

Foden Street Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Foden Street Surgery on 19 September 2017. Overall the practice is now rated as Good.

The practice was formerly a GP partnership, known as The Surgery- Foden Street, and had previously been inspected on 23 November 2015. Following this comprehensive inspection the overall rating for the practice was Requires Improvement. We found four breaches of the legal requirements and as a result we issued requirement notices in relation to:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Safe care and treatment.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Good Governance.

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Staffing.

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Fit and proper persons employed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Foden Street Surgery on our website at www.cqc.org.uk.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was a system in place to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- 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 care and treatment.

Summary of findings

- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available but not readily accessible. Improvements were made to the quality of care and access to services as a result of complaints and concerns.
- Data from the national GP patient survey published in July 2017 showed patients rated the practice in line with others for most aspects of care.
- There was a clear leadership structure in place and staff felt supported by the management team. The practice responded positively to feedback from staff and patients.
- The practice had effective procedures for the storage of emergency medicines and regular checks were undertaken to ensure medicines were fit for use.
- Effective systems were in place for identifying and assessing the risks to the health and safety of patients and staff. However, not all of the required health and safety checks had been undertaken.
- Patients found it easy to make an appointment, with urgent appointments available the same day.
- Data from the Quality and Outcomes Framework showed patient outcomes were higher than average when compared to the local and national averages for most clinical indicators.
- Governance arrangements had improved. There was effective clinical leadership in place and staff were aware of their roles and responsibilities. The provider had acquired a practice manager mentor to support the practice management team to review and further develop the administrative governance arrangements in place.

- The practice was well equipped to treat patients and meet their needs.

The areas where the provider must make improvement are:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The areas where the provider should make improvements are:

- Carry out a regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- Ensure health and safety checks are undertaken at the recommended timescales.
- Consider identifying and improving the number of carers registered.
- Consider expanding the availability of staff to chaperone to provide a more flexible service for patients.
- Improve the arrangements for advising patients of the appointment system.
- Consider making the complaints and suggestions leaflet more readily accessible.

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.

Requires improvement



- There was a system in place for reporting and recording significant events. However, a regular analysis of significant events had not been carried out to identify any common trends, maximise learning and help mitigate further errors.
- The practice had clearly defined and embedded safeguarding procedures in place. Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- Arrangements for identifying, recording and managing risks were in place to ensure that patients and staff were protected from the risk of harm. However some checks in relation to health and safety were not carried out at the recommended timescales.
- The practice system for prescribing high risk medicines on a shared care basis ensured patients had received the recommended monitoring before prescriptions were issued.
- There was a formal system in place to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Not all the required recruitment checks had been obtained prior to employment.
- The practice had systems to help manage unplanned emergency events.

Are services effective?

The practice is rated as Good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were higher than average when compared to the local and national averages for most clinical indicators (98% compared to the CCG average of 96% and national average of 95%).
- Staff were aware of and worked in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement in patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment. There was an established workforce in place with low staff turnover.

Summary of findings

- There was evidence of completed appraisals for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2017 showed patients rated the practice in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- Staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had 23 patients identified as carers (0.65% of the practice list) and were currently in the process of identifying more carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- On the day, emergency and pre-bookable appointments were available in addition to telephone consultations.
- Most patients said they found it easy to make an appointment, with longer appointments available for patients with complex health needs.
- The practice was well equipped to treat patients and meet their needs.
- There was a designated person responsible for handling complaints. Information about how to complain was available but not readily accessible. Evidence reviewed showed the practice responded to issues raised and learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had experienced a change in leadership and had effectively managed the transition smoothly.

Summary of findings

- There was a 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. GPs and the management team encouraged a culture of openness and honesty and staff felt supported in their work.
- The practice had policies and procedures to govern activity. Regular staff meetings were held and recorded.
- The provider was aware of the requirements of the duty of candour.
- Staff had received induction, annual performance reviews and attended staff meetings and training opportunities.
- The practice sought feedback from staff and patients and were looking to further develop the patient participation group (PPG).

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice had a dedicated part-time care co-ordinator who monitored and worked with patients to try to avoid emergency admissions to hospital. They assisted with holistic assessments and worked with the practice and other health care professionals in the care of these patients in addition to providing end of life support.
- The practice was responsive to the needs of older patients and offered home visits, a dedicated weekly clinic to review care plans and urgent appointments for those with enhanced needs.
- Telephone consultations were available with a GP, nurse and care co-ordinator to help these patients who required advice.
- Elderly patients were offered flu vaccinations at the practice or in the convenience of their own home.

People with long term conditions

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

Good



- There was a system to recall patients for on-going monitoring or annual reviews to check their health and medicines needs were being met.
- The practice provided individual and personalised management plans and offered priority access to these patients.
- Patients who were at risk of hospital admissions were identified using a risk stratification tool.
- The overall performance for most diabetes related indicators was comparable to or above the clinical commissioning group (CCG) and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 76% compared with the CCG and the national average of 78%. The practice exception reporting rate of 4% was lower than the CCG average of 9% and the national average of 12.5%, meaning more patients were included.

Summary of findings

- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions were offered an annual flu vaccination at the practice or at home.

Families, children and young people

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

Good



- There was a dedicated safeguarding lead and staff had received safeguarding training. For example, the lead GP had been trained to level four in safeguarding children.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and children who were at risk, for example, children with protection plans.
- Immunisation rates for the vaccinations given were in line or above standard for childhood vaccinations. Rates for the vaccines given to children aged two ranged from 97% to 100% and from 94% to 98% for five year olds. Two childhood immunisation clinics were held each week or at an alternative time to help with accessibility and continuity of care.
- Same day appointments were available for children with urgent medical need.
- Appointments were available outside school hours and the premises were suitable for children and babies.
- Family planning services was available in addition to lifestyle and healthy living advice for women who were attempting to become pregnant and expectant mothers and fathers.

Working age people (including those recently retired and students)

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

Good



- Telephone consultations were available in addition to early morning appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Lifestyle advice including healthy eating and smoking cessation was available in the surgery and on the practice website.
- New patient health checks in addition to NHS Health checks for patients aged 40 to 74 years were available.

Summary of findings

- The practice allowed the temporary registration of patients.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice offered longer appointments for patients with a learning disability and for patients with complex needs. Annual health checks were offered to patients with a learning disability.
- The practice had a care co-ordinator available to assist patients with accessing various support groups and voluntary organisations. They and the practice regularly worked with other health care professionals in the case management of vulnerable patients.
- An alert was added onto vulnerable patient records to alert the team whenever the record was opened.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was comparable to the local CCG and national averages for most indicators. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 90% compared to the CCG average of 90% and national average of 89%. The practice clinical exception rate of 0% was lower than the local CCG average of 11.5% and the national average of 12.7%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 89%, which was higher than the CCG and national averages of 84%. However, the practice clinical exception rate of 25% was higher than the CCG and the national averages of 7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



Summary of findings

- The practice had information available to signpost patients experiencing poor mental health and were able to refer patients or patients could self-refer to a consortium made up of specialist mental healthcare providers.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results cover the period January 2017 to March 2017. The practice changed legal entity on 1 February 2017 changing from a partnership to an individual GP. The survey invited 302 patients to submit their views on the practice and 111 surveys were returned. This gave a return rate of 37%. The results showed the practice was performing in line with local and national averages for most questions asked. Data showed:

- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 84%.
- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 71%.
- 93% of patients said they had confidence and trust in the last GP they saw or spoke with compared to the CCG and the national averages of 95%.
- 90% of patients found the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 60% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 75% and the national average of 77%.
- 92% of patients found the receptionists at this surgery helpful compared to the CCG average of 86% and the national average of 87%.

The practice had developed an action plan to address any shortfall identified as a result of the survey and had

discussed this at a practice meeting held. In relation to only 60% of patients surveyed recommending the practice, the provider stated in their action plan that this result contradicted the results in the NHS Friends and Family Test (FFT) with the vast majority of patients stating that they are very likely or likely to recommend the practice. The FFT is a tool used to gain feedback from patients about the service provided. The provider said they were looking to raise the profile of the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 completed comment cards. Sixteen were very positive about the about the services experienced and two contained mixed comments. Staff were cited as 'very welcoming', 'reassuring', 'efficient' 'caring' and 'professional'. One card mentioned the lack of involvement in decision making regarding their treatment and another was in relation to a late appointment. One patient commented that they had found the practice had much improved over the past few months.

On the day of the inspection, we spoke with eight patients who used the service, including one member of the Patient Participation Group (PPG). Feedback was mainly positive. Most patients told us they were generally happy with the service they had received, however five patients told us that getting bloods taken outside of the practice was inconvenient and troublesome. Four patients shared the same concerns in relation to the difficulties getting through to the practice by telephone and the availability of appointments and found the practice appointment system confusing.

There were five reviews of the practice on NHS Choices, a website that allows patients to share their experiences on healthcare services. The practice was rated 3.5 * based on five ratings with the last review being posted in September 2016, prior to the change in legal entity.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Action the service **SHOULD** take to improve

- Carry out a regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- Ensure health and safety checks are undertaken at the recommended timescales.

- Consider identifying and improving the number of carers registered.
- Consider expanding the availability of staff to chaperone to provide a more flexible service for patients.
- Improve the arrangements for advising patients of the appointment system.
- Consider making the complaints and suggestions leaflet more readily accessible.

Foden Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Foden Street Surgery

Foden Street Surgery is located in Stoke On Trent and is registered with the CQC as a single handed provider following a change of legal entity from a partnership on 1 February 2017. The provider holds a General Medical Services contract with NHS England and is a member of the Stoke On Trent Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The premises is a single storey purpose built building with a designated car park. The practice is managed by a female GP who works full time. The GP is assisted by a part-time regular male GP a practice nurse, a health care assistant, a practice manager, a deputy practice manager and team of reception and administrative staff. A care co-ordinator is employed on a part time basis to proactively review the care provided to patients over 65 and those who have attended accident and emergency.

The practice has 3525 registered patients. The locality has a higher level of deprivation when compared with the national average. The practice age distribution is mainly in line with the CCG and national averages with the exception of more male patients aged 25-59 years.

The practice is open from 8am to 6pm on Monday to Friday, except on Thursday when opening times are from 8am to 1pm. During these times the reception desk and telephone lines are always staffed. Patients can book appointments in person, on-line and by telephone. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

We previously undertook a comprehensive inspection of The Surgery- Foden Street on 23 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Requires Improvement overall. The full comprehensive report following the inspection on 23 November 2015 can be found by selecting the 'all reports' link for Foden Street Surgery on our website at www.cqc.org.uk.

Following the retirement of a senior partner, the provider re-registered from a partnership to an individual with CQC on 1 February 2017. The practice is now registered as Foden Street Surgery.

We undertook a comprehensive follow up inspection of Foden Street Surgery on 19 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a comprehensive inspection of Foden Street Surgery on 19 September 2017. Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed information the practice provided us in preparation for the inspection. During our visit we:

- Spoke with a range of staff including the lead GP, the practice nurse, the health care assistant, practice manager mentor, assistant practice manager, care co-ordinator, a secretary and two receptionists.
- Spoke with eight patients who used the service including a member of the Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

When we previously inspected the practice on 23 November 2015 we identified issues affecting the delivery of safe services to patients. At that time we rated the practice as requires improvement. This was because:

- The provider had not mitigated all of the risks identified in an infection prevention and control audit. We saw that the infection control risks from modesty curtains, hand washing soap dispensers and the training and immunisation needs of staff had not been mitigated.
- There was not a recorded system of checking emergency equipment to ensure it was safe for use. The defibrillation pads contained in the Automated External Defibrillator unit were out of date.
- There was not an effective system for receiving external medicines alerts.
- Recruitment checks for staff did not meet legislative requirements and accurate records were not kept of staff members' suitability for employment or training they had undertaken.
- The provider did not always operate systems and processes to enable them to identify risks to the health and safety of people who use the service. We saw examples of policies that had passed their review date, had no review date or had not been adapted to meet the specific needs of the practice.

We issued requirement notices in respect of these issues. Improvements were also required around the reporting and investigating of significant events. Ensuring all staff were trained in safeguarding vulnerable adults. Reviewing computerised records of children identified at increased risk of harm. Ensuring the safe storage of vaccines. Improving the storage and handling of blank prescription forms. Completing a legionella risk assessment and improving the availability of emergency medicine to include medicines to treat prolonged convulsions (fitting).

We found most of these arrangements had improved when we undertook a follow up inspection of the service on 19 September 2017. However, we identified some further shortfalls in providing safe services. Therefore the practice continues to be rated as requiring improvement for providing safe services.

Safe track record and learning

There was a system for reporting, recording and learning from significant events.

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. They told us they were encouraged to raise concerns and there was a standard recording template on the practice shared drive to record any significant event that was completed with the practice manager. Staff were able to share examples of previous significant events raised and the action taken. For example, as a result of a patient being given another patient's fit note with their prescription, a separate box in the reception office has been introduced to prevent this from happening again.
- There had been 14 significant events recorded in the previous 12 months. No common themes had been identified other than prescription and referral problems. We saw significant events had been investigated and outcomes were now consistently recorded using the appropriate format and shared at practice and clinical meetings held. Although the practice had started trying to capture all conversations that may lead to learning, a regular review of significant events had not been undertaken for the purposes of quality improvement and learning.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had introduced a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were now saved in a central alert folder on the practice shared drive and a paper copy passed to all clinical staff to inform them of alerts. We looked at the action taken following recent medicine alerts and found that the practice had taken appropriate action, for example had carried out searches, identified patients and invited patients to attend reviews. We saw MHRA alerts were discussed and communicated to relevant staff, and

Are services safe?

discussed in clinical meetings. On the day of the inspection staff were unable to access a centralised log of alerts held. However, we received a copy of the log shortly after the inspection.

Overview of safety systems and process

The practice had improved their systems, processes and practices to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and they had access to details of external safeguarding contacts. There was a lead GP for safeguarding and discussions with staff showed they were aware of who to speak with should they have any safeguarding concerns and understood their responsibilities regarding safeguarding.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP was trained to child safeguarding level four; the nurse level two and non-clinicians level one.
- The practice used computerised alerts on patient records to make staff aware of both children and vulnerable adults with safeguarding concerns. The provider told us that following the last inspection they had contacted the local child protection team to ensure their record of children subject to child protection was accurate. All patients aged 85 and over, those on the mental health register and housebound patients were flagged on the practice computer system as vulnerable to alert staff. The GP was able to share an example of how they had raised a concern with external agencies regarding an adult and potential neglect.
- Notices were clearly displayed advising patients that chaperones were available if required. Discussions with patients showed they were aware and had been offered this service. Only clinicians and practice managers acted as chaperones 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 provider told us they were considering reviewing and increasing the number of chaperones to offer patients more flexibility.
- The practice had improved its standards of cleanliness and hygiene. An infection control policy was in place.

We observed the premises to be clean and tidy. Clinical rooms were well equipped and staff had access to personal protective equipment such as disposable gloves and aprons. The nurse was the designated lead for infection control and had carried out a recent audit and taken action to address any identified shortfalls. Discussions with them demonstrated they were aware of their responsibilities and had mitigated risks accordingly. Fabric modesty curtains had been replaced with disposable curtains and dated. Wall mounted soap dispensers had been bought and installed. Staff had since received training in infection control and their immunisation status reviewed and actioned.

- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). Checks were undertaken to ensure medicines and vaccines were fit for use and clear signage was now in place to prevent the power to the vaccine fridges being accidentally interrupted. Processes were in place for handling repeat prescriptions that patients had not collected. The security of blank prescription forms and pads, to include prescriptions taken on home visits and pads had improved and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer immunisation and vaccines in line with legislative requirements.
- We saw that patients who took high-risk medicines that required close monitoring for possible side effects had their care and treatment shared between the practice and hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. We saw the practice ensured prescriptions were only issued after they had checked patients had received the appropriate monitoring.
- We reviewed the personnel files for five staff to include two locum GPs. We found all of the required information had been obtained with the exception of proof of conduct for locum GPs in addition to information regarding any physical or mental health conditions of

Are services safe?

staff employed. However, copies of these were later sent to us following the inspection but not all of the required documentation had not been obtained prior to employment.

Monitoring risks to patients

Procedures for assessing, monitoring and managing risks to patient and staff safety were not always effective.

- There was a health and safety policy available and the practice had a range of risk assessments in place to monitor the safety of the premises. For example, a legionella risk assessment had been completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) in addition to a fire risk assessment. However, there was no evidence of regular testing of the fire alarm system or a fire drill being carried out. The day after the inspection the provider confirmed that they had since carried out a fire drill and set up systems to check and record the regular testing of the fire system. We saw medical devices requiring calibration had been tested and portable electrical appliances had been maintained to ensure they were safe to use with the exception of a nebuliser (a device used to administer medicine in the form of a mist inhaled into the lungs).

- There were arrangements in place to cover for staff sickness and leave to ensure appropriate staffing levels were maintained. Staff covered for one another in the event of sickness and leave. A locum GP was used to cover periods of GP annual leave.

Arrangements to deal with emergencies and major incidents

We saw that the provider had arrangements to deal with 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.
- Staff had received basic life support training. The recommended emergency medicines were available, with the exception of diclofenac analgesia to relieve pain, and these were held securely. We saw these were regularly checked by the practice nurse to ensure they were in date. The practice had an Automated External Defibrillator AED (which provides an electric shock to stabilise a life threatening heart rhythm) adult pads for the AED had been obtained and staff had received training to use it. Oxygen was also available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and hard copies were kept off site by all staff.

Are services effective?

(for example, treatment is effective)

Our findings

When we previously inspected the practice on 23 November 2015 we rated the practice as good for providing effective services. We made a good practice recommendation that the practice promote the availability of national cancer screening programmes. When we undertook a comprehensive inspection on 19 September 2017 we continued to rate the practice as good for providing effective services.

Effective needs assessment

Clinicians we spoke with were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep clinical staff up to date. Clinicians were signed up to receive NICE alerts, had access to these guidelines and used this information to deliver care and treatment that met patients' needs.
- The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and was effective in reducing referrals.

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). QOF results for 2015/16 showed the practice performance had improved. Data showed:

- The practice had achieved 98% of the total number of points available compared to 96% for 2014/15. This was in line with the Clinical Commissioning Group (CCG) average of 97% and the national average of 95%. The practice clinical exception rate of 4.4% was 4.7% below the CCG average and 5.4% below the national average. (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).

Data from 2015/16 showed:

- The overall performance for diabetes related indicators was comparable to or above the clinical commissioning group (CCG) and national averages for most indicators. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 76% compared with the CCG and the national average of 78%. The practice exception reporting rate of 4% was lower than the CCG average of 9% and the national average of 12.5%.
- Performance for mental health related indicators was mostly comparable to the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 90% which was the same as the CCG average and comparable to the national average of 89%. The practice clinical exception rate of 0% was lower than the local CCG average of 11.5% and the national average of 12.7%.
- The percentage of patients with hypertension in whom the last blood pressure reading was measured in the preceding 12 months was 89%, which was higher than the CCG average of 84% and the national average of 83%. The practice clinical exception rate of 0.8% was lower than the CCG average of 3% and the national average of 4%.
- Performance in the outcomes for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) were comparable to the CCG and national average. For example, 95.5% of patients had received a review of their condition in the preceding 12 months compared with the CCG and national average of 90%. COPD is the collection of lung diseases. The clinical exception reporting was better at 2.9% compared to the CCG average of 10.5% and the national average of 11.5%.

There was evidence of quality improvement including clinical audit. There had been five clinical audits completed. Two of these were two cycle audits where the improvements made were implemented and monitored. The practice had not developed a programme of audit going forward.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- New staff received an induction and locum GPs were provided with an induction pack. Induction for new staff covered core topics to include information governance, safeguarding, infection control, moving and handling, fire safety and health and safety awareness. On the day of the inspection a new health care assistant (HCA) had started working at the practice. We were told the practice nurse would have oversight of the HCA in terms of induction and on-going support and performance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had attended training in spirometry and diabetes in addition to refresher training in immunisation and had received specific training to review patients with long-term conditions including chronic obstructive pulmonary disease (COPD), diabetes and asthma. They had also completed a sign language and a dementia friendly course and had received specific training for taking samples for the cervical screening programme. They were able to demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The learning needs of staff were identified through a system of annual appraisal and self-reflection. Staff told us if they were supported by the management team in their continuous personal development.
- The practice was a teaching practice to provide medical students who were training to become qualified doctors, the opportunity to develop their skills under the mentorship of experienced GPs. The practice currently had one medical student. The provider told us they had developed good links with the local university and had received positive feedback from medical students.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services, 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Records of meetings held showed the lead GP, practice manager and care co-ordinator attended meetings with a range of other health care professionals to discuss and review the health and social care arrangements for patients with complex needs. The care co-ordinator assisted with the arrangements to follow up patients with complex conditions that had been discharged from hospital.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff had received training in capacity and consent and 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.
- Clinicians we spoke with were able to share examples of how they sought and obtained patient consent. For example, written consent was obtained for immunisations and contraceptive implants and intrauterine devices (coils). We saw evidence of consent had been recorded on a patient's record we sampled.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients nearing the end of lives, carers, monitoring those at risk of developing a long-term condition and those requiring advice on smoking, diet and lifestyle. Patients had access to

Are services effective?

(for example, treatment is effective)

appropriate support, health screening and checks. These included new patient checks, NHS health checks, mental health checks and learning disability checks. Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable. The practice offered travel advice and vaccinations available on the NHS and had a link on their website signposting patients to information on NHS Choices about healthy living. The practice offered family planning services including implants and coil insertion and removal.

The practice acknowledged that their screening uptake continued to be lower than local and national averages. For example, the practice's uptake for the cervical screening programme was 74%, which was lower than the CCG average of 79% and the national averages of 81%. We were told the practice encouraged patients to attend for screening wherever possible. However, they had not been able to undertake health promotion activities within the practice due to nurse time constraints. However, they had just recruited a health care assistant to help assist with carrying out NHS Health Checks, spirometry and flu vaccinations to allow the nurse to concentrate on health promotion and disease prevention.

Although the practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, data for the practice showed:

- 64% of female patients aged 50 to 70 years had attended screening to detect breast cancer in the last 3 years. This was lower than the CCG average of 72% and the national average of 73%.

- 46% (49 patients) of eligible patients aged 60-69 had been screened for symptoms that could be suggestive of bowel cancer in the last 30 months compared to the CCG average of 54% and the national average of 58%.

Following our inspection the practice told us they had held a meeting to discuss the cancer screening updates and had carried out a search on their clinical system and checked information on an external website to compare figures and identify any possible variations in the uptake. They had also liaised with the former health promotion lead for breast screening in the area to establish if there were any particular reasons for the poor uptake by the practice patients. They were advised that there had been a drop nationally in screening attendance overall. The practice have since implemented a bowel and breast screening non-responder policy to include processes for increasing uptake of screening to include displaying information in the practice, text messaging eligible patients and sharing the link for the NHS cancer screening website. They also confirmed they would discuss progress at their clinical governance meetings and take any necessary action depending on results of their reports.

The practice carried out childhood immunisations in line with the national childhood vaccination programme. Immunisation rates for the vaccinations given were in line or above standard for childhood vaccinations. Rates for the vaccines given to children aged two ranged from 97% to 100% and from 94% to 98% for five year olds.

Are services caring?

Our findings

When we previously inspected the practice on 23 November 2015 we rated the practice as good for providing caring services. When we undertook a comprehensive inspection on 19 September 2017, we continued to rate the practice as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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. The layout of treatment rooms prevented conversations being overheard during consultation.
- The practice had responded to previous feedback from patients about confidentiality within the reception area. For example, a radio was played in the waiting room to reduce the risk of conversations being overheard at the reception desk.
- Patients could be treated by a clinician of the same sex for appointments booked in advance.

We received 18 completed CQC comment cards. Sixteen were very positive about the services experienced and two contained mixed comments. We spoke with eight patients who used the service, including one member of the Patient Participation Group (PPG). Although feedback was mixed most patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We reviewed the national GP patient survey results, which were published on 7 July 2017. The survey invited 302 patients to submit their views on the practice, 111 forms were returned giving a completion rate of 37%. Results showed patients felt they were treated with compassion, dignity and respect. The practice scores were in line or lower than the Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GP and nurse consultations. For example:

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time, which was the same as the CCG and the national averages.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 75% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 86% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG and the national averages of 92%.

The survey also showed that 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

All but one of the patients we spoke with told us they felt involved in decision making about the care and treatment they received and felt listened to and supported by staff. Most patients said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. The majority of patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey, published on 7 July 2017, showed patients responded positively to most of the questions about their involvement in planning and making decisions about their care and treatment. Results were mostly comparable to the Clinical Commissioning Group (CCG) and national averages. For example:

- 90% of patients said the GP was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

Are services caring?

- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 77% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 79% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- The nurse had received training in sign language.
- The practice provided a hearing loop to assist patients who had a hearing impairment.

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. The care co-ordinator was also available to assist with and signpost patients and carers with accessing support.

The practice's computer system alerted staff if a patient was also a carer. The practice had 23 patients identified as carers (0.65% of the practice list). The care co-ordinator was the designated lead for carers. The practice were actively trying to increase the number of registered carers and were currently reviewing personal care plans to identify any potential carers. They were also encouraging patients to alert staff if they were a carer in addition to capturing this information through new patient registration forms. Information for carers was also available on the practice website to direct carers to the various avenues of support available to them.

Information in times of bereavement was available on the practice website. The care co-ordinator told us they were a qualified counsellor and signposted bereaved patients and families to a local bereavement counselling support service for issues around bereavement and loss.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we previously inspected the practice on 23 November 2015 we rated the practice as good for providing caring services. We made a good practice recommendation that the availability of appointments with a practice nurse be improved and that the practice consider the introduction of online booking of appointments. When we undertook a comprehensive inspection on 19 September 2017, we continued to rate the practice as good for providing caring services.

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:

- Routine appointments were available up to two weeks in advance and could be booked in person, on-line or by telephone. Telephone consultations in addition to same day appointments were released at 8am and 11am. These appointments were available for children and those patients with medical problems that required urgent consultation.
- There were longer appointments available for those that needed them including patients with a learning disability and complex medical needs.
- Patients were requested to call the practice by 11am if they required a home visit. Home visits were assessed to determine if one was clinically necessary and the urgency of the need for medical attention. The acute visiting service was utilised by the practice if they were unable to carry out a home visit.
- Online services were now available for booking appointments, ordering repeat prescriptions and requesting a summary of care records.
- The practice employed a care coordinator to monitor emergency admissions to and from hospital and was the designated lead for carers and patients with complex health needs.
- The practice offered a range of clinics to include minor surgery, health screening and family planning services. A midwife led ante-natal clinic was held on a weekly basis at the practice.
- Patients were able to receive travel advice and vaccinations available on the NHS.
- There were accessible facilities available. There was level access to the building and a door bell to alert staff

for patients requiring assistance to access the building as automated doors were not provided. There was a hearing loop available for patients with impaired hearing and the practice nurse had received training in sign language.

- Translation services were available for patients who did not have English as a first language and the practice nurse had received training in sign language.

Access to the service

The practice was open from 8am to 6pm on Monday to Friday, except on Thursday when opening times were from 8am to 1pm. During these times the reception desk and telephone lines were staffed. Routine appointments could be booked up to four weeks in advance in person, by telephone or on-line for those registered for this service. Home visits were available to patients with complex needs or for those who were unable to attend the practice.

The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed via Staffordshire Doctors Urgent Care Limited. Patients could access this service by calling NHS 111.

Results from the national GP patient survey published July 2017 showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages for most questions relating to access.

- 82% of patients said they could get through easily to the practice by phone compared with the CCG average of 67% and the national average of 71%.
- 82% of patients said the last appointment they made was convenient compared to the CCG and the national averages of 81%.
- 78% of patients described their experience of making an appointment as good compared to the CCG and the national averages of 73%.
- 69% of patients were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 76%.
- 92% of patients said they found receptionists helpful compared to the CCG average of 86% and the national average of 87%.

Feedback we received from patients about appointments was mainly positive. Of the 16 completed CQC comment cards, only three comments related to appointments. One patient said their appointment was excessively late,

Are services responsive to people's needs?

(for example, to feedback?)

another patient said they found making appointments now much easier and a third patient commented they were offered an appointment the same day and found the service provided had much improved over the past few months. However, four patients we spoke with told us they had experienced difficulties getting through to the practice by telephone and obtaining an appointment. Some patients said they had to resort to visiting the walk in centre as they found the practice appointment system confusing as they were not aware that same day appointments were also released at 11am in addition to 8am.

As a result of the National GP Survey the provider had completed an action plan to address the findings. They had recognised the need to upgrade the existing telephone system and a new system had been installed in May 2017 providing a queuing system, automated options for appointments, test results and prescription queries.

Listening and learning from concerns and complaints

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- The practice had complaints and suggestions leaflets available in the practice but this was not readily accessible. A form was available on the practice website for patients to leave comments and be contacted by the practice. Standard NHS feedback and complaint leaflets were also available. The majority of the patients we spoke with did not know how to make a complaint although they told us they had not had cause to complain about the service.

The practice had received six complaints in the last 12 months. We saw complaints had been documented and detailed the action taken and any learning achieved from the complaint. We saw complaints were shared and discussed with staff during practice meetings held. An analysis of complaints had not yet been carried out to help identify common trends.

Are services well-led?

Good 

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

Our findings

When we previously inspected the practice on 23 November 2015 we identified issues affecting the delivery of well-led services to patients. At that time we rated the practice as requires improvement.

This was because:

- The practice did not have a written vision and values statement or an overarching business plan. The necessary management infrastructure and leadership governance processes and systems were not operated effectively or were applied inconsistently. For example, there was not a robust system for receiving medicines alerts. Not all of the risks identified in an infection prevention and control audit had been mitigated. There was not a recorded system of checking emergency equipment to ensure it was safe for use. Recruitment procedures did not meet legislative requirements. Some policies were out of date and had not been adapted to meet the specific needs of the practice. The provider did not have oversight of training undertaken by staff and there was not a consistent method of providing appraisals to all staff.

We issued requirement notices in respect of these issues.

We found most of these arrangements had improved when we undertook a follow up inspection of the service on 19 September 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

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

- The practice now had a written mission statement that was displayed in the reception area and throughout the practice. Their aims included providing high quality, evidenced based medical care and health promotion to the local population in addition to delivering safe, effective and responsive services and supporting the staff to develop and grow. Staff we spoke with knew and understood the aims and values of the practice.
- There had been changes in legal entity and leadership of the practice following the recent retirement of the senior GP. A new clinical leadership and structure had been developed and implemented and staff had clear areas of key responsibility. The provider told us

although they had experienced significant difficulty with the recruitment of a permanent GP; they had been successful in the recruitment of a regular part time locum GP. The team had effectively managed the transition of the change in leadership and there was good staff morale amongst the team.

- The practice did not have a formal business plan in place but had identified what they did well and the areas for future development.

Governance arrangements

Following our previous inspection there had been improvements in the governance processes within the practice.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Most arrangements for assessing, monitoring and managing risks to patient and staff safety had improved. Risks previously identified in an infection prevention control audit had been mitigated. A legionella risk assessment had been completed and the practice had a process for acting on external alerts that may affect patient safety. A central log of safety alerts had been maintained and searches completed to identify any potential patients that may be affected. There was a recorded system of checking emergency equipment to ensure it was safe for use. Staff had received training required of their role and had received an appraisal of their work. A comprehensive staff training record had been developed and maintained. Although recruitment procedures had improved we identified some continued shortfalls with not obtaining all of the required checks prior to the employment of some staff. We saw patient files were now securely stored and a range of policies and procedures were available and were in the process of being reviewed. Staff understood how to access specific policies and we saw these were available to all staff.
- An understanding of the performance of the practice was maintained. Regular clinical and practice meetings were being held which provided an opportunity for staff to learn about the performance of the practice. All meetings were minuted which enabled staff who were not in attendance to update themselves.

Are services well-led?

Good 

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

Leadership and culture

During the inspection the lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The provider had acquired a practice manager mentor to support the practice management team to review and further develop the administrative governance arrangements in place. Staff we spoke with told us the lead GP and all of the clinicians and practice management team were approachable, always took the time to listen to them encouraged an inclusive working environment. They told us they felt valued and supported in their work.

The provider was aware of and had systems 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). We found there was a culture of openness and honesty).

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.

- Patient satisfaction was established by consideration of GP national patient and internal patient satisfaction survey results, NHS Friends and Family test results and complaints. The provider had developed an action plan to address the feedback received in the GP national patient survey.
- The practice had a patient participation group (PPG) that met quarterly. The group was generally supported by the practice manager. During the inspection we spoke with the chairperson of the PPG. They advised that the practice had experienced difficulty with recruiting new members to the PPG despite advertising for new members on the website. We saw meetings took place at 1pm and therefore may pose difficulty with patients being available to access the meetings. The provider was looking to set up a virtual PPG to help

represent the patient population and information was advertised on the practice website. The representative told us that communication had improved throughout the practice as a result of PPG input.

- The practice were looking to develop and implement their social networking website to advertise their services and encourage health promotion and screening.
- The whole practice staff met formally as a team quarterly. Management meetings were held weekly and clinical meetings monthly. Staff we spoke with told us they felt able to share suggestions for improvement with the management team and were kept up to date on a regular basis through daily discussions held and informal support received from colleagues within the team.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice was an undergraduate training practice and provided tuition and support for medical students. The practice had approached and engaged with NHS England Supporting Change in General Practice Team to undertake a full review of practice and a full assessment was performed by the team in June 2017. The provider told us they had acted on and were nearing completion of the recommendations made by the team and had shared the report with the practice team. The practice engaged with other external partners to include a local university, the GP Federation and the Clinical Commissioning Group (CCG). Staff had received training in dementia and had plans to become a dementia friendly practice. Although a documented business plan had yet to be developed the provider was aware of the strengths and areas for improvement to include securing a long-term GP, reviewing the skill mix in addition to the possibility of providing video consultations in the future.

Following the inspection the provider told us they had liaised with a GP practice in the same locality group and had set up joint clinical governance meetings for case management, peer review, clinical supervision and sharing of best practice for all clinical staff and practice managers.

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 Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular: no evidence of conduct had been obtained for locum GPs prior to commencing employment and the recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed.