

# The Cedars Surgery

## Quality Report

87 New Bristol Road  
Worle  
Weston-super-Mare  
BS22 6AJ

Tel: 01934 515878

Website: [www.cedarssurgerywsm.com](http://www.cedarssurgerywsm.com)

Date of inspection visit: 8 September 2016

Date of publication: 18/11/2016

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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	13

### Detailed findings from this inspection

Our inspection team	14
Background to The Cedars Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	17
Action we have told the provider to take	28

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Cedars Surgery on 8 September 2016. Overall the practice is rated as requires improvement.

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.
- Risks to patients were assessed and managed. However, we found that some systems were not implemented well enough to keep patients safe.
- The practice utilises the Map of Medicine system to access up to date clinical pathways and make referrals; and we saw evidence of monthly safety searches for high risk medication such as disease modifying anti-rheumatic drugs (DMARDs).
- We saw evidence of responding to patients' needs such as longer appointments and extended opening hours.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. Staff told us there was an open, honest and positive culture in the practice and

# Summary of findings

we saw that access to all policies and procedures was readily available to all. However, the practice did not have a documented business plan and business development meetings were not minuted.

- The practice proactively sought feedback from staff and patients, which it acted on. We saw evidence of forward thinking and involvement in local initiatives and developments for the benefit of patients. For example, we saw evidence of consultation with staff and patients regarding changes such as the sharing of information on a potential practice merger.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that patient records are secure to prevent unauthorised access.
- Ensure that a fire risk assessment is carried out, documented and any actions identified are addressed, including ensuring regular fire drills are carried out.
- Implement a system to ensure all Patient Group Directions are current, authorised and signed before vaccinations are provided to patients.
- Ensure all staff receives up to date training in basic life support, safeguarding and fire safety.
- Ensure that arrangements for infection prevention and control are reviewed, recorded and any identified actions are addressed for the Village Surgery site.

The areas where the provider should make improvement are:

- Review arrangement to ensure that Independent Prescribers receive mentorship and support from the medical staff for this extended role.
- Review the arrangements for security of blank prescription paper for times when clinical rooms are unoccupied.
- Review personnel files to ensure that records of all appropriate recruitment checks undertaken prior to employment were included.
- Review arrangements to ensure all MHRA (Medicines and Healthcare products Regulatory Agency) safety alerts are recorded and addressed.
- Review arrangements for temperature checks of vaccine storage and ensure recording is complete.
- Review the arrangements for quality improvement such as clinical auditing.
- Review the arrangements to ensure patient consent is recorded in medical records.
- Review the process to triage requests from patients for a home visit to ensure there is no undue delay.
- Review arrangements for business planning and strategic development to develop more structure, documentation and cohesion in the management team.
- Review arrangements to identify and support military veterans, in line with the military veteran's covenant.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- We saw evidence of monthly safety searches for high risk medication such as disease modifying anti-rheumatic drugs (DMARDs).
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not have fully effective systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated they understood their responsibilities. However, not all staff had received training on safeguarding children and vulnerable adults relevant to their role. For example, ten staff, including two GPs and two of the nursing team, had no record of safeguarding training. All other GPs were trained to safeguarding children level three.
- Although risks to patients were assessed, we found some gaps in risk assessment and the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, no fire risk assessments or regular fire drills had been carried out for either practice; and there was no audit of infection prevention and control for the Village Surgery. We found gaps in the monitoring of vaccine fridge temperatures; in the monitoring and response to safety alerts; in the arrangements for clinical supervision of some staff; and in the security of blank prescription paper. We found in some personnel files that not all appropriate recruitment checks had been undertaken prior to employment.

Requires improvement



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Requires improvement



# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance. However, we found gaps in the recording of patient consent for some treatments.
- Some clinical audits had been carried out, however, there was no evidence that audit was driving improvement in patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we found that not all staff had received up to date training in relevant topics, such as basic life support, safeguarding and fire safety.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was delivered in a coordinated way.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice utilised the Map of Medicine system to access up to date clinical pathways and produce referral documents automatically populated with patient details.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with a condition other than cancer and people with dementia.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, there was no formal process to review and prioritise requests from patients for a home visit.
- 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 requires improvement for being well-led, as there are areas where improvements should be made.

- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. However, these were not minuted and there was no overall business or development plan documented.
- A governance arrangement supported the delivery of the strategy and good quality care. This included arrangements to monitor and identify risk. However, we found gaps in the assessment and monitoring of risk; and there was no evidence that demonstrated quality improvement.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. However, not all staff had received up to date training in basic life support, safeguarding and fire safety. There were no formal arrangements to mentor or support independent prescribers.
- 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 for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. However, we found that the system for monitoring safety alerts was not implemented well enough to keep patients safe.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

## Requires improvement



# Summary of findings

- There was evidence of continuous learning and a desire for improvement at all levels. Staff training was a priority and was built into staff rotas. However, we found gaps in ensuring that all staff had received up to date training in relevant topics.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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 provider was rated as requires improvement for the provision of safe, effective and well led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- 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 identified at an early stage older people who may be approaching the end of life. It involved older people in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, GPs from the practice supported patients in three local nursing homes through twice weekly visits.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, patients aged over 75 years could access support from a Community Care Advisor.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for the provision of safe, effective and well led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national averages. The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health

**Requires improvement**



# Summary of findings

and help them improve their lifestyle. For example, two members of staff regularly reviewed the clinical system and sent letters where appropriate inviting patients to attend for a review.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, we saw evidence of monthly safety searches for high risk medication such as disease modifying anti-rheumatic drugs (DMARDS).

## Families, children and young people

The provider was rated as requires improvement for the provision of safe, effective and well led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice provided support for premature babies and their families following discharge from hospital and children were always given a same day appointment.
- Performance for cervical screening related indicators was similar to the CCG and national averages. For example, 77% of patients eligible patients attended within the target period, compared with the CCG average of 77% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

**Requires improvement**



# Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses including a regular weekly visit by the midwife.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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

The provider was rated as requires improvement for the provision of safe, effective and well led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. For example, extended hours appointments were available early each morning at the Cedars Surgery; on one evening a week at the Village Surgery; and on Saturday mornings once a month.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for the provision of safe, effective and well led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. However, the practice had carried out an audit that demonstrated a deterioration in performance.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice participated in Gemini scheme (an independent local scheme to develop existing domestic abuse accommodation, support and training for women, men and children) to support patients experiencing domestic abuse.

Requires improvement



# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider was rated as requires improvement for the provision of safe, effective and well led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice specifically considered the physical health needs of people with poor mental health. For example, patients were referred to the Positive Steps councillor who held weekly sessions at the practice to help patients with common mental health difficulties to receive advice about self-help and develop skills for good mental health.
- The practice had a system for monitoring repeat prescribing for people receiving medication for mental health needs.
- Performance for mental health related indicators was better than the clinical commissioning group (CCG) and national averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in their record in the last year, compared with the CCG average of 93% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- People at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

## Requires improvement



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

### What people who use the practice say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 250 survey forms were distributed and 124 were returned. This represented approximately 1% of the practice's patient list. Results from the survey showed:

- 71% of patients found it easy to get through to this practice by phone compared with the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared with the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the national average of 79%.

As part of our inspection we spoke to patients and also asked for CQC comment cards to be completed by patients prior to our inspection. We received feedback from five patients who were all positive about the standard of care received. Patients said they were satisfied with the care they received and thought staff were committed, efficient and caring. They told us they were treated with respect, staff were helpful and friendly and that the practice was clean and tidy.

Eleven patients had given feedback regarding the Cedars Surgery on the NHS Choices website giving an overall rating of two out of five stars; and nineteen patients had given feedback regarding the Village Surgery giving an overall rating of four and a half stars out of five.

Feedback from patients who responded to the friends and family test over the last six months indicated that 89% were likely or extremely likely to recommend the practice to others and 2% were unlikely, or extremely unlikely to recommend the practice.

# The Cedars Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Cedars Surgery

The Cedars Surgery is located in Worle, close to Weston-super-Mare. The practice serves a local population of approximately 14,700 patients from the town and the surrounding area. The practice has recently combined with another local practice, The Village Surgery which had become a branch surgery. We have received an application from Worle Medical Centre who are in the process of merging to also become a branch surgery. This inspection report relates to the Cedars and Village Surgeries only, which serve 10,500 patients. The report relates to the

Regulated Activities carried out at the following locations:

The Cedars Surgery,

87 New Bristol Road,

Worle,

Weston-super-Mare

BS22 6AJ

The Village Surgery,

Hill Road East,

Worle,

Weston-super-Mare

BS22 9HF

There is some on-site parking, including spaces for patients with a disability at the Cedars Surgery site plus adjacent on road parking. There is a public car park serving both the Village Surgery and Worle Medical Centre sites which is free for two hours.

The principal GP is an individual provider and employs four salaried GPs, plus long and short term locum GPs. Between them they provide typically 40 GP sessions each week and are equivalent to 3.75 whole time employees.

Four GPs are female and one is male. There are eight practice nurses employed by the practice whose working hours are equivalent to 4.8 whole time employees (WTE), including two independent prescribers who offer eight sessions per week. Four health care assistants are also employed with combined hours of 2.6 WTE. The GPs and nurses are supported by 21 management and administrative staff including a practice manager and deputy practice manager.

The practice's patient population has slightly more patients between the ages of 5 and 14 years; between the ages of 45 and 49 years; and aged over 65 years than the national average. Approximately 20% of the patients are over the age of 65 years compared to a national average of 17%. The patient population has fewer patients between the ages of 20 and 39 than the national average.

Approximately 60% of patients have a long standing health condition compared to a national average of 54% which can result in a higher demand for GP and nurse appointments. Patient satisfaction scores are in line with national averages with 89% of patients describing their overall experience at the practice as good compared to a national average of 85%.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the

## Detailed findings

fourth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male life expectancy for the area is the same as the national and local average of 79 years and for females is 85 years respectively which is one year more than the Clinical Commissioning Group average and two years more than the national average.

The practice is open between 8am and 6.30pm Monday to Friday at both sites. Appointments are available from 8:30am and telephone access is available from 8am. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day along with telephone consultations.

Extended hours, pre-bookable appointments are offered each morning at the Cedars Surgery from 7.30am until 8am; and at the Village Surgery on Wednesday evenings from 6.40pm until 7.20pm. The practice also offers clinics on Saturday mornings once a month, usually at the Cedars Surgery. Once a month the practice is closed on a Wednesday or Thursday afternoon from 1pm until 3pm for staff training. GP appointments are 10 minutes each in length. Appointment sessions are typically 8.30am until 11.30am and 3pm until 6pm. Each consultation session has 18 appointment slots. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is a teaching practice and there were three registrar GPs placed with them at the time of our inspection. The practice also hosts placements for medical students. Two of the GPs are GP trainers and this provides training resilience when one of the training GPs is away.

The practice has opted out of providing out-of-hours services to their own patients, this is provided by Brisdoc and patients are directed to this service by the practice outside of normal practice hours. Information on how to access the out of hours service is also provided on the practice website.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 September 2016. During our visit we:

- Spoke with a range of staff (fourteen people, including GPs and nursing, management and administration staff) and spoke with patients who used the service, including representatives of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

# Detailed findings

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.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. However, we saw that some alerts from the MHRA (Medicines and Healthcare products Regulatory Agency) had not been recorded in the system used by the practice. We spoke with the practice who developed an improved process during our visit and carried out action to review and address the missed alerts.

### Overview of safety systems and processes

The practice did not have fully effective systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities. However, ten staff, including two GPs and two of the nursing team, had no record of training on safeguarding children and vulnerable adults relevant to their role. All other GPs were trained to safeguarding children level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been carried out for the Cedars Surgery and we saw evidence that action was taken to address any improvements identified as a result. However, no audit had been carried out for the Village Surgery.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we found that temperature checks of vaccine storage were not recorded on some days at the Village Surgery site. We spoke with the practice about this and they provided evidence, within 48 hours of the inspection, that procedures had been amended and additional temperature data loggers had been ordered.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence of monthly safety searches for high risk medication such as disease modifying anti-rheumatic drugs (DMARDs).
- Blank prescription paper and pads were securely stored when clinical rooms were not in use and there were systems in place to monitor their use. However, when

## Are services safe?

clinical rooms were in use but the clinician was not present, blank prescriptions were not secure, being held in unlocked printers at both sites. We spoke to the practice who, within 48 hours of the inspection, provided evidence that arrangements were being made to ensure the security of blank prescriptions at all times. This included the provision of lockable printer facilities.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. We were told that they felt supported by the GPs, however, there was no formal arrangement for mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription (PGD) or direction from a prescriber. However, we found that three PGDs at the Village Surgery did not have an authorising signature from a GP and two were not signed by nurses. We spoke to the practice who, within 48 hours of the inspection, provided copies of current PGDs signed by the nurses and the authorising GP. This ensured that medicines were administered in line with current requirements for safe and appropriate care.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The practice utilised the Map of Medicine system to access up to date clinical pathways and produce referral documents automatically populated with patient details; and we saw evidence of monthly safety searches for high risk medication such as disease modifying anti-rheumatic drugs (DMARDs).
- We reviewed five personnel files and found not all appropriate recruitment checks had been undertaken prior to employment. These should include, for example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, we found three of the files did not include evidence of satisfactory conduct in previous health or social care employment or verification of reasons why previous employment with vulnerable children or adults had ended.

- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. However, the practice did not have an up to date fire risk assessment for the Cedars Surgery or Village Surgery premises and had not carried out regular fire drills. We spoke to the practice who, within 48 hours of the inspection, provided evidence that fire risk assessments had been carried out at both premises; that a fire drill had been carried out; and that fire safety training had been arranged.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, we found one nebuliser had not been tested for electrical safety since February 2015. We spoke to the practice who explained it had been on loan to a patient when all other equipment was tested. It was withdrawn from use and arrangements made to carry out testing. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no evidence of an infection prevention and control audit for the Village Surgery site. We spoke to the practice who, within 48 hours of the inspection, confirmed that an infection control audit had been completed.

## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There were emergency medicines available in the treatment room. However, twelve staff had not received annual training in basic life support and thirteen had

not received fire safety training. We spoke to the practice who, within 48 hours of the inspection, provided evidence that training in these matters had been arranged.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available compared with the CCG average of 97% and national average of 95%. The data indicated 12% overall exception reporting for clinical domains which was in line with the CCG average of 11% and the national average of 9%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 89% of patients on the diabetes register had a record of a foot examination in the last year, compared with the CCG average of 90% and the national average of 88%.
- Performance for mental health related indicators similar to the CCG and national averages. For example, 87% of patients diagnosed with dementia had their care reviewed in a face to face review in the last year, compared with the CCG average of 85% and the national average of 84%.

There was no evidence of quality improvement resulting from clinical audit:

- There had been three clinical audits completed in the last two years. However, there was no evidence that potential improvements had been identified, discussed, implemented or monitored. Two of the audits only covered a single cycle and no re-audit date had been set. The third audit was a two cycle audit but demonstrated a deterioration in performance and no re-audit date had been set.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions we saw evidence of training in advanced asthma care, wound care and management and stop smoking support.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, there were no formal arrangement to ensure that Independent Prescribers received clinical mentorship and support for this extended role. We spoke to the practice who, within 48 hours of the inspection, confirmed that arrangements had been agreed for this clinical support.
- All staff had received an appraisal within the last 12 months and had access to and made use of e-learning training modules and in-house training. However, we found that not all staff had received training in

# Are services effective?

## (for example, treatment is effective)

safeguarding, fire safety awareness and basic life support. For example, twelve staff had no record of current basic life support training and thirteen staff had no record of fire safety training. We spoke to the practice who, within 48 hours of the inspection, provided evidence that training sessions were booked to ensure all staff were trained.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different people, including those who may be vulnerable because of their circumstances. We saw that palliative care nurses attended clinical meetings.

### Consent to care and treatment

Staff sought verbal patients' consent to care and treatment in line with legislation and guidance. However, signed consent was not obtained from patients having contraceptive devices fitted or receiving joint injections. We spoke to the practice about this and were told that consent forms were brought into use the next day and patient consent to their treatment and the associated risks with these procedures were now being recorded on patient records.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service .
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the clinical commissioning group (CCG) average of 77% and the national average of 82%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 99%, compared with the CCG averages that ranged from 83% to 98%; and five year olds from 96% to 100%, compared with the CCG averages that ranged from 94% to 99%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the feedback we received from talking to patients and patient Care Quality Commission comment cards was positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared with the CCG average of 89% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

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

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

Children and young people were treated in an age-appropriate way and recognised as individuals. We saw that young patients could access the No Worries clinic to receive support and advice on sexual health.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

The national GP patient survey results were better than CQC or national averages in some areas. For example:

## Are services caring?

- 72% of patients with a preferred GP usually get to see or speak to that GP compared with the CCG average of 55% and the national average of 59%.
- 72% of patients usually wait 15 minutes or less after their appointment time to be seen with the CCG average of 59% and the national average of 65%.
- 80% of patients describe their experience of making a n appointment as good with the CCG average of 74% and the national average of 73%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. There was a large amount of information on display in the Village Surgery waiting area. The practice told us that they were

reviewing this information to simplify the display. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 298 patients as carers (about 3% of the practice list). Written information was available to direct carers to the various avenues of support available to them in the form of a carers pack available at reception. Elderly carers were offered timely and appropriate support, however, the practice did not have arrangements to identify or support military veterans.

The practice had not identified a member of staff to act as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice told us they would identify a carer's champion for each surgery site; and provided, within 48 hours of the inspection, a protocol to identify, code and offer priority support to military veterans.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' each weekday morning from 7.30am until 8am; on Wednesday evenings from 6.40pm until 7.20pm; and on one Saturday morning each month for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. However, there was no formal process in place to triage patient requests for home visits to ensure there was no undue delay.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The GPs made regular visits to local residential homes to provide care for patients with a learning disability and to elderly patients, for example, for those living with dementia.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8:30am to 11.30pm every morning and 3pm to 6pm daily. Extended hours, pre-bookable appointments were offered each morning at the Cedars Surgery from 7.30am until 8am; and at the Village Surgery on Wednesday evenings from 6.40pm until

7.20pm. The practice also offered clinics on Saturday mornings once a month, usually at the Cedars Surgery. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent and telephone appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared with the CCG average of 77% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared with the CCG average of 71% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had an informal system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. However, there was no formal process to review and prioritise requests from patients for a home visit, in line with current NHS England guidance. We spoke to the practice about this and they provided, within 48 hours of the inspection, evidence that they had changed their protocol so clinicians would review patient requests frequently each day, to avoid any undue delay.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, there was a summary leaflet available in reception and a poster displayed in the waiting area. The staff handbook included procedures and guidance for staff.

We saw the log of complaints and looked at three complaints received in the last 12 months and found these

had been satisfactorily handled, in a timely way and demonstrated openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. However, the practice did not have a documented business plan which reflected the vision and values and which could be regularly monitored. Such a plan would enable the practice to confirm the steps to be taken over the next few years, to ensure these will realise benefits for patients in line with the practice's vision and values; and enable stakeholders to be involved in changes. It would also enable review of the current processes, staffing, premises and equipment to identify areas for improvement and monitor progress. We spoke with the practice who told us they would review arrangements for business planning and development to develop better structured, documented and cohesive management arrangements.

We saw that all staff took an active role in ensuring high quality care on a daily basis and behaved in a kind, considerate and professional way.

### Governance arrangements

The practice had a governance framework which supported the delivery of good quality care. However, we found gaps in the assessment and monitoring of risk; and governance arrangements did not ensure all policies and procedures had been implemented effectively. We saw that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. However, we found gaps in the system for staff supervision and training. For example, the arrangements for monitoring and recording had not ensured all staff had received appropriate supervisory support; or up to date training in basic life support, safeguarding and fire safety.
- Practice specific policies were available to all staff and were updated and reviewed regularly. However, governance arrangements did not ensure they were implemented effectively. For example, no fire risk

assessment had been carried out for each site; five Patient Group Directions were not authorised and signed before vaccinations were provided to patients; and patient consent was not obtained for some procedures.

- An understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. However, there was no formal process in place to triage patient requests for home visits in order to avoid undue delay; and no process to identify and provide support to military veterans.
- Some clinical and internal audits were used to monitor quality. However, there was no evidence that demonstrated quality improvement from these audits.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we saw that patient records were held in an area in the Cedars Surgery that was not locked and where staff were not always present; blank prescription paper was not always securely stored; some personnel records were incomplete; and arrangements for monitoring vaccine storage temperatures, recording and addressing safety alerts, and infection prevention and control were not implemented effectively.
- There was a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

We discussed the matter of concern with the practice who, within 48 hours of the inspection, provided evidence that appropriate action had been taken on all the issues identified.

### Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

# Are services well-led?

Requires improvement 

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

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

However, the leadership and culture for oversight, monitoring and assessing risk were not always implemented well enough to keep patients safe. For example, there was no infection prevention and control audit for the Village Surgery site; and the system for safety alerts had not recorded or addressed six safety alerts regarding drugs and medical devices. We spoke to the practice who, within 48 hours of the inspection, provided evidence that an infection control audit had been carried out; and that arrangements were in place to record all safety alerts and the resulting action.

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

- Management meetings were held to govern activity and progress developments, however, these were not minuted and no overall business or development plan was documented. We spoke to the practice about this and were provided with evidence, within 48 hours of the inspection, that a meeting had been held and a five year business plan drafted.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about 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. However, not all staff had received up to date training in basic life support, safeguarding and fire safety. There were no formal arrangements to mentor or support independent prescribers.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, patient information leaflets had been produced or improved in line with suggestions from the PPG.
- The practice had gathered feedback from staff through monthly team meetings and generally through staff appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was hosting a COPD nurse as part of a local pilot scheme, had developed improved diabetes self-management including the use of a patient diary, supported the local scheme for patients suffering domestic abuse and were using the Map of Medicine system to ensure GPs accessed up to date clinical pathways and referral forms.

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>The registered person did not ensure:</p> <ul style="list-style-type: none"><li>- the proper and safe management and administration of medicines as not all Patient Group Directions were authorised and signed before vaccinations were provided to patients;</li><li>- that the premises used by the service provider were safe to use as no fire risk assessment or fire drills had been carried out; and</li><li>- that an assessment had been made of the risk and actions taken to prevent, detect and control the spread of infections.</li></ul> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not securely maintain records in respect of each service user as access to medical records was not restricted to only authorised people.</p> <p>This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person did not ensure:</p>

This section is primarily information for the provider

## Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

- all staff had received appropriate and up to date training in basic life support, safeguarding and fire safety.

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