Austen Road Surgery

Inspection 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 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?	Inadequate

Overall summary

This practice is rated as requires improvement overall. (Previous rating October 2014 – Good)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? – Inadequate

We carried out an announced comprehensive inspection at Austen Road Surgery on 14 June 2018. The inspection was part of our planned inspection programme.

At this inspection we found:

• The practice did not have reliable systems in place to ensure prescriptions (pads and computer prescription paper) were kept securely and monitored.

• The assessment of risk at the practice had not been adequately managed and not everything that was reasonably practicable to mitigate risk had been undertaken. Areas including fire safety, legionella, electrical installation and health and safety were not adequate.The practice did not have adequate processes in place to learn from incidents and make improvements when things went wrong.

• The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.

• 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.

• There was an active patient participation group in place who told us that they had seen improvements within the practice.

• Staff were positive about working in the practice and felt valued and supported in their roles.

• Patient survey results were positive and higher than average in several areas.

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

•Ensure care and treatment is provided in a safe way to patients.

•Ensure staff employed in the provision of regulated activities receive the appropriate training and professional development necessary to enable them to carry out their duties.

•Ensure that there are effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

•Take action to review their complaints procedure so that the information within the final response contains signposting information should the complainant remain dissatisfied and thus complies with the NHS complaints procedure.

•Take action to provide awareness training for all staff on the 'red flag' sepsis symptoms that might be reported by patients and how to respond appropriately.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 and a practice manager adviser.

Background to Austen Road Surgery

The practice is located in a residential area of Guildford and provides a range of services to approximately 7,300 patients. The practice has three partner GPs and one salaried GP. The practice is open 8am to 6.30pm. Most morning GP sessions run from 8.30am to 12pm, with most afternoon sessions running from 3pm till 6pm. This varies according to the working hours of individual GPs and times are displayed in the practice handbook and on the website. Every day there is a male and female GP available. The practice also employs a specialist nurse practitioner, a practice nurse and a healthcare assistant/ phlebotomist. GPs and nursing staff are supported by a practice manager and office manager as well as a team of administration staff.

The practice runs a number of clinics for its patients which include child development and immunisations, diabetic, and antenatal clinics.

Additional information in relation to the practice can be found on their website www.austenroadsurgery.co.uk.

We visited the practice location at 1 Austen Road, Guildford, Surrey, GU1 3NW.The practice holds a General Medical Services (GMS) contract. The practice undertakes four regulated activities, these being, Diagnostic and screening procedures, Family planning, Maternity and midwifery services and Treatment of disease, disorder or injury. The practice has low levels of deprivation and is within the least deprived decile nationally.

The practice had opted out of providing Out of Hours services to their own patients. There were arrangements in place for patients to access emergency care from an Out of Hours provider.

Requires improvement

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:

• The practice did not have reliable systems in place to ensure prescriptions (computer prescription paper) were kept securely and monitored.

• The assessment of risk at the practice had not been adequately managed and not everything that was reasonably practicable to mitigate risk had been undertaken.

Safety systems and processes

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

• The practice had policies and procedures to safeguard children and vulnerable adults from abuse but these were not managed in an adequate manner.

• 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.

• The practice had some arrangements to ensure that facilities and equipment were safe and in good working order.

Risks to patients

There were not adequate systems to assess, monitor and manage risks to patient safety though there was no evidence available to state that this had an actual impact on patients.

• 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 effective induction system for temporary staff tailored to their role.

• The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

• Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

• There was no health and safety audits in place at time of inspection. The health and safety policy did not document how risks would be assessed.

• There was a system to manage infection prevention and control. However, incorrect information had been entered into an infection control audit.

• The practice had not undertaken a Legionella risk assessment for the premises prior to the inspection. The practice did have air conditioning units within the premises which would increase the risk. We were informed that a Legionella assessment was undertaken following the inspection.

• Risks relating to fire and electrical installation were insufficient.

• Arrangements for managing waste and clinical specimens kept people safe.

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 reliable systems for appropriate and safe handling of medicines.

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

• 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

Requires improvement

Are services safe?

prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Antibiotic prescribing audits had shown the practice was the lowest prescriber of antibiotics within their clinical commissioning group (CCG).

• 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.

Track record on safety

The practice did not have a good track record on safety.

• There were not comprehensive risk assessments in relation to safety issues in place.

• The practice had not monitored and reviewed activity. This did not help it to understand risks and did not give a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice did not have adequate processes in place to learn from incidents and make improvements when things went wrong.

• Staff understood their duty to raise concerns and report incidents and near misses. However, no significant event had been identified in over 12 months.

• Medicine safety alerts were disseminated within the practice but no action log was maintained detailing how these had been managed.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

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

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

•The information supplied by the practice did not show what training had been undertaken by staff and to what level this had been undertaken. Areas of training were conducted "in-house" with no clear learning outcomes or standard achieved.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/2017. QOF is a system intended to improve the quality of general practice and reward good practice.)

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 advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

• Older patients who are 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.

• The practice followed up on older patients discharged from hospital within 72 hours of discharge. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs and these were shared with out of hours care providers and the ambulance service.

• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

• The practice was active within the CCG frailty forum which focused on improving care for patients within the community and avoiding hospital admissions.

• Home visits were available for those patients who were housebound or frail.

People with long-term conditions:

• Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, 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.

• Patients who were listed as having a long-term condition were invited to the practice to undertake a review of their condition with an extended appointment time given. With diabetes the patient was allocated 15 minutes with a nurse followed by 15 minutes with a GP. The practice sent out three letters to patients offering them this service and telephone calls were made two days before to ensure that the patient was able to attend.

• Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

• The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

• The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

• Childhood immunisation uptake rates were in line with the target percentage of 90% or above.

• The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

• The practice had streamlined their process so as to undertake the first immunisations at the same time as the six-week baby check.

Requires improvement

Are services effective?

• Urgent appointments were available for children in the morning and afternoon. We were informed that children would always be seen if required.

• The practice had midwives based at their practice to oversee ante-natal care for patients which enabled care discussions to be held as appropriate.

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

• The practice's uptake for cervical screening was 79% which was in line with the 80% coverage target for the national screening programme.

• The practice's uptake for breast and bowel cancer screening was above both the local and national average.

• 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.

• Telephone consultations were available for patients who found it difficult to attend the practice.

People whose circumstances make them vulnerable:

• End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.

• The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

• The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

• Longer appointments were available for vulnerable patients and there was an option of having these at the end of surgeries or other quieter times.

• Vulnerable patients that failed to attend an appointment were contacted by telephone to ensure they were safe.

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.

• 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 practices performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

• The practice used information about care and treatment to make improvements.

• The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff did not have all the skills, knowledge and experience to carry out their roles.

• Staff had undertaken training 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 provided protected time and training for staff who were encouraged and given opportunities to develop. However, it was not clear what training staff had received or the level of this training. There were external courses staff could attend but most of training was done "in-house".

Requires improvement

Are services effective?

• We were informed that the healthcare assistant had not completed the Care Certificate following employment and the practice were not aware of this certificate.

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 discussing 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 for children who have relocated into the local area.

• 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 considered 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.

• 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, 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.

Good

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.

• The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

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 that 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 and easy read materials 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.

• The practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

• When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered 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.

Good

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 had installed baby changing facilities to the practice.

• 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 have 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 where they lived. The practice did not have elderly patients living in care homes or supported housing.

• The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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. Records we looked at confirmed this.

• All parents or guardians calling with concerns about a child under the age of 18 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. Whilst the practice did not offer extended hours services they had worked with other local practices in establishing an extended hours hub service.

• There were family planning services available including the fitting of both coils and implants.

• Ante natal appointments were available within the practice and were undertaken by a midwife. Midwifery led antenatal appointments were available at the practice.

People whose circumstances make them vulnerable:

• The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

• People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

• Practice staff were informed of bereavements to enable compassionate care to be delivered to relatives.

• Patients who had care plans in place were given a different telephone number by the practice to speed up access to care.

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

Good

Are services responsive to people's needs?

• Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

• The practice held GP led dedicated mental health and dementia clinics. Patients could have longer appointments and were also seen on as regular as basis as their condition demanded, this could be daily or weekly appointments.

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. The practice ensured all patients, regardless of age, were seen on the day should this be required.

• Patients with the most urgent needs had their care and treatment prioritised.

• Patients reported that the appointment system was easy to use.

• The practices GP patient survey results were above local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

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

• Some Information about how to make a complaint or raise concerns was available within the practice booklet and website.

• The complaint policy and procedures were generally in line with recognised guidance.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

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

The practice was rated as inadequate for providing well led services because:

• Processes for providing all staff with the development and training they needed were not adequate.

• Practice leaders had not established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended

• The practice did not have effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.

• The process in place to document how complaints and other incidents were discussed and learning shared was not adequate.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-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.

• However, the leaders did not always maintain an accurate overview and understanding of key quality and risk areas within the practice, for example in relation to health and safety, training and ensuring learning was shared from complaints, meetings and other incidents.

• Leaders at all levels were visible and approachable.

• They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

• The practice had some processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

• There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

• Staff were aware of and understood the vision, values and strategy and their role in achieving them.

• The strategy was in line with health and social care 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 high-quality sustainable care.

• Staff stated they felt respected, supported and valued. They were proud to work in the practice.

• The practice focused on the needs of patients.

• Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

• Openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, the practice needed to improve how conversations relating to these issues were documented and how all appropriate staff could learn from these events. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

• Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

• The processes involved in providing staff with the required development and training was not adequate. Staff were supported to meet the requirements of professional revalidation where necessary.

• The practice needed to improve their risk assessments in relation to keeping both patients and staff safe.

• The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

• There were positive relationships between staff and teams.

Governance arrangements

Systems of accountability and arrangements to support good governance and management were not always effective.

Inadequate

Are services well-led?

• Practice leaders had not established proper policies, procedures and activities that ensured safety and assured themselves that they were operating as intended. We were told that practice policies and procedures could be accessed by all staff in policy folders on the practice's shared computer drive. However, on the day of inspection we found difficulty in navigating their system whilst attempting to locate key policies, for example safeguarding adults, and once found it did not have the lead person identified. This information was added to the policy during the inspection.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

• There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

• The practice had processes to manage current and future performance. Practice leaders had some oversight of safety alerts, incidents, and complaints.

• Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

• The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

• There was evidence that the practice used and acted on appropriate and accurate information, for example in relation the quality and outcomes framework data and patient survey results.

• The practice held regular meetings to discuss significant events. However, it was the recording and documentation of these meetings that required reviewing.

• The practice used information technology systems to monitor and improve the quality of care.

• The practice submitted data or notifications to external organisations as required.

• There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

• Risk assessments were not always adequate or undertaken, for example in relation to legionella, health and safety, electrical installation and fire risk.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

• A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group who told us that the practice listened to their views and was responsive to any concerns. They told us that the practice was open and transparent in their dealings with the group and kept them up to date with developments.

• The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

• There was a focus on continuous learning and improvement. For example, staff were encouraged to acquire further knowledge in specialist areas such as the complexities of diabetes.

• The practice had a programme of clinical audit which they used to improve care.

• The practice needed to improve how learning was shared following reviews of incidents and complaints.

• Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider failed to ensure that prescription forms were monitored throughout the practice.• The provider had failed to have an adequate system in place to act on medicine and safety alertsThis was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk• There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. • 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. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.