were not taken seriously by the clinical and administration teams.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The practice was rated as inadequate for safe and for well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Immunisation rates for the standard childhood immunisations were in-line with national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice had an above average uptake for the cervical screening programme (93%, Clinical commissioning group 81%, national average 82%).

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The practice was rated as inadequate for safe and for well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- Appointments could be booked by telephone or online. However, patients told us they could be on hold for up to half an hour when trying to book an appointment via the telephone.
- There were no extended opening hours for patients who could not attend in the usual opening hours.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safe and for well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Due to a lack of training records we could not be sure all staff knew how to recognise signs of abuse in vulnerable adults and children. Staff spoken to on the day were able to give examples of safeguarding concerns and how to contact relevant agencies in normal working hours. However, there was no cross-referencing alert system in place to notify staff that a family member had a safeguarding alert on their records.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice was rated as inadequate for safe and for well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice did not review all the patients with a known mental health condition as there was a high exception reporting level for these patients at 28% in comparison to the CCG average 14% and national 11%.
- Some staff had received training on how to care for people with mental health needs.

Summary of findings

- Nurses administered injectable medicines for patients with mental health needs.
- Three out of eight patients spoken to said they felt that the staff at the practice did not take their mental health seriously.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results for the practice were mixed when compared to local and national averages. 252 survey forms were distributed and 105 were returned which was a response rate of 42%. This represented less than 1% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received.

We spoke with eight patients during the inspection. Five of the eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients said they were unhappy as they felt their long term conditions and/or mental health were not being taken seriously. In the April 2016 Friends and Family Test 46% of patients said they would recommend the practice to others.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure there are processes for sharing of learning as a result of significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control practice including, understanding of the use and maintenance of specialist equipment.
- Ensure adherence to processes in place for the management of blank prescription pads.
- Ensure recruitment records include all necessary employment checks for all staff.
- Ensure all staff have received the relevant training for their role.
- Ensure patients with long term conditions have their health needs met.
- Ensure patient information is in formats suitable for the patient group.
- Ensure patient feedback is encouraged. Ensure there is an effective and representative Patient Participation Group in place.
- Patient complaints must be reviewed and responded to.
- Ensure there are formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Improve the processes for patients to make appointments and arrangements for patients who work to have access to a GP appointment outside of normal hours.
- Ensure carers are identified by the practice to enable them to have the support they might need.

Crown Heights Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Crown Heights Medical Centre

Crown Heights Medical Centre is located at 2 Dickson House, Basingstoke, Hampshire, RG21 7AN. The practice is situated in the middle of a busy town centre. The practice has a branch practice located approximately two miles away in the village of Lychpit, on the outskirts of Basingstoke.

The practice provides services under a Personal Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice has approximately 25,000 registered patients. The practice has a slightly higher population of working aged individuals, particularly those aged 25 to 35. Basingstoke has a population with a wide range of cultural diversity. The practice has a large population of patients for whom English is not a first language including Chinese, Polish and individuals from the Indian sub-continent.

The practice has 11 GP partners and four salaried GPs (male and female GPs). Together the GPs provide care equivalent to twelve full time GPs over 97 sessions per week (across both sites). The GPs are supported by nine practice nurses, who together are equivalent to just over six full time nurses. The practice also employs three health care assistants.

The clinical team are supported by a management team including secretarial and administrative staff. Crown Heights Medical Centre is a teaching hospital for doctors training to become GPs. The practice also has medical students.

The practice reception and phone lines are open between 8am and 6.30pm Monday to Friday. The Lychpit branch practice is open between 8.30am and 6pm. The practice does not offer extended hours appointments. Morning appointments with a GP are available between 8.30am and 12pm. Afternoon appointments are available from 2pm to 6:30pm. The practice offers three types of appointments: Rapid access, for urgent face to face appointments or telephone consultations with the duty GP; on the day appointments which are released daily and routine appointments.

Crown Heights Medical Centre has opted out of providing out-of-hours services to their own patients and refers patients to the NHS 111 service.

The service offers online facilities for booking and cancellation of appointments and for requesting repeat prescriptions.

The practice was previously inspected by the Care Quality Commission in 2013 and at that time the practice was found to be non-compliant for safeguarding people from

abuse and for requirements relating to staff (namely pre-employment recruitment checks). Crown Heights Medical Centre was re-inspected in January 2014 and found to be compliant on these issues.

On this inspection we inspected Crown Heights Medical Centre which is located at 2 Dickson House, Basingstoke, Hampshire, RG21 7AN. We did not inspect the branch surgery at Lychpit, Basingstoke.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 May 2016. During our visit we:

- Spoke with a range of staff including, nurses, practice and assistant practice managers and GPs. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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, 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, however this was not consistently safe.

- Staff told us they would inform the practice manager of any incident. The practice had an incident reporting form. The practice manager stated these forms were rarely completed by staff as the practice had an open door policy whereby staff could report issues directly to the practice or assistant practice managers. Issues would then be actioned by the management team. The incident recording form supported 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).
- The practice carried out an analysis of significant events. Evidence provided pre-inspection showed that some but not all significant events recorded in the summary had a date that the event was discussed. However, the practice did not have a process in place to document discussions such as meeting minutes. We therefore could not be sure that all significant events had been discussed with relevant staff members.

We saw some evidence that actions had been taken to improve the safety of the practice following a review of incidents. For example, a staff member told us about an immunisation error following a fridge failure. The practice had borrowed stock from the neighbouring practice to administer vaccinations whilst awaiting new stock. An out of date vaccination had got mixed up within the new stock and was administered to patients. As a result the practice changed their stock checking processes to ensure this wouldn't happen again.

Overview of safety systems and processes

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

- Information about safety alerts and updates from the National Institute for Health and Care Excellence, Medicines and Health Care Regulatory Agency and the General Medical Council was received by the information technology manager and disseminated to clinical staff via email. Staff told us that if there was new information to stop using a particular medicine then this information would be filtered down from the GP to the nursing team.
- The practice had separate policies in place for safeguarding children and vulnerable adults. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The policies were accessible to all staff. There was also a safeguarding board displaying contact details and other relevant information.
- Safeguarding alerts for children and vulnerable adults were recorded on the practices system. However, the practice did not have a system in place to identify on a patients record whether a family member had a safeguarding alert in place.
- The practice had allocated two GPs as the safeguarding leads for children and vulnerable adults.
- The practice was inspected in 2013 and found to be non-complaint for safeguarding individuals from abuse as not all staff members had completed safeguarding adult training. The practice was re-inspected in January 2014 and at that time was found to be compliant. On this inspection, we found there was no robust system in place to record staff safeguarding training beyond the electronic training system. The practice had no system in place to evidence training that had occurred face to face or prior to using the electronic system and therefore no record of when updates were required. When reviewing the electronic training system records we found that only 18 of over 50 staff had been recorded as having completed safeguarding adult training. Of the 12 members of the nursing team we found five staff had a record of completing safeguarding children training to the required level for their role. We were informed that the practice conduct all their training via an electronic training package. We found evidence of just one GP having completed safeguarding children training to level three. We were told that safeguarding training for new staff would take place after three to four months of working at the practice. This conflicted with the safeguarding policy which stated that training would occur at the start of employment.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. However, only three out of 10 nursing and health care assistant staff had been recorded as having completed the infection control training via an electronic training package. We were told that staff received basic infection control training as part of their induction. We saw evidence that infection control formed part of the practice induction, however of the five staff personnel files looked at only two had copies of their induction checklist; we are therefore unable to say whether all staff had completed infection control training as part of their induction. We were also told that there was not additional training in place for infection control leads beyond the electronic training package.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had disposable curtains in the treatment and minor operations rooms and washable curtains in the GP consulting rooms. The disposable curtains were observed to have recently been changed. A staff member told us that no individual has overall responsibility for making sure curtains were changed every six months and that all staff made a note of the date curtains are put up. The assistant practice manager told us that the washable curtains were changed every six months but told us that there was no formal recording system in place to track the dates these needed to be washed.
- The practice had a SES Little Sister Vacuum Autoclave (a machine used to sterilise medical equipment). The equipment was last serviced on 9th March 2014. The manufacturer guidance recommends examination of this pressure system every 14 months. The practice used this equipment to sterilise Diathermy rods and the plastic trays in which the rods were placed. (Diathermy rods are a piece of equipment used to seal off blood flow in surgical procedures). The practice used this equipment for minor surgical procedures such as for the removal of small growths on the skin including warts and raised moles. Staff told us that they tested the equipment on the days that the autoclave had been used. We saw evidence of the test tickets produced. We were told staff did not use the steam penetration test device (as per the instruction manual) and that they were unaware of the requirement to do so. The practice did not have a test device on its premises.
- The practice had a policy in place for staff to follow for the handing and disinfection of reusable instruments, however, there was no record to confirm that staff had read this policy or were implementing it correctly.There was also not an effective audit of trail of the use following sterilisation.
- The practice had a recording system to complete daily cleaning checks which included specialist equipment such as ear syringing. However, we observed that these checks were not always recorded on a daily basis. We observed that there was no record to demonstrate that the ear syringing equipment had been cleaned (or cleaning not required) from 19 January 2016 to 7 March 2016. We observed that the frequency of recording equipment checks had recently increased.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We found suitable and effective storage of vaccines.
- Blank prescription forms and pads were securely stored. However, the practice did not have a system in place to record the serial numbers of prescription paper upon allocation in order to monitor their use.
- 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 against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found that there were gaps in each of these staff members' recruitment checks prior to employment. In a 2013 inspection (under the old CQC regime) the practice was found to be non-compliant for Regulation 21 of the Health and Social Care Act 2008 (requirements relating to workers). The practice was re-inspected in 2014 and found to be

complaint with this regulation. We looked at the personnel files of four staff members who had been employed since the previous inspection. We found that that there were gaps in completing relevant recruitment checks prior to employment. For example, there was no photographic identification within two of the files, two files were missing evidence of an induction checklist with a further one signed but not dated. One file had no record of an application form/Curriculum vitae or complete employment history. All four files had two recorded references although on two files they were not from their most recent employer. There was no record of a criminal records check for one of the GPs. This was raised with the assistant practice manager who said she could not find a record for this GP. One staff members file contained national insurance information for another staff member.

Monitoring risks to patients

Risks to patients were assessed and managed but not always in a complete way.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We saw evidence that most equipment was checked to ensure the equipment was safe to use. We found evidence that some equipment had not been checked to see if it was safe to use (for example, the autoclave had not been checked within the timeframe specified in the manufacturer guidance). The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Alerts were used on the patient records system for patients on high risk medicines.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had recently recruited new staff to cover identified high demand periods coinciding with the implementation of the new phone system which was designed to bring in additional lines to the practice to manage the high volume of patient calls (installation is not yet complete). Locums were used at the practice; additionally cover was arranged by all the clinicians when required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan was stored on the computer system as well as kept off site by key members of staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. The practices exception reporting was higher than the CCG and national averages for several clinical domains including those for long term health conditions and mental health. For example, the practice had an exception reporting rate of 30% for asthma (CCG average 12%, national 7%). The practice also had an exception reporting rate of 28% for mental health (CCG average 14%, national 11%). (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). The practice explained that they had a system of sending three letters to patients who did not attend their health checks before they excepted anyone. The practice did not contact patients via the telephone to discuss non-attendance. The practice acknowledged that the asthma exception reporting levels were high and stated this was because asthma patients did not wish to come in for reviews unless they were feeling unwell. Staff told us that they tried to build in the asthma review when patients come in for a different appointment.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, patients on the diabetic register whose last cholesterol reading was within the acceptable range was 82% in comparison to a CCG average of 81% and nation average of 81%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients, with a diagnosis of dementia, who had had a face to face review of care in the preceding 12 months was 87% compared to the CCG average of 86% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been some clinical audits completed in the last two years, the practice submitted pre inspection information however these lacked details of the completed audits and therefore did not state if improvements had been made, implemented and monitored.
- The practice participated in local audits.
- The inspection team did not seek additional evidence around audits on the day of the inspection due to prioritising evidence collection for more concerning issues such as around safeguarding and infection control.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However there was no clearly documented timescales for when induction training was to be completed by. In the five staff personnel files we looked at we only found completed induction records for two staff, one of which had not been dated. These staff members had been employed at the practice for between five and 17 months.
- 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 were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules. The practice did not have a process in place to identify what training was considered to be mandatory. The practice told us that the electronic training system was used as the sole training tool. Some staff were unaware of what training they needed to complete for their role. For example, two administration staff had completed chaperoning training via the electronic system but were not required to do so as we were told by the practice that administration staff were not required to do chaperoning duties. Due to a lack of process by the practice around what training staff were required to do we saw evidence that some staff had not completed training for fire safety, infection control, information governance and the Mental Capacity Act 2005.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We observed detailed, personalised care plans particularly for housebound patients. Care plans were shared with the patients.

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. 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. The practice utilised the Gold Standards Framework of Care for patients nearing the end of their lives. (The Gold Standards Framework of Care is an organisation that provides training to frontline staff to provide best practice care to nursing home patients and those on end of life care). The practice attended regular multi-disciplinary team meetings for these patients which was also attended by Macmillan and community nurses. The practice had a Red, Amber, and Green rating system in place to discuss the clinical needs of these patients.

Consent to care and treatment

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

- Not all staff had a record of having completed training on the Mental Capacity Act 2005. We therefore could not be sure that all staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2015.
- 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 93%, which was higher than the CCG average of 81% and the national average of 82%. The practice offered a

Requires improvement

Are services effective?

(for example, treatment is effective)

reminder letter for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and was similar to national averages for screening percentages. For example, 59% of bowel cancer patients had been screened within the past 36 months in comparison to the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 45% to 98% and five year olds from 89% to 98%.

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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received one patient Care Quality Commission comment card. This was positive about the service experienced. Most patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Not all patient comments aligned with the PPG and comment card. Three of the eight patients spoken to on the day of inspection explained that they felt that some of the administration and clinical staff did not take their long term or mental health conditions seriously and were dismissive of their problems. Two patients stated that the quality of care they received varied depending upon which GP they saw. Other patients were generally happy with the care and treatment received from the clinical team.

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 its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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 also saw that care plans were personalised.

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Translation services were available but not widely publicised by the practice and any information available was presented in English. This was despite having a large number of patients registered who did not have

Requires improvement

Are services caring?

English as a first language. The electronic check in desk was also only available in English. The practice has a translation service available on its website. We observed a patient who did not have English as a first language becoming slightly distressed at the clear language barrier when communicating with the reception staff.

- Information leaflets were not observed to be readily available to patients in easy read format.
- Patient care plans were discussed and shared with the patients and other service providers such as out of hour's services and nursing homes.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified some carers but told us the practice did not have an up to date carers register and stated this was as a result of a rapidly expanding patient list size. The practice acknowledged this was an area they wanted to improve upon. The practice relied upon information gathered from care plans and obtained at health check reviews. The practice had a process in place to ask all new patients registering about carer information.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had not always identified the needs of its local population. The practice had a GP partner who has part of the local Clinical Commissioning Group (CCG) governing body. The practice is part of the local North Hampshire Alliance (a federation of primary care practices operating within the North Hampshire region). The alliance was designed to mitigate the financial demands on practices that impacted upon providing timely and effective patient care and to be the voice of primary care when in dialogue with the local CCG. The alliance was also designed to provide integrated solutions to ensure that the administration of clinical services was delivered in an effective way. The nursing team attend cross-practice monthly nursing meetings.

- The practice did not offer extended opening hours to accommodate for patients who could not attend in usual opening hours. Some staff told us they would see patients at the end of a surgery or stay late to try and accommodate these patients. This was at the discretion of the individual staff member rather than practice policy.
- 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. The practice had links with six nursing homes. One nursing home paid the practice for its additional services such as providing a weekly ward round for these patients.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Rapid access on the day appointments were available for patients to book daily.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities available, for example, automatic doors and lift access. The reception desk was observed to be high and not friendly to patients using wheelchairs.
- A hearing loop was available.
- Individuals with no fixed abode were treated at the practice and then referred to social services.
- Patients could book appointments via an online system.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8:30am until 12pm every morning and from 2pm to 6:30pm daily. The practice did not offer extended hours appointments. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them via the phone triage system or an appointment with the duty GP.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 56% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that on the whole they were able to get appointments when they needed them. However, they stated this was due to the online booking system. Patients said that they could be on hold for up to half an hour in order to make an appointment by telephone. The practice explained that they have recently invested money into developing the telephone system. At the time of inspection this was partly completed.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was information about the complaints process available via the scrolling electronic information screen. There was

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

also a leaflet available for patients on how to make a complaint via the ombudsman. The complaints policy was available to patients on the practices website and could be printed off if asked at reception.

- One patient we spoke to said that they had previously made a complaint but did not receive feedback about the outcome of their complaint. Another patient stated they wished to complain but was worried about the repercussions on their treatment in the future if they did.

We looked at the summary complaints record submitted pre-inspection which outlined the 26 complaints that had been received in the past 12 months. Of those complaints we looked at five in detail. We saw evidence that complaints were responded to by the practice. We saw evidence that the practice had sent written responses to patient complaints. However, it was not clear from any complaint reviewed that cases were concluded in a satisfactory matter. There was not always evidence to demonstrate learning points and actions being made as a result of the complaint. There were no formal meeting minutes to demonstrate that lessons learned had been 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 did not have a vision and strategy displayed in the practice but did have information available to find on the website. We were provided with a statement of purpose which stated that the practice aims to provide high quality primary care to the patient population. It also included references to understanding, meeting and involving patients in their care and treatment.
- The practice did not have a formal written business plan to support its values and vision and to demonstrate how the practice was performing and how it wished to develop.

Governance arrangements

The practice did have governance arrangements; however, we found that they were not always effective.

For example we found that:

- Staff training had not been planned and completed by all members of staff.
- The practice had a number of policies and procedures to govern activity. All policies had been reviewed and updated. We found one policy that had been updated but still contained references to the previous practice manager despite having left the practice 12 months ago.
- There was a staffing structure in place with staff having delegated responsibilities. However, as a result some staff were unclear of who was responsible for what or how to source information if it was not directly related to their delegated responsibilities.
- A programme of clinical and internal audit was in place; however there was limited evidence to demonstrate how these had been used to monitor quality and to make improvements. Audits lacked timeframes for when they were conducted and for subsequent follow up of findings.
- There were arrangements in place for identifying, recording and managing some risks and issues. However, some processes had not been fully implemented. For example, in relation to the management of recruitment, safeguarding training and procedures, infection control and sterilisation of equipment procedures.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Some staff told us there was open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so; they also said the partners were approachable and always took the time to listen to all members of staff. However, other staff stated they did not feel this was the case. There were no formal arrangement for whole practice meetings as these happened on an ad hoc basis. Some staff told us that they felt that communication was poor within the practice and that not all staff were notified when changes had happened. They reported that staff often heard information from other staff rather than from the management team.

We found that leadership was reactive rather than proactive and not all actions and improvements were sustained. For example, the practice was inspected in 2013 and found to be non-compliant for regulations around safeguarding individuals from abuse and recruitment of staff. The subsequent inspection in January 2014 found the practice compliant for these issues. During this inspection we found the practice to have similar issues to those found in 2013, particularly with not all staff having a record of completing safeguarding children or adult training and inconsistent recruitment checks.

The practice was reactive in that once the inspection identified that the autoclave had not been serviced the manufactures were contacted and advice sought from Public Health England.

The GPs were aware of the requirements of the Duty of Candour and encouraged a culture of openness and honesty but communication barriers throughout the practice meant this was not promoted or demonstrated fully. The practice had systems in place for knowing about notifiable safety incidents.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us the practice held team meetings including nursing meetings. The practice had partner meetings every three weeks to discuss audits, significant events and NICE guidelines. Staff had annual appraisals.

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

Are services well-led?

Inadequate

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

The practice did not have suitable systems in place to gather feedback from patients to demonstrate that their views were valued and changes were made when possible to the service provided. Patients spoken to on the day said they had never been asked to complete feedback. The practice told us they were half way through plans to increase the capacity of phone lines for patients to contact the practice as a result of patient feedback. However, there was little evidence beyond this that the practice responded to patient feedback. For example, feedback from the practices 2014/2015 patient satisfaction survey showed that patients would like weekend, evening or early morning appointments. The practice had not implemented extended practice hours despite patient feedback. There was no suggestions box available for patients to complete feedback about the practice. However, the practice did provide paper copies of the Friends and Family test at reception but there was no information available to patients detailing how actions had been taken as a result of feedback collected. Some patients stated they wished that they were asked for feedback as they would like to give some. Other patients felt that the feedback that was collected (such as in the Friends and Family test) was not taken seriously by the practice.

The practice had a patient participation group (PPG) which consisted of two regular members. The practice stated it was trying to recruit more patients to the PPG but had little success.

Staff told us that their concerns were not always acknowledged and there was no clear action plan following staff feedback. Feedback was predominantly collected through informal staff discussion.

Some staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; however other staff told us that they felt the leadership team was not open to this. An example of management responding to staff feedback related to concerns raised about the confidentiality of the large shared treatment room when conducting reviews of patients with long term conditions. The practice arranged for the nursing staff to use empty GP consulting rooms for these appointments rather than the shared treatment room.

Continuous improvement

There was no clear evidence to demonstrate that the practice was engaging in pilot programmes. The practice explained that they wish to move towards an internet based consultation service to offer support and reduce congestion on the telephone lines. This was in the early planning stage with no timeframe for implementation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Not all staff were trained in infection control procedures. This included for the cleaning and disinfection of reusable instruments. There was not a robust system in place to ensure cleaning checks were completed. Including for curtains and clinical equipment. The practice did not have a system in place to record the serial numbers of prescription paper upon allocation. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **How the regulation was not being met:** Infection control procedures were not understood and followed for the use and maintenance of the sterliser Little Sister Vacuum Autoclave. This was in breach of regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

There was a lack of formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

There was not a suitable recording system for serious incidents documenting what action had been taken and lessons learned as a response.

Patient information was not in formats suitable for the patient group.

Patient feedback was not encouraged.

The practice did not have a clear timescale for when induction training should be completed by and inductions were not monitored.

There was no process in place to identify what training was mandatory for staff roles and if all training for all staff was completed.

There was a lack of formal arrangements to evidence discussions around incidents, complaints and feedback.

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

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

Not all staff had a record of having completed safeguarding adult or children training.

This was in breach of regulation 18 (1) (2) (a,b,c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Regulation

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

How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

Incomplete recruitment checks had been completed for staff members employed at the practice.

This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.