

Roseneath Medical Practice

Roseneath Medical Practice

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 20 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations; however, in some areas the service's governance arrangements required review and improvement in order to ensure that they supported the delivery of safe care. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations; however, in some areas the service's governance arrangements required review and improvement in order to ensure that they supported the delivery of effective care. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that in some areas this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Roseneath Medical Practice provides a private GP service to patients. The practice is situated in premises which are shared with a dental practice, which is owned by the same partnership but did not form part of the inspection.

One of the partners is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Feedback received from speaking to patients and reviewing the CQC comment cards was positive about the service received. Patients commented that they felt confident in the clinical care they received and that they were given plenty of time during appointments.

Our key findings were:

- The practice had systems to manage risk; however, in some cases these systems required review in order to ensure that they were effective. When incidents did happen, the practice learned from them and improved their processes.
- The practice delivered care according to evidence-based guidelines; however, they did not have a process of quality assurance in order to monitor adherence to guidelines and to assess patient outcomes. The practice had not developed an effective process of evaluation to drive improvements to the quality of patient care.
- Staff involved and treated patients with compassion, kindness, dignity and respect; however, the practice did not have facilities in place to assist patients with communication needs, such as a hearing loop or access to language translators.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

- There was a focus on continuous learning and improvement at all levels of the organisation.

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review and improve arrangements to assist patients with communication needs.
- Embed the newly revised recruitment to ensure that full records are kept, in particular, written records of references collected.
- Embed the newly introduced cleaning schedule and cleaning audit process.
- Embed and monitor the effectiveness of the newly introduced guidance on checks of patient identity and parental responsibility.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations; however, in some areas the service's governance arrangements required review and improvement in order to ensure that they supported the delivery of safe care. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- At the time of the inspection there were some areas where improvements were needed in order to ensure that safe care was provided; for example, the practice had failed to ensure that their recruitment policy accurately reflected their process, failed to keep a record of the cleaning undertaken, failed to ensure that all clinical equipment was calibrated, and failed to put in place arrangements to provide a service during periods when the GP was absent.
- Overall, staff had the information they needed to deliver safe care and treatment to patients; however, their processes for sharing information with patients' NHS GPs required review and improvement.
- The practice had adequate systems to keep patients safeguarded from abuse.
- The practice had reliable systems for appropriate and safe handling of medicines.
- The practice learned and made improvements when things went wrong.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations; however, in some areas the service's governance arrangements required review and improvement in order to ensure that they supported the delivery of effective care. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The practice had some systems to keep clinicians up to date with current evidence-based practice; however, there was no process in place to record action taken in response to safety alerts and medicines updates.
- There were no ongoing quality assurance activities in place such as clinical audits, to allow the practice to assure themselves that high quality care was being consistently delivered.
- The practice did not have comprehensive arrangements in place to share information with patients' registered NHS GPs.
- The practice obtained consent to care and treatment in line with legislation and guidance; however, they had failed to establish a formal process to ensure that appropriate consent to treatment was provided on behalf of children.
- The practice had failed to put in place processes to remind patients that their cervical smear test was due.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff were consistent and proactive in helping patients to live healthier lives.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. We found one area where improvements should be made relating to the provision of a caring service.

Summary of findings

- The provider did not have arrangements in place to assist patients who required assistance to communicate; for example, they had no hearing loop and no access to language translation services.
- Staff treated patients with kindness, respect and compassion.
- The practice respected patients' privacy and dignity.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services well-led?

We found that in some areas this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We found that, whilst the service had informal processes in place to ensure the provision of safe and effective care, in some areas there was a lack of formal guidance for staff. We also found that the practice had failed to put in place quality assurance processes, such as clinical audit.

- There were some processes in place for managing risks, issues and performance; however, in some areas these were under-developed and not formalised. The risks resulting from this were low whilst the practice's patient list was small; however, if the practice were to expand, these risks could become more significant.
- Overall, the practice acted on appropriate and accurate information; however, in some areas there was a lack of information gathered and maintained.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- The practice had a clear vision and credible strategy to deliver high quality, sustainable care.
- The practice involved patients and staff to support high-quality sustainable services.
- There was evidence of systems and processes for learning, continuous improvement and innovation.

Roseneath Medical Practice

Detailed findings

Background to this inspection

Roseneath Medical Practice provides a private general practice service in Richmond, South West London to approximately 1070 patients. The practice is owned by a two-person partnership, who also own the dental practice which is located in the same building (which was not inspected on this occasion). There is one GP working for the practice, who is supported by a team of administrative staff.

The practice provides appointments seven days a week by appointment. Appointments were available from 8:30am to 5:30pm Monday to Friday with extended hours opening until 8pm on Tuesdays. On Saturdays the practice was open from 9am to 1pm and on Sundays from 10am to 2pm. We were also told that the practice could accommodate appointments outside of these times if required by a patient.

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection team was led by a CQC Lead Inspector and included a second CQC Inspector, a GP Specialist Advisor and an Expert by Experience.

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with the GP, the registered manager, and a member of the administrative team.
- Spoke with patients who used the service.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice had safety policies in place, including adult and child safeguarding policies, which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, and these outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At the time of the inspection all staff had received up-to-date safeguarding and safety training appropriate to their role; however, we noted that the GP, who was the practice's safeguarding lead, had been without up to date child safeguarding training for approximately a year prior to completing their most recent training course. There was no process in place to flag when refresher training was due for any members of staff working at the practice.
- Staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis; however, we found that the practice's approach to requesting references was inconsistent with their recruitment policy and was not documented. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control; however, at the time of the inspection the practice did not keep records of the general cleaning carried-out by the cleaner. We were

provided with evidence following the inspection that a cleaning schedule had been put in place, and that the practice would be undertaking weekly audits of the cleaning carried-out.

- There were systems for safely managing healthcare waste and managing the risks relating to the Legionella bacteria.
- The practice did not have arrangements in place to ensure that clinical equipment was maintained in working order; however, we saw evidence that immediately following the inspection the practice had arranged for an engineer to attend to calibrate their clinical equipment.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety; however, in some areas these were not documented and required review and improvement.

- There were informal arrangements in place for managing the planned absence of the GP. Prior to the GP going on planned leave, patients would be contacted to encourage them to take account of this in managing their health needs; for example, when requesting repeat prescriptions. However, for periods when the GP was absent, there was no formal guidance in place to assist administrative staff in directing patients to appropriate alternative sources of care and no formal arrangement in place to ensure that test results requiring urgent attention were actioned.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- A medical indemnity policy was in place for the GP.

Information to deliver safe care and treatment

Overall, staff had the information they needed to deliver safe care and treatment to patients; however, there were areas where processes required review.

- Overall, individual care records were written and managed in a way that kept patients safe; the patient

Are services safe?

records system allowed emails to be sent and received via the system, which were then saved to the relevant patient's record; however, when these actions were completed outside of the system, records were not always saved. For example, where the GP corresponded with patients directly through the practice's email system (rather than sending the emails via the patient records system), records had to be saved to the patient's record manually, and we saw an examples where this had not been done. When test results received were reviewed directly through the practice's email system rather than via the patient records system, they remained in the email inbox, and it was therefore not easy to identify those which had been actioned.

- The practice asked patients whether they consented to details of their treatment being shared with their registered NHS GP when they initially registered with the practice; however, we were told that patients did not typically agree to this. There was no evidence that the practice had further discussions with patients about the benefits of ensuring that their NHS GP has access to full details of the treatment they had received. The practice was able to demonstrate that, when providing treatment, they considered the risks resulting from them not having access to patients' full medical history; for example, they showed us records of a situation where they had refused to prescribe a medicine which is potentially addictive unless the patient requesting it consented to their registered GP being contacted to establish whether the medicine was suitable and safe for them.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and processes were in place to monitor the use of prescriptions for controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance; however, they did not routinely discuss with patients the benefits of sharing information about the prescribing of medicines with their registered GP, and therefore, very few patients consented to their information being shared.

Track record on safety

The practice had a good safety record; however, they did not always have processes in place to monitor activities undertaken to ensure patient safety was maintained.

- There were risk assessments in relation to safety issues.
- In some areas, the practice monitored and reviewed activity; however, at the time of the inspection there were areas where more effective recording and reviewing of activities was needed; for example, with regards to the cleaning completed. We saw evidence that immediately following the inspection, the practice had put in place a daily cleaning schedule, which included a documented weekly audit of cleaning completed.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example; following an incident where a blood sample went missing, the practice introduced a system of recording when samples are collected by the courier and contacting the laboratory daily in order to check that samples have been received.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and a verbal and written apology.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with current evidence-based practice; however, these were not always recorded. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance; however, there were no ongoing quality assurance activities in place such as clinical audits, to allow the practice to assure themselves that these standards were being consistently met.

- Arrangements were in place to ensure that medicines updates were appropriately shared with relevant staff; however, there was no record kept of the action taken.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. However, the practice did not have a process in place to ensure that patients were re-called for regular tests such as cervical screening; for patients who used the practice as their sole source of primary care and therefore did not have an NHS GP, this could result in them failing to receive these tests within guideline intervals.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity in order to review the effectiveness and appropriateness of the care provided. We were told that the reason for this was that the practice felt, as they had only been operating for just over a year, they would not be able to generate a sample of patients which would be statistically significant.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained; however, this did not include a process of flagging when refresher training was due. Staff were encouraged and given opportunities to develop.

- The practice provided staff with ongoing support. This included an induction process and annual appraisals.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

The practice did not have comprehensive arrangements in place to share information with patients' registered NHS GPs. When patients registered with the practice they were asked whether they consented to information about their care being shared with their NHS GP, and we were told that the majority of patients declined to provide this consent. The practice had no record of further conversations with patients about consenting to information sharing with their NHS GP, and there was no formal guidance in place to assist staff in deciding whether it was safe for them to provide treatment to a patient where there was no consent for the NHS GP to be informed.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice's advertising campaign in local magazines consisted of a series of articles about common illnesses and treatments. The practice was able to provide examples of patients who had made an appointment with them as a result of the information provided in these adverts, who otherwise may not have identified that their symptoms required further investigation.
- The practice provided cervical screening for patients; however, there was no system for reminding patients when a cervical smear test was due.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We were told that the practice checked that adults who accompanied children to appointments had the appropriate authority to provide consent to treatment on the child's behalf; however, there was no formal procedure in place in relation to this process, and no record was kept of the checks carried-out.

Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the four patient Care Quality Commission comment cards we received were positive about the service experienced.

Involvement in decisions about care and treatment

The practice did not have in place facilities to assist patients with specific needs to be involved in decisions about their care.

- There was no interpretation service available for patients who did not have English as a first language.
- There were no communication aids available, such as a hearing loop.

Privacy and Dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations being held in consultation rooms could not be heard by those outside.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs; for example, it offered evening and weekend consultations and allowed patients to contact the GP directly by email.
- Home visits were available for patients who were unable to attend the practice.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed one complaint and found that it was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint about a lack of information about consultation fees, the practice reviewed and made changes to the information that they provided to patients in order to ensure that all fees were clear.

Are services well-led?

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

Our findings

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance that was inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a commitment to the safety and well-being of all staff.
- The practice actively promoted equality and diversity.

Governance arrangements

There were clear responsibilities, roles and systems of accountability; however, in some areas the practice lacked procedures to support good governance and management.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Overall, practice leaders had established proper policies, procedures and activities to ensure safety; however, at the time of the inspection, in some areas these policies required review to ensure that they were practice-specific and fit for purpose. For example, the recruitment policy did not reflect the process undertaken by the practice with regards to pre-employment checks; however, we saw evidence following the inspection that this had been amended. At the time of the inspection the practice did not always have processes in place to ensure that policies and procedures were followed. For example, they did not keep records of the general cleaning undertaken by the cleaner; however, we saw evidence following the inspection that a cleaning schedule had been implemented, which included a weekly recorded audit of cleaning completed.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance; however, in some areas these were under-developed and not formalised. The risks resulting from this were low whilst the practice's patient list was small; however, if the practice were to expand, these risks could become more significant.

- The process for effectively identifying, understanding, monitoring and addressing current and future risks, including risks to patient safety, required review in some areas; for example, with regards to the risk of providing treatment to patients without notifying their registered NHS GP.
- The practice had arrangements in place to ensure that checks of patient identity and parental responsibility were checked; however, at the time of the inspection, these had not been formalised into clear guidance for staff, and records were not kept of these checks being

Are services well-led?

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

carried-out. Following the inspection we saw evidence that clear guidance had been put in place for staff with regards to the checking of patient identity and parental responsibility.

- The practice did not have a programme of clinical audit in place in order to review the effectiveness of clinical care or the adherence to clinical policy and guidance (such as adherence to prescribing guidelines). We were told that the reason for this was that they felt that the practice had not been operating for a sufficient time to have generated a sample of patients which would be statistically significant.
- There was no record kept of the action taken in response to patient safety alerts, and the practice was unable to demonstrate that they had an effective process to manage these.
- The practice had put some arrangements in place to minimise the impact of the GP's absence during periods of planned leave; however, these did not effectively mitigate the risks associated with patients being unable to access clinical care and advice. There was also no formal arrangement in place to ensure that test results requiring urgent action were actioned whilst the GP was absent.
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Appropriate and accurate information

Overall, the practice acted on appropriate and accurate information; however, in some areas there was a lack of information gathered and maintained.

- Quality and operational information was used to ensure and improve performance; however, information on the quality of the service was limited to feedback from patients and did not include information on patient outcomes or adherence to guidelines or best practice.
- We saw evidence that patients were notified of test results promptly, and the GP often corresponded with patients by email at times when the practice was closed in order to update patients as soon as information was

available; however, correspondence with patients outside of the patient record system required manual uploading of emails to the patient's record, and the process for doing this was not fail-safe.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used patient satisfaction information, which was monitored and discussed in order to ensure that patients were happy with the service being provided.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support high-quality sustainable services.

- The practice collected patient feedback from a range of sources and used this to inform their plans for developing the service.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The practice was committed to providing a high level of service to its patients, and all staff had participated in customer service training in order to improve patients' experiences.
- The GP aimed to provide an holistic service to patients and had undertaken training in cognitive behavioural therapy in order to expand the service they were able to provide. The GP had also developed health checks for patients in order to promote healthy living.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Specifically, the provider had:</p> <ul style="list-style-type: none">• Failed to put in place formal guidance to assist staff in signposting patients to appropriate care during periods when the GP was absent.• Failed to put in place processes to ensure that patient records are kept up to date.• Failed to ensure that safe and effective arrangements are in place to ensure that information is shared with patients' registered NHS GP where appropriate.• Failed to ensure that arrangement were in place to record the action taken in response to patient safety alerts.• Failed to put in place a programme of quality assurance in relation to adherence to clinical guidelines and patient outcomes.• Failed to put in place a process to ensure that patients are reminded when their cervical smear test was due.• Failed to put in place processes to flag when staff are due to undertake mandatory training courses.• Failed to put in place processes to ensure regular calibration of clinical equipment. <p>This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>