

Braithwell Road Surgery

Inspection report

Maltby Service Centre, Braithwell Road
Maltby
Rotherham
South Yorkshire
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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Braithwell Road Surgery on 10 April 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. There were risk assessments in relation to most safety issues. However, there was a lack of understanding about the practice areas of responsibility in relation to fire safety and a lack of evidence to show staff had received up-to-date training in health and safety matters.
- Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. However, they did not routinely review the effectiveness and appropriateness of the care provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Although the practice acted on external information about patients experiences there was little evidence of practice engagement with patients.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The areas where the provider **should** make improvements are:

- Review and improve reception staff training for their role in the management of patients with severe infections such as sepsis.
- Review and improve the infection prevention and control policy and procedure.
- Review and improve management oversight of medical alerts.
- Review and improve systems to support the requirements of the duty of candour.
- Review and improve patient engagement.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to Braithwell Road Surgery

The provider, Dr Chandra Raolu, registered with us in June 2017. He had been one of the partners in the previous provider partnership for the service.

The location, Braithwell Road Surgery, is situated within a purpose built surgery in a building known as Maltby Services Centre in Maltby, Rotherham. This was built in 2008 and provides a joint service centre comprising of Local Authority offices, leisure facilities and NHS services. The surgery operates over two floors but all the patient facilities are on the ground floor.

The practice provides General Medical Services (GMS) for 3,257 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There is one male GP. The practice employs a small team of male and female locum GPs on a sessional basis. The nursing team comprises of one nurse practitioner, a practice nurse and a health care assistant. There is a practice manager and administration and reception teams.

The practice reception hours are 8am to 6.30pm, Monday to Friday. Surgery times are 8am to 6.30pm Monday to Friday. Extended hours are provided 6.30pm to 7.15pm on a Wednesday.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required. Out of hours services are accessed via NHS 111.

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- There was a lack of evidence to show staff received up-to-date safeguarding and safety training appropriate to their role.
- There was no evidence the practice monitored the prescribing of controlled drugs.
- There were shortfalls in the systems for monitoring and safe storage of blank prescriptions.
- There was a lack of understanding about the practice areas of responsibility in relation to fire safety.
- Actions taken in response to medical alerts were not always logged to enable the practice to monitor progress.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. There was a lack of evidence to show staff had received up-to-date safeguarding and safety training appropriate to their role. However, they knew how to identify and report safeguarding concerns. There had been no safeguarding incidents reported. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, we could not be assured staff vaccination was maintained in line with guidelines due to lack of access to records.
- There was a system to manage infection prevention and control although the practice policy and procedure required further development to include areas such as training requirements and cleaning of equipment.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were trained in medical emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. However, training and guidance in their role for the management of patients with severe infections such as sepsis had not been provided to reception staff.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines although some required improvement.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. However, there was no evidence the practice monitored the prescribing of controlled drugs and they relied on the CCG and local pharmacist to identify concerns. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- There was no clear audit trail of use of blank prescriptions and they were not always stored securely.

Track record on safety

The practice had a good track record on safety although there were shortfalls in fire safety.

- There were risk assessments in relation to safety issues. However, there was a lack of understanding about the practice areas of responsibility in relation to fire safety and a lack of records to evidence training was provided in this area.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, the actions taken in response to medical alerts were not always logged to enable the practice to monitor progress.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement for providing effective services because:

- There was a lack of evidence of training in safeguarding and health and safety matters.
- Not all staff had received an appraisal and there was a lack of clinical input for practice nurse appraisals.
- There was a lack of patient engagement by the practice.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice. Any data quoted is for care and treatment provided at the practice prior to registration of the current provider. However, the current provider was one of the two partners in the previous provider registration who were providing services at the time this data was provided).

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and were supported by a care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- The practice used an assessment tool to identify patients most at risk and these patients had a care plan and regular reviews.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- The GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme and the practice was proactive in its approach to encouraging vaccination. The practice held weekly baby clinics which incorporated vaccination. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice provided a female locum GP one day per week.

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

Are services effective?

- The practice told us their current uptake for cervical screening was 84%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Extended hours appointments with a GP and nurse practitioner were available for patients to access long term condition reviews, cervical screening and minor illness.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. The practice had identified this area to be risk in their patient population and staff had completed awareness training.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice hosted the Improving Access to Psychological Therapies (IAPT) programme. IAPT services are for people with mild, moderate and moderate to severe symptoms of anxiety or depression.

Monitoring care and treatment

The practice did not have a programme of quality improvement activity and had limited evidence to show they reviewed the effectiveness and appropriateness of the care provided. For example, we saw only one clinical audit. This related to prescribing practice and had been undertaken in response to a medicines alert. The practice closely monitored its performance in relation to Quality Outcome Framework data and data relating to vaccinations and cervical smears. Data provided by the practice showed good achievements had been made since registration.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, there was a lack of evidence of training in safeguarding and health and safety matters and a lack of clinical input in practice nurse appraisals.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. However, there was a lack of evidence of training in safeguarding and health and safety matters. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. However, not all staff had

Are services effective?

received an appraisal and there was a lack of clinical input for practice nurse appraisals. Performance of employed clinical staff was not monitored, for example, through audit of their consultations, prescribing and referral decisions.

- The induction process for healthcare assistants included the requirements of the Care Certificate. Performance of clinical staff was not monitored, for example, through audit of their consultations, prescribing and referral decisions.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- 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.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group 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 opening hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.

People experiencing poor mental health (including people living with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice hosted the Improving Access to Psychological Therapies (IAPT) programme. IAPT services are for people with mild, moderate and moderate to severe symptoms of anxiety or depression.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

The practice took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available and displayed in the practice.

- The complaint policy and procedures were in line with recognised guidance. The practice had not received any complaints since registration of the new provider.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as Requires Improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- There was a lack of management oversight in health and safety matters and staff training.
- There was a lack of evidence the provider monitored the quality of care and outcomes for patients.
- There was a lack of engagement with patients.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff understood the vision and values and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of good quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of compliance with the requirements of the duty of candour but there was no written policy to support this.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The majority of staff had received annual appraisals in the last year. However, there was a lack of clinical input for practice nurse appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management.

- Structures, processes and systems to support governance and management were set out. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established some policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, there were some shortfalls in fire safety as the provider had not assured themselves of their responsibilities in this area following the landlords risk assessment.

Managing risks, issues and performance

Are services well-led?

There were some processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety except in fire safety.
- Performance of employed clinical staff was not monitored, for example, through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents, and complaints but had not monitored the actions required in response to safety alerts had been progressed.
- There was limited evidence of clinical audit of the quality of care and outcomes for patients.
- The practice had plans in place for major incidents although there was a lack of evidence of staff training, for example, in fire safety.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice took account of data, such as the National GP patient survey, but did not directly involve patients and the public to support good quality sustainable services.

- Patients', staff and external partners' views and concerns were heard and acted on to shape services and culture although the practice did not directly consult patients.
- The practice did not have a patient participation group. There was information about a patient participation group displayed in the practice but this had not been actively pursued by the practice.
- The service was transparent and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on maintaining a good quality patient service in terms of access to care and treatment. The nursing team had been provided with learning opportunities to improve knowledge and skills to enable them to provide a wide variety of services for patients.
- The practice made use of internal and external reviews of incidents. Learning was shared and used to make improvements.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was limited evidence of clinical audit of the quality of care and outcomes for patients.• There was no evidence the practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).• There was a lack of understanding about the practice areas of responsibility in relation to fire safety. <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• There was no clear audit trail of use of blank prescriptions and blank prescriptions were not always stored securely.• Staff vaccination records were not accessible. <p>This was in breach of regulation 17 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>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- There was a lack of records to evidence staff had received up-to-date safeguarding training appropriate to their role.
- There was a lack of records to evidence staff had received training in health and safety matters.
- Not all staff had received an appraisal and there was a lack of clinical input for practice nurse appraisals.
- Performance of employed clinical staff was not monitored, for example, through audit of their consultations, prescribing and referral decisions.

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