

# Harvey Group Practice

## Quality Report

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Date of inspection visit: 30 November 2016

Date of publication: 20/03/2017

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	Good	
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?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

### Detailed findings from this inspection

Our inspection team	13
Background to Harvey Group Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harvey Group Practice on 30 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However some systems, processes and practices relating to medicines management were insufficient.
- There were some procedures in place for monitoring and managing risks to patient and staff safety. However, at the time of our inspection the systems and processes in place relating to fire safety were insufficient.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The patients we spoke with or who left comments for us were very positive about the standard of care they received and about staff behaviours. They said staff were thorough, considerate, understanding and caring. They told us that their privacy and dignity was respected 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients were positive about access to the practice and appointments. Some patients said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP of their choice when making a pre-bookable appointment. However, they said that access to urgent and same day appointments was good.
- 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure an appropriate system is in place for the safe use and management of medicines including medical consumables and controlled drugs prescriptions.
- Ensure that sufficient fire safety systems and processes are in place and adhered to.

The areas where the provider should make improvements are:

- Take steps to ensure that hot water temperatures at the practice are kept within the required levels.

- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and are completing the essential training relevant to their roles, including safeguarding, infection prevention and control and basic life support training.
- Ensure that all GPs have sufficient knowledge of the Deprivation of Liberty Safeguards (DoLS) and that a DoLS register is in place.
- Continue to identify and support carers in its patient population.
- Continue to take steps to ensure that in future National GP Patient Surveys the practice's areas of below local and national average performance are monitored and improved, including access to appointments.

**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.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However some systems, processes and practices relating to medicines management were insufficient. The system in place at both surgeries for recording the collection of controlled drugs prescriptions was insufficient. At Jersey Farm Surgery there was no appropriate system in place to check all medical consumables were in date. We found one oxygen mask and two pieces of oxygen tubing that were beyond their expiry dates by up to nine months.
- There were some procedures in place for monitoring and managing risks to patient and staff safety. However, hot water temperatures were below required levels.
- At the time of our inspection the systems and processes in place relating to fire safety were insufficient. Plans of action to control and resolve the risks identified in the fire risk assessments were only partially completed. At the time of our inspection no fire drills or walkthroughs had been completed at either surgery.
- Arrangements were in place to deal with emergencies and major incidents.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above local and national averages. For example, performance for diabetes related indicators was above the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 90% and the national average of 90%.

Good



# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff. At the time of our inspection the system of appraisals for nurses and non-clinical staff was behind schedule. However, we saw evidence to show that all staff were scheduled to have an appraisal completed. Whilst some staff were overdue completing some essential training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. However, none of the GPs were aware that death certificates for patients on The Deprivation of Liberty Safeguards (DoLS) register should only be issued by a coroner and not a GP.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice similar to or slightly above local and national averages for all 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 178 patients on the practice list as carers. This was approximately 1.4% of the practice's patient list. Of those, none had been formally invited for and two (1%) had received a health review in the past 12 months. The number of carers receiving a health review could be improved.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- Practice staff reviewed the needs of its local population and engaged with NHS England and Herts Valleys Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice a mix of below and above local and national averages for access to the practice. Senior staff at the practice were aware of the areas of below average satisfaction scores and could demonstrate they were responding to it.
- Most patients were positive about access to the practice and appointments. Some patients said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP of their choice when making a pre-bookable appointment. However, they said that access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed 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 good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- During our inspection we found that some systems, processes and practices relating to medicines management and those relating to fire safety were insufficient. However, following their own proactive attempts to improve the practice's internal systems and processes in the past six months, senior staff at the practice took immediate action to respond to the main areas of risk we identified during our inspection.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a focus on continuous learning and improvement at all levels.

# 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 good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided comprehensive health assessments to housebound patients aged 75 years and over. The practice had identified 47 such patients and since April 2016, 30 (64%) had received their comprehensive assessments.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 2,011 patients aged over 65 years. Of those 1,431 (71%) had received the flu vaccination at the practice in the 2015/2016 year. A further 33 patients were recorded as having received the vaccination elsewhere.
- There were 17 care homes in the practice's local area and patients of the practice resided in 15 of them at the time of our inspection. The GPs visited as and when required to ensure continuity of care for those patients. For one of the homes for residents with increased needs there were two scheduled visits each week. The practice provided six monthly reviews to all its patients living in care homes, including a full medicines review.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 74% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.
- Performance for diabetes related indicators was above the CCG and national average. The practice achieved 100% of the points available compared to the CCG and national average of 90%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review (or six monthly review if they resided in a care home) to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- The practice had operated a nurse led prediabetes clinic since July 2016. In the first month of the programme, 26 patients were seen and provided with diet and lifestyle advice. After three months, 19 of the 26 patients returned for their repeat blood tests and monitoring and 14 (74%) of those had blood glucose levels (blood sugar levels) in the normal range. Also, more than half had lost weight.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to other practices in the local area for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80% which was similar to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were eight week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



# Summary of findings

- The practice offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was some additional out of working hours access to appointments to meet the needs of working age patients. There was extended opening at Harvey House Surgery every Saturday from 8.40am to midday for GP and nurse pre-bookable appointments. There was no lunchtime closure at Harvey House Surgery.
- The practice provided 15 minute appointment slots to all patients as standard.

## People whose circumstances may make them vulnerable

The practice is rated as good 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. There were 71 patients on the practice's learning disability register at the time of our inspection. Of those, all had been invited for and 49 (69%) had accepted and received a health review in the past 12 months.
- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access 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 how to contact relevant agencies in normal working hours and out of hours.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.
- The practice had identified 178 patients on the practice list as carers. This was approximately 1.4% of the practice's patient list. Of those, none had been formally invited for and two (1%) had received a health review in the past 12 months. The number of carers receiving a health review could be improved.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was considerably above the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was above the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 95% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A dual qualified NHS and Improving Access to Psychological Therapies (IAPT) counsellor was based at Harvey House Surgery twice each week. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs.
- There was a GP lead for mental health.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with or above local and national averages with some areas of below average performance. There were 238 survey forms distributed and 118 were returned. This was a response rate of 50% and represented slightly less than 1% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 90% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.
- 81% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared to a CCG average of 84% and a national average of 78%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards. We also spoke with three patients during the

inspection. From this feedback we found that patients were very positive about the standard of care received. Patients said they felt staff were thorough, considerate, understanding and caring and treated them with dignity and respect. They told us they felt listened to by the GPs and involved in their own care and treatment.

Most of the patients who left comments for us were positive about access to the practice and appointments. However, of the 31 patients who left comments for us, three said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP of their choice when making a pre-bookable appointment. One of the three patients we spoke with reflected this view. However, those patients said access to urgent and same day appointments was good.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from July 2016 to October 2016 showed that of the 130 respondents, 96 (74%) were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

# Harvey Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP and a practice manager acting as specialist advisers.

## Background to Harvey Group Practice

Harvey Group Practice provides a range of primary medical services from its premises at Harvey House Surgery, 13-15 Russell Avenue, St Albans, Hertfordshire, AL3 5HB and Jersey Farm Surgery, 2 St Brelades Place, St Albans, Hertfordshire, AL4 9RG.

The practice serves a population of approximately 13,112 and is a teaching and training practice. The area served is less deprived compared to England as a whole. The practice population is mostly white British. The practice serves an above average population of those aged from 0 to 14 years and 35 to 54 years. There is a lower than average population of those aged from 15 to 29 years and 60 to 74 years.

The clinical team includes four male and three female GP partners, three female salaried GPs, three trainee GPs, one nurse prescriber and three practice nurses. The team is supported by a practice manager and 19 other managerial, secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

Harvey House Surgery is fully open (phones and doors) from 8am to 6.30pm Monday to Friday. There is no lunchtime closure at Harvey House Surgery. There is

extended opening every Saturday from 8.40am to midday for GP and nurse pre-bookable appointments. Appointments are available from 9am to 12.30pm and 4pm to 6pm daily and additionally from 2.30pm to 4.30pm on some days, with slight variations depending on the doctor and the nature of the appointment.

Jersey Farm Surgery is fully open (phones and doors) from 8am to midday and 3.30pm to 6pm Monday to Friday except Wednesdays when the afternoon opening is from 2.15pm to 4.45pm. When Jersey Farm Surgery is closed the phones are answered at Harvey House Surgery. Appointments are available from 9am to 12.30pm and 4pm to 6pm daily except Wednesdays when the afternoon times change from 2.30pm to 4.30pm, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 30 November 2016 and visited both surgeries. During our inspection we spoke with a range of staff including four GP partners, one nurse prescriber, one practice nurse, the practice manager, the finance manager and members of the reception and administration team. We spoke with three patients. We observed how staff interacted with patients. We reviewed 31 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident 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).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following an incident when a patient was given misleading advice by a member of non-clinical staff, the practice reviewed and reinforced its process for all patients to receive advice only as part of a clinical assessment.

We also looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We saw that a process was in place to ensure all applicable staff received the alerts. With all the examples we looked at, appropriate action was taken to respond to the alerts and keep patients safe.

### Overview of safety systems and processes

There were some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However some systems, processes and practices relating to medicines management were insufficient.

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all

staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was trained to the appropriate level. Whilst some staff were overdue completing adult and child safeguarding training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities. GPs were trained to an appropriate level to manage child safeguarding concerns (level three).

- Notices around both surgeries 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 saw both surgeries were visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. The nurse prescriber was the infection control lead. There was an infection control protocol in place and an infection control audit was last completed in October 2016. We saw evidence that action was taken to address any improvements identified as a result and that the audit was more comprehensive than those previously completed. Whilst some staff were overdue completing infection control training, the practice had a schedule in place to ensure this was completed. Despite this, all of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads

## Are services safe?

were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We checked medicines stored in the treatment rooms and medicine refrigerators at both surgeries and found they were stored securely and were only accessible to authorised staff. However, at Jersey Farm Surgery there was no appropriate system in place to check all medical consumables were in date. All the medicines (including vaccines) we checked in the treatment rooms were in date. However, we found one oxygen mask and two pieces of oxygen tubing that were beyond their expiry dates by up to nine months.
- Also, the system in place at both surgeries for recording the collection of controlled drugs prescriptions was insufficient. We saw that when prescriptions for controlled drugs were collected by pharmacy staff, practice staff documented this. However, when such prescriptions were collected by individuals, this was not documented in the appropriate patient's record and staff were unable to check who had collected the prescription and when. The practice responded appropriately and took immediate action to implement a system to record the collection of controlled drugs prescriptions.

### Monitoring risks to patients

- There were some procedures in place for monitoring and managing risks to patient and staff safety. However, at the time of our inspection the systems and processes in place relating to fire safety were insufficient. There was a health and safety policy available with posters displayed in staff areas which identified local health and safety representatives. The practice had up to date health and safety risk assessments in place for both surgeries. We saw that some of the necessary actions had been completed and others were in progress. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had Legionella risk assessments in place for both premises (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Where risks were identified the practice responded by completing the necessary actions and implementing the appropriate control measures. The practice completed its own water temperature checks; however we found that at both premises, hot water temperatures were regularly below the required level.

- There were records to show that such things as fire equipment were regularly serviced and tested. The practice completed fire risk assessments for both surgeries in October and November 2016. Plans of action were in place to control and resolve the risks identified, however these were only partially completed. Our review of documentation showed that fire alarm tests at Harvey House Surgery had started approximately two weeks before our inspection (there was no fire alarm system installed at Jersey Farm Surgery, but an alternative fire alert system was used). From our conversations with staff and our review of documentation we found that at the time of our inspection no fire drills or walkthroughs had been completed at either surgery. Following our inspection the practice was able to demonstrate a fire drill was completed at Harvey House Surgery on 15 December 2016.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that enough staff were on duty.

### 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 and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All clinical staff had received basic life support training. Although nine of the 20 non-clinical staff had not completed the training a schedule was in place to ensure this was completed in February 2017.
- The practice had defibrillators and emergency oxygen with adult and child masks available at both surgeries. These were checked and tested.

## Are services safe?

- Emergency medicines were easily accessible to staff in secure areas 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

# 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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

### 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 showed the practice achieved almost 100% of the total number of points available. Data from 2015/2016 showed;

- Performance for diabetes related indicators was above the CCG and national averages. The practice achieved 100% of the points available with 13% exception reporting compared to the CCG average of 90% with 11% exception reporting and the national average of 90% with 12% exception reporting. (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 percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 84% of the points available, with 5% exception reporting, compared to the CCG and national average of 83%, with 4% exception reporting.
- Performance for mental health related indicators was above the CCG and national averages. The practice

achieved 100% of the points available with 9% exception reporting compared to the CCG average of 95% with 9% exception reporting and the national average of 93% with 11% exception reporting.

Clinical audits demonstrated quality improvement.

- We looked at 10 clinical audits undertaken in the past two years. Two of these were full cycle (repeated) audits where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, the practice completed an audit to check that female patients with diabetes aged from 16 to 45 years were offered annual preconception counselling in adherence to protocol. By analysing the results and modifying its approach to the management of these patients, the practice improved the number of patients recorded as receiving or declining the offer of preconception counselling from 19% in January 2015 to 100% in January 2016.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### 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. It covered such topics as safeguarding, health and safety, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- 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 during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff

# Are services effective?

## (for example, treatment is effective)

received an appraisal on an annual basis. At the time of our inspection the system of appraisals for nursing and non-clinical staff was behind schedule. However, we saw evidence to show that all staff were scheduled to have an appraisal completed.

- Most staff had received training that included: safeguarding, infection control and basic life support. Most of the training was provided by the use of a recently introduced e-learning facility or in-house on a face-to-face basis. Whilst some staff were overdue completing some essential training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.

### 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 shared information systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.
- From our conversations with clinical staff, we found that at the time of our inspection, none of the GPs were aware that death certificates for patients on The Deprivation of Liberty Safeguards (DoLS) register should only be issued by a coroner and not a GP. (The Deprivation of Liberty Safeguards is a process used to lawfully deprive a person in a care home or hospital of their liberty in certain circumstances). There was also no DoLS register in place at the practice. The practice responded appropriately and took immediate action to implement a process before the end of our inspection.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from a member of non-clinical staff who was qualified and competent to complete the role. The nurses were also able to provide the service. A dietician was based at the Harvey House Surgery once each fortnight and the practice referred patients to this service for weight management advice.

The practice's uptake for the cervical screening programme in the 2015/2016 year was 80%, which was similar to the CCG and national average of 82%. There was a policy to offer reminders 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. There were 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 consequence of abnormal results.

Bowel and breast cancer screening rates were slightly above and slightly below local and national averages respectively. Data published in March 2015 showed that:

# Are services effective?

(for example, treatment is effective)

- 62% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 57% and the national average of 58%.
- 64% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

However, these were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 93% to 97%. The CCG averages were 94% to 97% and 92% to 96% respectively.

The practice participated in targeted vaccination programmes. This included the flu vaccination for children,

people with long-term conditions and those aged over 65 years. The practice had 2,011 patients aged over 65 years. Of those 1,431 (71%) had received the flu vaccination at the practice in the 2015/2016 year. A further 33 patients were recorded as having received the vaccination elsewhere.

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

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was considerably above the CCG average of 85% and national average of 84%.
- 74% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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 area to discuss their needs.

The 31 patient Care Quality Commission comment cards we received were very positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a good service and staff were thorough, considerate, understanding and caring and treated them with dignity and respect.

Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed most patients felt they were treated with compassion, dignity and respect. The practice was in line with or slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 88% and national average 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

- 91% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

### Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 178 patients on the practice list as carers. This was approximately 1.4% of the practice's patient list. Of those, none had been formally invited for and two (1%) had received a health review in the past 12 months. We spoke with senior staff about the very low rate of carers receiving a health review at the practice. They were aware of this and told us that following a period

## Are services caring?

of trying to identify carers and data cleansing their register to ensure its accuracy they were now focused on providing health reviews. They said their aim was to have invited all carers for a health review by the end of March 2017.

Dedicated carers' notice boards in the waiting areas of both surgeries provided information and advice including signposting carers to support services. Information was also available online (through the practice website) to

direct carers to the various avenues of support available to them. The practice manager was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The GPs phoned bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is a NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 209 patients (2.1% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability or dementia.
- The practice provided 15 minute appointment slots to all patients as standard.
- There were 71 patients on the practice's learning disability register at the time of our inspection. Of those, all had been invited for and 49 (69%) had accepted and received a health review in the past 12 months.
- Home visits were available for older patients and patients who would benefit from these.
- The practice provided comprehensive health assessments to housebound patients aged 75 years and over. The practice had identified 47 such patients and since April 2016, 30 (64%) had received their comprehensive assessments.
- There were 17 care homes in the practice's local area and patients of the practice resided in 15 of them at the time of our inspection. The GPs visited as and when required to ensure continuity of care for those patients.

For one of the homes for residents with increased needs there were two scheduled visits each week. The practice provided six monthly reviews to all its patients living in care homes, including a full medicines review.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Translation services including British Sign Language (BSL) were available. Hearing loops were provided at both surgeries.
- Accessible toilet facilities and baby changing facilities were provided at both surgeries.
- There was step free access to the main entrances of both premises. The ground floor waiting areas were accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. At Jersey Farm Surgery, all clinical services were provided on the ground floor. At Harvey House Surgery, as there was no lift in the premises, the practice had a process in place to provide a ground floor room for those patients who requested it or who were identified as requiring it.
- There were eight week post-natal checks for mothers and their children.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. A dual qualified NHS and Improving Access to Psychological Therapies (IAPT) counsellor was based at Harvey House Surgery twice each week. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs.

### Access to the service

Harvey House Surgery was fully open (phones and doors) from 8am to 6.30pm Monday to Friday. There was no lunchtime closure at Harvey House Surgery. There was extended opening every Saturday from 8.40am to midday for GP and nurse pre-bookable appointments. Appointments were available from 9am to 12.30pm and 4pm to 6pm daily and additionally from 2.30pm to 4.30pm on some days, with slight variations depending on the doctor and the nature of the appointment.

Jersey Farm Surgery was fully open (phones and doors) from 8am to midday and 3.30pm to 6pm Monday to Friday

# Are services responsive to people's needs?

## (for example, to feedback?)

except Wednesdays when the afternoon opening was from 2.15pm to 4.45pm. When Jersey Farm Surgery was closed the phones were answered at Harvey House Surgery. Appointments were available from 9am to 12.30pm and 4pm to 6pm daily except Wednesdays when the afternoon times changed from 2.30pm to 4.30pm, with slight variations depending on the doctor and the nature of the appointment.

In addition to GP pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was a mix of below and above local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 88% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 37% of patients said they always or almost always saw or spoke to the GP they preferred compared to the CCG average of 62% and national average of 59%.

Most of the patients who left comments for us were positive about access to the practice and appointments. However, of the 31 patients who left comments for us, three said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP of their choice when making a pre-bookable appointment. One of the three patients we spoke with reflected this view. However, those patients said access to urgent and same day appointments was good.

We discussed the below CCG and national average satisfaction scores with senior staff during our inspection. They were aware of the practice's below average satisfaction scores for the practice's opening hours and patients being able to see or speak with the GP they

preferred and could demonstrate they were responding to it. From our conversations with staff and our review of documentation we saw that a review of the practice's appointments system was underway with the aim of trialling a new system in early 2017. The staff we spoke with said they felt the below average satisfaction score on opening hours didn't reflect the efforts made by the practice to improve this. For example, for the past few years the Jersey Farm Surgery had opened additionally on a Wednesday afternoon from 2.15pm to 4.45pm which was not previously the case.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

### Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There were two designated responsible people who handled all complaints in the practice. These were the practice manager and one of the GP partners.
- We saw that information was available to help patients understand the complaints system. An overview of the practice's complaints procedure was detailed on its website and was also displayed in both surgeries.

We looked at the details of 12 complaints received since December 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following a complaint about patients being repeatedly asked for the same health related information, the practice changed the information requested on its prescription re-ordering slips and the self-login screens to prevent this.

# Are services well-led?

Good 

(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 a statement of purpose detailing its aims and objectives. These included providing the best possible quality of care whilst showing patients courtesy and respect and involving them in decisions about their care and treatment.
- The weekly practice meeting attended by the GP partners and the practice manager was used to monitor the strategic direction of the practice throughout the year. The main area of strategic focus of the practice in the past year was maintaining a high standard of care whilst improving its internal systems and processes. From our conversations with staff and our review of documentation we found the practice had made considerable progress with this, despite some gaps in areas such as medicines management and fire safety.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was an understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

During our inspection we found that some systems, processes and practices relating to medicines management and those relating to fire safety were

insufficient. However, following their own proactive attempts to improve the practice's internal systems and processes in the past six months, senior staff at the practice took immediate action to respond to the main areas of risk we identified during our inspection. They were able to demonstrate that a system to record the collection of controlled drugs prescriptions was implemented before the end of our inspection. Also, following our inspection the practice submitted evidence demonstrating progress had been made in relation to fire safety with fire drills completed by 15 December 2016.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

- The practice gave affected people reasonable support and truthful information.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- There was a regular schedule of meetings at the practice for multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. All staff were involved in discussions about

# Are services well-led?

Good 

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

how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with respiratory conditions, diabetes, learning disabilities and mental health issues. There were also nurse led clinics for patients with diabetes and respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through comments and complaints received. Although the PPG had not met since the end of 2015, it was still active and a planned meeting for 30 November 2016 was postponed when the practice's CQC inspection was announced for the same day. From our review of documentation we saw that the PPG submitted proposals for improvements to the practice management team and these were acted on. A priority area for the PPG had been extending the opening hours of Jersey Farm Surgery. In response to this and patient feedback the surgery's opening hours were extended to include a Wednesday afternoon from 2.15pm to 4.45pm.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and

treatment. The results from July 2016 to October 2016 showed that of the 130 respondents, 96 (74%) were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

We saw there were comments and suggestions boxes available for patients to use in the waiting/reception areas of both surgeries. There was also an online comments facility for patients to use accessible through the practice website. Any comments and suggestions made were reviewed by the practice manager.

The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a GP training and teaching practice and maintained high standards for supporting its trainees and medical students. One of the GPs was a qualified GP trainer and another GP was an associate trainer.

The practice team was forward thinking and had established a nurse led prediabetes clinic in July 2016. The clinic ran twice each month with the aim of educating patients found to be in the prediabetes range to prevent them progressing to type two diabetes. In the first month of the programme, 26 patients were seen and provided with diet and lifestyle advice. After three months, 19 of the 26 patients returned for their repeat blood tests and monitoring and 14 (74%) of those had blood glucose levels (blood sugar levels) in the normal range. Also, more than half had lost weight.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>We found that the registered person had not fully protected people against the risk of inappropriate or unsafe care and treatment.</p> <p>The system in place at both surgeries for recording the collection of controlled drugs prescriptions was insufficient. At Jersey Farm Surgery there was no appropriate system in place to check all medical consumables were in date. We found one oxygen mask and two pieces of oxygen tubing that were beyond their expiry dates by up to nine months.</p> <p>Plans of action to control and resolve the risks identified in the fire risk assessments were only partially completed. At the time of our inspection no fire drills or walkthroughs had been completed at either surgery.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>