

Hawthornden 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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Hawthornden Surgery on 5 December 2016. Overall the practice is rated as requires improvement.

Specifically, we found concerns and regulatory breaches relating to the health and safety arrangements at the branch practice more commonly known as Flackwell Surgery. We have rated the practice inadequate for the provision of safe services and requires improvement for provision of well led service. It was good for the provision of effective, caring and responsive services. The concerns which led to these ratings apply to all population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded, monitored and reviewed. There was inconsistent arrangements in how risks were assessed and managed. For example during the inspection we found risks relating to infection control procedures, fire

safety arrangements, management of legionella at the branch practice and monitoring of fridge temperature checks at the main practice had not been monitored regularly.

- There was insufficient arrangements in place to deal with emergency situation at the branch practice. For example, oxygen was not available at the branch practice and a GP was lone working with no other members of staff available who could help in emergency.
- However, the practice had taken urgent steps and stopped offering the appointments at the branch practice from the day after the inspection. The practice had decided to temporarily close the branch practice and was in discussion with NHS England about the future use of the branch location.
- We found that completed clinical audit cycles were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Results from the national GP patient survey showed the patients said they were treated with compassion,

Summary of findings

dignity and respect and they were involved in their care and decisions about their treatment when compared to the local and national averages. The patients we spoke with on the day of inspection confirmed this.

- Information about services and how to complain were available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The main practice, known as Hawthornden Surgery had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- The governance arrangements in place must ensure health and safety risks related to the branch practice are identified and mitigated to assess the suitability of the premises. This includes the carrying out of fixed electrical installation checks at both practices.
- Review and improve the systems in place to ensure an effective response to the emergency situation at the branch practice including lone working.
- Ensure access to a chaperone is available when required at the branch practice.
- Ensure effective monitoring of infection control procedures, fire safety arrangements and the management of legionella at the branch practice.
 - Ensure effective monitoring of fridge temperature checks at the main practice.

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 inadequate for providing safe services as there are areas where it must make improvements.

Inadequate



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented to ensure patients were kept safe. For example, monitoring of fridge temperature checks at the main practice, management of legionella and monitoring of fire safety procedures at the branch practice were not always managed appropriately.
- There was an infection control protocol in place and infection control audits were undertaken at the main premises. However, the practice had not undertaken infection control audit at the branch practice. We also found appropriate standards of cleanliness and hygiene were not always followed at the branch practice.
- Arrangements to manage emergencies at the branch practice had not been implemented. For example, oxygen was not available, this was required when managing some emergency situations. A GP was also lone working with no other staff available who could help in emergency or act as a chaperone.
- However, the practice had taken swift action and stopped offering appointments at the branch practice immediately. The practice had decided to close the branch practice and was in discussion with NHS England about the future use of the branch location.
- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were learnt from significant events and staff we spoke to informed us that significant events were discussed during the practice meetings.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Summary of findings

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) year 2015-16 showed patient outcomes were comparable or below average to the local and national averages. However, we noted during the current Quality and Outcomes Framework (QOF) year 2016-17, the practice had demonstrated improvements in patient's outcomes. For example, the practice had achieved 26 (100%) of the total number of 26 points available, for hypertension related indicators during current QOF year.
- The practice's uptake of the national screening programme was above or comparable to the national average. For example, bowel screening uptake was 67%, which was above the national average of 58%.
- Childhood immunisation rates for the vaccines given to under two and five year olds were above the CCG average.
- Staff assessed need and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of completed appraisals within the last 12 months and meeting dates were planned to complete the appraisal programme within two weeks of the inspection.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patient outcomes were above or comparable to others in locality for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group

Summary of findings

to secure improvements to services where these were identified. For example, the provider had submitted a bid to NHS England in order to secure funding for a new purpose built premises.

- Patients we spoke with on the day of inspection said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- We checked the online appointment records of three GPs and noticed that the next pre-bookable appointments with named GPs were available within a week.
- The practice had good facilities and was well equipped to treat patients and meet their needs at the main practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.

Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where it must make improvements.

- There was a governance framework which supported the delivery of the strategy and good quality care. However, monitoring of health and safety specific areas required improvement at the branch practice, such as infection control protocols, fire safety procedures and arrangements to deal with emergency situation were not appropriate.
- The practice had not carried out a formal written risk assessment to ensure the suitability of the branch practice including disability access and monitoring potential risks to patients.
- Improvements were required to the systems in place to effectively monitor fridge temperatures checks and management of legionella at the branch surgery.
- There was a clear leadership structure and staff felt supported by management.
- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, most policies did not have appropriate version control (dates, author and approver) details included, so it was unclear when policies were last reviewed.

Requires improvement



Summary of findings

- The practice was aware of and complied with the requirements of the Duty of Candour. The partner and GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older patients. The provider was rated as inadequate for safe and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a register to effectively support patients requiring end of life care.
- There were good working relationships with external services such as district nurses.
- The premises were accessible to those with limited mobility. However, the main premises did not provide a low level desk at the front reception and the branch premises did not have a disabled toilet.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider was rated as inadequate for safe and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and the practice carried out a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients. The provider was rated as inadequate for safe and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were high for standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.
- The practice had carried out a 'voice of the child' survey in October 2016.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The provider was rated as inadequate for safe and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments, online appointments and telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as inadequate for safe and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Care plans were completed for patients on the learning disability register.
- The practice had offered 'health passport' for patients with learning disabilities.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data from 2015-16 showed, performance for dementia face to face reviews was lower than the CCG and national average. The practice had achieved 64% of the total number of points available, compared to 85% locally and 84% nationally.
- However, the practice had demonstrated improvement in current QOF year 2016-17 and achieved 50 (100%) of the total number of 50 points available, for dementia related indicators.
- The practice had developed a comprehensive action plan in November 2016 and was working towards to become a dementia friendly service.

Requires improvement



Summary of findings

- Patients experiencing poor mental health were involved in developing their care plan and health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing better than the local and the national averages. Two hundred and twenty-one survey forms were distributed and 113 were returned (a response rate of 51%). This represented 1.6% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared with a CCG average of 73% and a national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 94% of patients described the overall experience of their GP practice as good compared with a CCG average of 86% and a national average of 85%.

- 89% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 80% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. We spoke with 13 patients and a patient participation group (PPG) members during the inspection. Patients we spoke with were all positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

We saw the NHS friends and family test (FFT) results for last 12 months and 95% patients were likely or extremely likely recommending this practice.

Hawthornden Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. In addition, as an observer, there was a Quality and Safety Improvement Manager from NHS England within the inspection team.

Background to Hawthornden Surgery

Hawthornden Surgery is situated in Bourne End, Buckinghamshire within a converted premises with limited car parking for patients and staff. All patient services are offered on the ground and first floors at the main location (Hawthornden Surgery) and on the ground floor at the branch practice (Flackwell Surgery). Hawthornden Surgery comprises of five consulting rooms, two treatment rooms, two patient waiting areas, a reception area, administrative and management office at the main practice. Flackwell Surgery comprises of a consulting room and a patient waiting area.

Hawthornden Surgery has core opening hours from 8am to 6.30pm Monday to Friday. The branch practice has opening hours from 8.30am to 11.30am Tuesday to Friday and fortnightly on Monday from 3pm to 6pm. The practice offers a range of scheduled appointments to patients every weekday from 8.30am to 5.50pm including open access appointments with a duty GP throughout the day. The practice offers extended hours appointments at the main practice fortnightly every Wednesday morning from 7am to

8am, one Saturday a month from 9am to 11am and two evenings every month (variable days) from 6.30pm to 7pm. In addition, the practice offers extended hours appointments at the branch practice once a month (variable days) from 6am to 7.30am and once a month on Saturday from 9am to 11am.

The practice has a patient population of approximately 7,030 registered patients. The practice population of patients aged between 0 to 39 years old is lower than the national average and there are higher number of patients aged above 50 years old compared to national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly White British and 5% of the population is composed of patients with an Asian, Black or mixed background. The practice is located in parts of Bourne End and Flackwell Heath with the lowest levels of income deprivation in the area.

There are six GP partners at the practice. Three GPs are female and three male. The practice employs two practice nurses and a health care assistant. The practice manager is supported by an Information Technology manager, an administration manager, a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

Services are provided from following main location and the branch practice, and patients can attend any of the two practice premises. We visited both premises during this inspection.

Hawthornden Surgery (the main practice)

Wharf Lane

Bourne End

Buckinghamshire

Detailed findings

SL8 5RX

Flackwell Surgery (the branch practice)

Lyndhurst

47 Straight Bit

Flackwell Heath

Buckinghamshire

HP10 9NE

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by Care UK Primary Care service or after 6:30pm, weekends and bank holidays by calling NHS 111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Prior to the inspection we contacted the Chiltern Clinical Commissioning Group (CCG), NHS England area team, local Healthwatch and two care homes to seek their feedback about the service provided by Hawthornden Surgery. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 5 December 2016. During our visit we:

- Spoke with 11 staff (included five GPs, a practice nurse, a practice manager, an IT manager, an administration manager and two administration staff), 13 patients and a patient participation group (PPG) member who used the service.
- Collected written feedback from three members of staff.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events were a standing item on the practice meeting agenda.
- We reviewed records of 13 significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and communicated widely to support improvement. For example, we saw an analysis of a significant event regarding a wrong prescription that had been issued. There was a breach of confidentiality because a patient was called in for their consultation only by use of their first name and the wrong patient went in for consultation. The practice had apologised to the patient, revised their calling system, reminded staff to identify patient through date of birth and decided to install an electronic calling system.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were learnt from significant events and communicated widely to support improvement.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was a safeguarding lead for the practice. The practice had developed a child sexual exploitation policy. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- A notice was displayed in the waiting room and consulting rooms, advising patients that clinical staff would act as a chaperone, if required. All staff who acted as a chaperone were trained for the role and had received a disclosure and barring check (DBS). (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). During consultations at the branch practice a GP was lone working in the premises and no other staff was available who could act as a chaperone if required.
- A practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken at the main practice. However, the practice had not undertaken infection control audits at the branch practice. We observed that appropriate standards of cleanliness and hygiene were not always followed at the branch practice. In addition written records were not maintained for regular spot checks carried out by the practice. We found the GP desk needed repairing and in the current state it would be difficult to clean the surface properly, elbow taps were not installed and hand hygiene technique notices were not displayed at the branch practice. We saw the yellow clinical bins outside in the car park were secured to the wall but their lock mechanisms were faulty at both premises.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Records showed fridge temperature checks were not carried out on nine occasions in October and November 2016 for three fridges at the main premises. There was no assurance that vaccines were stored within the recommended temperature ranges to be safe and effective to use. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure.
- Processes were in place to check medicines were within their expiry date and suitable for use. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms for use in printers and handwritten pads were handled in accordance with national guidance.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Recruitment checks were carried out and the three staff files we reviewed showed that recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of identification, references, qualifications and registration with the appropriate professional body.
- An internal fire safety risk assessment had been carried out at the branch practice in August 2016. We observed that an electronic fire alarm system was not installed at the branch practice and the practice did not demonstrate that they were carrying out regular fire safety checks at the branch practice. The practice had provided two fire extinguishers and a battery operated smoke alarm in the corridor at the branch practice. However, smoke alarms were not fitted in other parts of the branch practice. An internal fire safety risk assessment had been carried out at the main practice on 4 August 2016. We noted a nominated member of staff was carrying out regular fire safety checks at the main practice. The practice had carried out the last fire drill in October 2016 and an electronic fire system was serviced in November 2016 at the main practice. The practice had carried out smoke alarm checks in December 2016 at the main practice.
- All electrical and clinical equipment was checked to ensure it was safe. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- The practice informed us that the fixed electrical installation checks were out of date at both premises. However, a visit had been arranged to carry out these checks at the main premises on 17 December 2016.
- The practice had a written policy in place for the management of legionella. However, legionella (a bacterium which can contaminate water systems in buildings) risk assessments were not carried out at either premises. We saw the practice was not carrying out regular water temperature checks at the branch practice. However, the practice was carrying out regular water temperature checks at the main practice. At the main practice the practice had received a satisfactory result for a water sample following an external analysis in October 2016. At the branch practice the practice had sent a water sample for an external analysis a week before the inspection and was waiting for the results.
- A day after the inspection the practice had contacted Care Quality Commission and informed us in writing that they had taken urgent steps to address the high risk issues identified during the recent inspection. The practice informed us they had stopped offering the appointments at the branch practice until all health and

Monitoring risks to patients

Risks to patients were assessed and managed at the main practice. However, improvements were required at the branch practice.

- There were procedures in place for monitoring and managing risks to patient and staff safety at the main practice. However, the practice did not have satisfactory procedures in place for monitoring and managing risks to patient and staff safety at the branch practice. The practice had a health and safety policy.

Are services safe?

safety issues had been rectified. The practice was in the process of arranging a professional risk assessment for the branch practice and taking quotations for the work required.

- Ten days after the inspection the practice informed us they had decided to close the branch practice temporarily and was in discussion with NHS England about the future use of the branch location. On average 241 patients were seen at the branch practice each month. The practice informed us they would work with volunteer drivers charity to assist the few patients who might need assistance to attend the appointments at the main practice.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents at the main practice. However, improvements were required at the branch practice.

- The practice had a defibrillator available at both the premises. Oxygen with adult mask was available at the main practice but it was not available at the branch practice. A first aid kit and accident book were available.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. However, during consultation at the branch practice a GP was lone working in the premises and no other staff was available who would help in emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). In 2015-16, the practice had achieved 92% of the total number of points available, compared to 98% locally and 95% nationally, with 5% exception reporting. The level of exception reporting was below to the clinical commissioning group (CCG) average (8%) and the national average (10%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2015-16 showed;

- Performance for diabetes related indicators was comparable to the CCG and national averages. The practice had achieved 93% of the total number of points available, compared to 95% locally and 90% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national averages. The practice had achieved 79% of the total number of points available, compared to 83% locally and 83% nationally.

- Performance for mental health related indicators was lower than the CCG and national average. The practice had achieved 80% of the total number of points available, compared to 96% locally and 93% nationally.

The practice informed us that they had faced capacity issues in 2015-16 when a practice nurse left the practice and this had an impact on QOF results. The practice understood the challenges and recognised that they were required to improve the outcomes for patients. We found the practice had recruited a new practice nurse and a health care assistant. The practice had restructured clinical responsibilities and was focussed on improving outcomes for patients with long term conditions in 2016-17. Unvalidated QOF data provided by the practice for year 2016-17 demonstrated improvement, such as;

- The practice had achieved 26 (100%) of the total number of 26 points available, for hypertension related indicators during current QOF year.
- The practice had achieved 22 (85%) of the total number of 26 points available, for mental health related indicators during current QOF year.
- The practice had achieved 73 (85%) of the total number of 86 points available, for diabetes related indicators during current QOF year.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked three clinical audits cycles completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of patients with atrial fibrillation (AF) (AF was a heart condition that caused an irregular and often abnormally fast heartbeat that could lead to blood clots, stroke, heart failure and other heart-related complications) who were taking medicine (Aspirin) used to reduce pain and swelling, and in addition also receiving anti-coagulation treatment (anticoagulants medicines were used to reduce the body's ability to form clots in the blood and prevent stroke).

Are services effective?

(for example, treatment is effective)

- The aim of the audit was to identify, assess and reduce the use of Aspirin to stop dual therapy of patients with AF who were already receiving anti-coagulation treatment. The audit in October 2014 demonstrated that 18% of patients with AF were taking Aspirin medicine that could be stopped. The practice reviewed their protocol and invited patients for medicine reviews. We saw evidence that the practice had carried out a follow up audit in February 2016 which demonstrated improvements in patient outcomes and found 5% patients with AF were taking Aspirin medicine that could be stopped. This was an improvement of 13%.

Effective staffing

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

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, a clinical staff had completed a diploma in diabetes which enabled the practice to provide these services.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff had received an appraisal within the last 12 months or had meeting dates planned within two weeks of the inspection.

- Staff received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

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. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had identified 122 patients who were deemed at risk of admissions and 100% of these patients had care plans been created to reduce the risk of these patients needing admission to hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Data showed the practice had a lower than average rates for emergency admissions (0.37%) and A&E attendance (1.22%) compared to other practices in the local area.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England showed 98% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was higher than the CCG average (87%) and to the national average (86%).

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer text message reminders for patients about appointments. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2014-15 showed, in total 67% of patients eligible had undertaken bowel cancer screening and 83% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccines given were higher than the CCG averages. For example:

- Childhood immunisation rates for the given in 2015/16 to under two year olds ranged from 98% to 100%, these were higher than the CCG averages which ranged from 95% to 97%.
- Childhood immunisation rates for given in 2015/16 to five year olds ranged from 96% to 100%, these were higher than the CCG averages which ranged from 93% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 25 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with 13 patients and a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above the CCG average and the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 93% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

We saw the NHS friends and family test (FFT) results for last 12 months and 95% patients were likely or extremely likely recommending this practice.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were varied in comparison to the CCG average and the national average. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 163 patients (2.3%) of the practice patient population list size who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support

available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and phlebotomy (the practice of drawing blood from patients and taking the blood specimens to the laboratory to prepare for testing) service. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. The practice informed us on average they were offering 20 home visits per week.
- Same day and urgent access appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines.
- The practice had installed a touch screen self check-in facility to reduce the queue at the reception desk.
- There were disabled facilities, a hearing induction loop and translation services available at the main practice. However, they did not provide a low level desk at the front reception (at the main practice).
- Services were flexible, provided choice and ensured continuity of care; for example, telephone consultations were available for patients that chose to use this service.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.

- The practice installed an automatic floor mounted blood pressure monitor at the main practice in the waiting area for patients to use independently. Disposable cuffs were available to be used with blood pressure monitor.
- Female patients of child bearing age benefitted from a flexible and accessible contraceptive service. Appointments, where coils and implant devices could be fitted were available including outside of school hours.
- The practice had shared learning with the team to promote the awareness about female genital mutilation (FGM) issues so they could identify and deal with FGM concerns. The practice had agreed a protocol to report all cases of FGM in patients under 18 years old regardless of when it occurred.
- The practice had offered a Ramadan awareness training to all clinical staff so they could support diabetic patients more effectively in managing their diabetes during the fasting period.

Access to the service

The main practice (Hawthornden Surgery) was open from 8am to 6.30pm Monday to Friday. The branch practice (Flackwell Surgery) was open from 8.30am to 11.30am Tuesday to Friday and fortnightly on Monday from 3pm to 6pm. The practice was closed on bank and public holidays and patients were advised to call NHS 111 for assistance during this time. The practice offered a range of scheduled appointments to patients every weekday from 8.30am to 5.50pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice offered extended hours appointments at the main practice fortnightly every Wednesday morning from 7am to 8am, one Saturday a month from 9am to 11am and two evenings every month (variable days) from 6:30pm to 7pm. In addition, the practice offered extended hours appointments at the branch practice once a month (variable days) from 6am to 7.30am and once a month on Saturday from 9am to 11am. We saw these extended hours appointments were advertised on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

We checked the online appointment records of three GPs and noticed that the next pre-bookable appointments with named GPs were available within a week and a duty GP within two to three days. Urgent appointments with GPs or nurses were available the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the CCG average and the national average. For example:

- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.
- 97% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 96% of patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 81% of patients said they always or almost always see or speak to their preferred GP compared to the CCG average of 63% and national average of 59%.

The practice had a system in place to assess:

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

The practice operated a triage system for urgent on the day appointments. Patients were offered an urgent appointment, telephone consultation or a home visit where appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at eight complaint received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint we reviewed highlighted dissatisfaction about the waiting time and clinical staff attitude. The practice investigated this complaint and apologised to the patient. There was evidence that the practice had responded in a timely manner and all necessary actions had been undertaken including advising staff to attend relevant role specific training.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- We found details of the aims and objectives were part of the practice's statement of purpose which included the delivery of an effective, personal and caring approach to patient's needs.
- The practice aims and objectives included providing highly effective and safe healthcare. This also included encouraging good team working, regular team reflection on identified problems with a view to find solutions and improve the practice, in order to provide high quality health care.
- The practice had a clear strategy, and business and governance arrangements were standing items on the partners meeting agenda which held fortnightly on regular basis.

Governance arrangements

The practice had a governance framework. However, improvements were required.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions at the main premises. However, monitoring of health and safety specific issues required improvement at the branch premises, for example:
- Monitoring of infection control, fire safety procedures and management of legionella were not always managed appropriately.
- The practice had not carried out a formal written risk assessment to ensure the suitability of the branch premises including disability access and monitoring risks to patients. For example, we noted there was no disabled toilet and a GP was lone working in the branch premises and no other staff was available who would help in emergency or act as a chaperone when required. Oxygen was not available at the branch premises to deal with emergency situation.
- Staff were aware of their own roles and responsibilities. However, the practice had not have a system to monitor and ensure fridge temperatures were recorded on regular basis.

- Practice specific policies were implemented and were available to all staff. However, with the exception of safeguarding policies other policies did not have dates, author and approver details included, so it was not sure when they were last reviewed.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

The partners and GPs in the practice aspired to provide safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

The practice was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were significant safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Most staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement 

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, the practice telephone system greeting message had been reviewed, improvements to the self check-in system had been made and PPG were involved in discussions about new premises. The practice had introduced early morning extended hours appointments and regular announcements were made in the waiting area if clinics were running late.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for most staff. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had carried out a 'voice of the child' survey in October 2016 to assess a child's (aged between 5 to 15 years old) experience of using the GP services. The

practice had designed easy to read survey, and the child could circle a happy, neutral or unhappy face to indicate how they felt. In total, eight children took part in the survey which included six questions. The practice had received 100% satisfaction scores in four questions and 88% satisfaction scores in the remaining two questions. The practice was satisfied with the results and planned to repeat the survey in 2017 to capture the voice and opinions of child patients.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice.
- We saw a practice nurse had been completed a diploma in diabetes and the reception staff completed a customer care training course in May 2016.
- One of the GP partners was a champion in protecting patients from domestic violence.
- The practice was working towards 'dementia friendly practice' status and developed a comprehensive action plan in November 2016 which included producing a person centred care plan, undertaking dementia awareness training and providing dementia resources for patients and carers.
- The provider was forward thinking and submitted a bid to NHS England in order to secure funding for new purpose built premises.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not have effective governance, assurance and auditing processes and they were required to further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example,</p> <ul style="list-style-type: none">• Ensure health and safety risks related to the branch premises are identified and mitigated to assess suitability of the premises.• Ensure all actions required in response to health and safety risk assessment are completed and followed up systematically, to monitor that required changes have been implemented. <p>Regulation 17(1)(2)</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not have suitable arrangements in place for assessing and managing risks in order to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. For example:</p> <ul style="list-style-type: none">• Review and improve the systems in place to ensure effective response to emergency situations at the branch premises including lone working.• Ensure access to a chaperone is available when required at the branch premises.• Ensure effective monitoring of infection control procedures, fire safety arrangements and the management of legionella at the branch location.• Ensure effective monitoring of fridge temperatures checks at the practice location.• Ensure to carry out the fixed electrical installation checks at both locations. <p>Regulation 12(1)(2)</p>