

# Redhouse Medical Centre

## 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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Redhouse Medical Centre on 12 July 2016. Overall, the practice is rated as requires improvement.

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. However, reviews of significant events were not undertaken, to check that the measures put in place to prevent them from happening again had been effective.
- Although risks to patients had been assessed, the systems and processes to address these risks were not implemented well enough to ensure they were kept safe.
- Services were tailored to meet the needs of individual patients and were delivered in a way that promoted flexibility and choice.
- Nationally reported Quality and Outcomes Framework (QOF) data showed that the practice's overall performance was just below the local clinical commissioning group (CCG) and England averages.
- 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, but they were not receiving appropriate appraisal.
- Patients said they were treated with compassion, dignity and respect. Data from the NHS National GP Patient Survey of the practice showed patients rated the practice either higher than, or broadly in line with, local CCG and national averages, for most aspects of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The arrangements for governance and performance management were not always effective. There was

# Summary of findings

no planned, structured approach to carrying out clinical and quality improvement audits, to improve patient outcomes, and few audits had been carried out.

- The practice did not have a well-developed vision regarding how they would deliver high-quality person-centre care.

The areas where the provider must make improvements are:

- Ensure the required staff recruitment checks are carried out.
- Ensure staff receive appropriate appraisal to enable them to carry out the duties they are employed to perform.
- Ensure that suitable arrangements have been made to assess, monitor and improve the quality and safety of the services provided by the practice.

However, there were also areas where the provider needs to make improvements. The provider should :

- Arrange for the practice's designated infection control lead to complete additional training to help them carry out this role.
- Carry out a risk assessment in relation to the window blinds that have loop cords to determine the potential risks to patient safety and how these can be minimised.
- Provide a back-up thermometer in each vaccine refrigerator.
- Provide paediatric defibrillator pads for use in an emergency.
- Prepare a GP locum induction pack.
- Develop a patient participation group.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near-misses. However, reviews of significant events were not undertaken, to check that the measures put in place to prevent them from happening again had been effective.
- Although risks to patients had been assessed, the systems and processes to address these risks were not implemented well enough to ensure they were kept safe. For example, the practice did not have an effective system for making sure that safety alerts had been responded to appropriately. Also, required recruitment checks had not been carried out for some staff.
- Medicines management systems were safe, but we identified minor improvements could be made.
- The premises were clean and hygienic, and maintained in a safe condition.
- Appropriate arrangements had been made to ensure equipment used by staff was kept in satisfactory working order.
- The practice had made suitable arrangements to deal with emergencies and major incidents.

### Are services effective?

The practice is rated as requires improvement for providing effective services.

**Requires improvement**



- The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national breast and cervical screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2014/15, showed the practice had obtained 93.1% of the total points available to them for providing recommended care and treatment. This was just below the local clinical commissioning group (CCG) average of 95.7%, and the England average of 94.8%. Evidence supplied by the practice indicated that their overall 2015/16 QOF performance was lower than their achievement in 2014/15.

# Summary of findings

- Staff supported patients to live healthier lives through the health promotion work they carried out. This included providing advice and support to patients to help them manage their health and wellbeing.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Staff worked effectively with other health and social care professionals to ensure the range and complexity of patients' needs were met.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had only carried out a small number of clinical audits. There was also limited evidence of quality improvement audits being carried out, to help improve patient outcomes and safety. Most staff had not undergone regular appraisals, and there was limited evidence that recently appointed staff had received an induction that was appropriate to their roles and responsibilities.

## Are services caring?

The practice is rated as good for providing caring services.

- Staff treated patients with kindness and respect, and maintained patient and information confidentiality. Most patients we spoke with, and those who had completed Care Quality Commission (CQC) comment cards, were satisfied with the care and treatment they received.
- Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patients rated the practice either higher than, or broadly in line with, local CCG and England averages, for most aspects of care. However, patients were less satisfied with how doctors involved them in decisions about their care and treatment. Of the patients who responded to the survey, 69% said the last GP they saw was good at involving them in decisions about their care, compared with the local CCG average of 83% and the national average of 81%.
- Information for patients about the range of services provided by the practice was available and easy to understand.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility and choice. Recent improvements to how staff managed their patient 'call and recall' system had helped to improve continuity of care.
- The majority of patients who provided us with feedback raised no concerns about access to appointments. In response to recent patient feedback regarding access to appointments, staff had taken action to improve access and they were monitoring the effectiveness of the changes made on a daily basis.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. There was evidence the practice responded appropriately to any issues raised.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice's vision for supporting the delivery of high-quality person-centre care was not well developed. There was also no documented strategy setting out the practice's plans for the future development of the practice. However, all staff demonstrated a strong commitment to their patients and to providing them with the best possible care and treatment.
- All of the staff we spoke to were proud to work for the practice and had a clear understanding of their roles and responsibilities. Staff said they felt well supported.
- The arrangements for governance and performance management did not always operate effectively. For example, staff did not always follow the practice's policies and procedures when recruiting staff or handling safety alerts. The practice did not have a structured approach to carrying out clinical audits. Few clinical audits had been completed, and there was limited evidence of quality improvement activities. An effective staff appraisal system was not in place.
- Although the practice actively sought feedback from patients via the surveys they conducted, they did not have an active patient participation group.

**Requires improvement**



# 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 people. The issues identified as requiring improvement overall affected all patients, including this population group.

- Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed above, or broadly in line with, local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group. For example, the percentage of patients with atrial fibrillation with a CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy, during the period from 1 April 2014 to 31 March 2015, was higher, at 100%, compared to the England average of 98.4%. (A CHADS2 score can help doctors estimate stroke risk in patients with AF).
- The practice offered proactive, personalised care which met the needs of older patients. Patients aged 75 or over had been provided with a named GP who was responsible for their care. This group of patients were invited to attend an annual health check, and patients under 75 years of age were invited to attend an annual NHS health check.
- Older patients were able to access annual influenza, pneumococcal and shingles vaccinations.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The issues identified as requiring improvement overall affected all patients, including this population group.

- The QOF data showed the practice had performed above, or broadly in line with, local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group. For example, the percentage of patients with diabetes, whose last measured total cholesterol, during the period from 1 April 2014 to 31 March 2015, is 5 mmol/l or less, was higher than the England average (86.1% compared to 80.5%). However, a failure to ensure that all patients had received an invitation to attend an annual healthcare review, although fully addressed by the time of our inspection, had resulted in the practice performing less well during the 2015/16 QOF year.

Requires improvement



# Summary of findings

- The practice had adopted a 'One Stop' clinic approach to managing the needs of patients with long-term conditions, so that those with several medical conditions did not have to attend the practice more often than necessary.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requiring improvement overall affected all patients, including this population group.

- The practice had made good arrangements to meet the needs of children, families and younger patients. For example, patients were able to access ante-natal and post-natal care. Appointments were available outside of school hours and the practice premises were suitable for children and babies. The practice offered a full range of immunisations for children.
- Publicly available information showed they had performed very well in delivering childhood immunisations.
- Nationally reported data showed the practice's uptake of cervical screening was, at 85.6%, higher than the national average of 81.8%. The practice offered contraceptive services, and information was available within the practice about how to access sexual health services.
- Arrangements had been made to protect children who were at risk and living in disadvantaged circumstances.

Requires improvement



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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requiring improvement overall affected all patients, including this population group.

- The QOF data showed the practice had performed either above, or broadly in line with, local CCG and England averages, in providing recommended care and treatment to this group of patients. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured, during the period from 1 April 2014 to 31 March 2015, is 150/90mmHg or less, was higher than the England average (82.6% compared to 83.6%).
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients. The nursing team offered a range of health promotion clinics, including NHS health checks

Requires improvement





# Summary of findings

for patients aged 40-75 years, weight management and smoking cessation clinics. Extended hours appointments were provided once weekly, to help working patients access more suitable appointments.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requiring improvement overall affected all patients, including this population group.

- The practice maintained a register of patients with learning disabilities which they used to help ensure they received an annual healthcare review. The practice was taking part in a local scheme, to increase access to preventative healthcare screening, for this group of patients.
- Staff used easy read leaflets to help these patients understand the services available to them, and they sent them 'easy read' invitations asking them to attend their healthcare review.
- Systems were in place to protect vulnerable children from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns.
- Suitable arrangements had been made to meet the needs of patients who were also carers.

Requires improvement



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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requiring improvement overall affected all patients, including this population group.

- The QOF data showed the practice had performed either above, or broadly in line with, local CCG and England averages, in providing recommended care and treatment to this group of patients. For example, 91.4% of patients with schizophrenia, bipolar affective disorder and other psychoses, had had a comprehensive, agreed care plan documented in their medical record, during the period from 1 April 2014 to 31 March 2015, compared with the England average of 88.4%. The data also showed that 94.8% patients diagnosed with dementia had had their care reviewed in a face-to-face review, during the same time period, compared with the England average of 84%.

Requires improvement



## Summary of findings

- Patients experiencing poor mental health were given advice about how to access various support groups and voluntary organisations. Patients were able to access appointments at the practice with a representative of the mental health organisation, MIND.
- Staff kept a register of patients with dementia, and the practice's clinical IT system clearly identified them to help make sure clinical staff were aware of their specific needs.

# Summary of findings

## What people who use the service say

Feedback from patients was positive about the way staff treated them. We spoke with ten patients. Most told us they felt well looked after. They said the practice was always clean and well kept. Patients also told us staff were polite, friendly, professional, and knew what they were doing. They said that they were treated with dignity and respect.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 34 completed comment cards which were all positive about the standard of care provided. Words used to describe the service included: very good; helpful and friendly; treated with dignity and respect; exceptional; very polite and kind; excellent; kind and caring; great service. However, three patients commented that it was difficult to obtain an appointment. Five patients told us they sometimes had to wait more than 15 minutes after their appointment time. Two patients said that things had improved at the practice.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patients rated the practice higher than the local CCG and national averages for several aspects of care, but lower for some other aspects. For example, of the patients who responded to the survey:

- 91% had confidence and trust in the last GP they saw, compared with the local CCG and national averages of 95%.
- 77% said the last GP they saw was good at listening to them, compared to the local CCG average of 90% and the national average of 88%.
- 80% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 87% and the national average of 86%.

- 69% said the last GP they saw was good at involving them in decisions about their care, compared with the local CCG average of 83% and the national average of 81%.
- 96% had confidence and trust in the last nurse they saw, compared with the local CCG average of 98% and the national average of 97%.
- 96% said the last nurse they saw was good at listening to them, compared to the local CCG average of 93% and the national average of 91%.
- 95% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 92% and the national average of 90%.
- 95% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 92% and the national average of 89%.
- 88% said the last appointment they got was convenient, compared with the local CCG average of 93% and the national average of 91%.
- 76% were able to get an appointment to see or speak to someone the last time they tried. This was below the local CCG average of 77% and the same as the national average.
- 94% found it easy to get through to the surgery by telephone, compared with the local CCG average of 78% and the national average of 73%.

(364 surveys were sent out. There were 109 responses which was a response rate of 29%. This equated to 2.1% of the practice population.)

## Areas for improvement

### Action the service MUST take to improve

- Ensure the required staff recruitment checks are carried out.

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- Ensure staff receive appropriate appraisal to enable them to carry out the duties they are employed to perform.
- Ensure that suitable arrangements have been made to assess, monitor and improve the quality and safety of the services provided by the practice.
- Carry out a risk assessment in relation to the window blinds that have loop cords to determine the potential risks to patient safety and how these can be minimised.
- Provide a back-up thermometer in each vaccine refrigerator.

## **Action the service SHOULD take to improve**

- Arrange for the practice's designated infection control lead to complete additional training to help them carry out this role.
- Provide paediatric defibrillator pads for use in an emergency.
- Prepare a GP locum induction pack.
- Develop a patient participation group.

# Redhouse Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser. There was also an Expert by Experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

## Background to Redhouse Medical Centre

Redhouse Medical Centre provides care and treatment to 4993 patients of all ages, based on a Personal Medical Services (PMS) contract. The practice is part of the NHS Sunderland clinical commissioning group (CCG) and provides care and treatment to patients living in all areas north of the River Wear up to the A19 boundary. We visited the following location as part of inspection: Redhouse Medical Centre, 127 Renfrew Road, Sunderland, SR5 5PS.

The practice had a mostly white British population. There were higher levels of social deprivation, especially in relation to older people and children. Nationally reported data showed the practice had a higher percentage of people with long-standing health conditions than the England average. National data also showed that 1.3% of the population were from an Asian ethnic minority background, and 1% were from non-white ethnic groups.

The practice was located in a building which had been adapted to meet patients' needs. The practice had two GP

partners (one male and one female), a salaried GP (male), a practice nurse (female), a healthcare assistant (female), a practice manager, an assistant manager and a small team of administrative and reception staff.

The practice is open a Monday between 8:30am and 7:45pm, and on Tuesday, Wednesday, Thursday and Friday between 8:30am and 6pm. The practice is closed at weekends.

GP appointment times: Monday between 9am and 11:20am, and 2pm and 7:30pm; Tuesday to Friday between 9am and 11:20am, and 2pm and 5:10pm.

When the practice is closed patients can access out-of-hours care via the Northern Doctors Urgent Care Limited On-Call service, and the NHS 111 service.

## Why we carried out this inspection

We inspected this service as part of our 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008; to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 July 2016. During our visit we:

- Spoke with a range of staff, including three GPs, the practice manager, the assistant manager, the practice nurse and some administrative staff. We also spoke with ten patients.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had a system for identifying, reporting on and learning from significant events, and their approach to the handling of these ensured that the provider complied with their responsibilities under the Duty of Candour regulation. Where relevant, patient safety incidents had been reported to the local clinical commissioning group (CCG) via the Safeguard Incident and Risk Management System (SIRMS).

Staff had identified seven significant events during the previous 12 months. Overall, the records of these events had been satisfactorily completed and included brief details of lessons learned. A significant events summary log had been maintained, which provided additional details regarding outcomes and lessons learned. However, there was no evidence that follow up reviews had been undertaken, to check whether the improvements made, following these events, had been successful in preventing them from happening again. Also, staff had not implemented the provider's significant event monitoring policy in relation to an event which had occurred in 2015, where a power failure had resulted in the destruction of the practice's vaccines. Although staff had taken appropriate action in response to this incident, they were not able to fully demonstrate they had taken steps to learn from the event and prevent it from happening again.

The practice did not have an effective system for handling safety alerts, including those relating to medicines. There was evidence that all alerts received by the practice manager had been forwarded to the relevant staff to review. However, the practice manager said they were unable to provide us with evidence that the patient safety alerts had been considered and, where appropriate, acted on. They told us there was no system in place for monitoring whether staff had taken appropriate action in response to the alerts they had received. There was no evidence that the safety alerts received by the practice had been discussed during practice meetings.

### Overview of safety systems and processes

Some of the practice's systems and processes for keeping patients safe and free from harm, were not sufficiently rigorous. For example, appropriate staff recruitment checks had not been carried out. We looked at the recruitment files for four staff. For one person, the file did not include

the following: details of their employment history; evidence that proof of identity had been obtained; confirmation of satisfactory conduct in their previous employment. This person was a member of the clinical team and therefore had unsupervised contact with patients, but there was only evidence that a basic Disclosure and Barring Service (DBS) check had been obtained, rather than an enhanced check as required. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

The recruitment file for a second person, who was originally employed as a locum GP, but since November 2015 had been employed as a substantive member of staff, did not include the following: details of their employment history; evidence that proof of identity had been obtained; confirmation of satisfactory conduct in their previous employment; documentary evidence of their professional qualifications; confirmation that they were registered with their regulatory body and were on the National Performers List; evidence that they had appropriate medical indemnity insurance cover. The practice manager confirmed that these pre-employment checks had not been carried out before the GP started working at the practice. However, on the day of the inspection, the GP concerned provided the inspection team with documentary evidence which addressed the above shortfalls.

The recruitment file for a third person, who was employed as a locum GP, did not include the following: evidence that proof of identity had been obtained; confirmation of satisfactory conduct in their previous employment (although one of the GP partners told the practice manager that they knew this person and had previously worked with them); documentary evidence of their professional qualifications. For the fourth member of staff, a member of the administrative team, all the required pre-employment checks had been carried out. However, although a DBS check may not be required for administrative staff, the provider had not carried out a recorded risk assessment to assess whether such a check would be necessary, for the particular position this person had been appointed to.

### Monitoring risks to patients

Overall, appropriate health and safety checks had been carried out. For example, the provider had recently arranged for an external contractor to conduct a comprehensive health and safety risk assessment of the

## Are services safe?

premises. In addition to this, staff carried out a monthly health and safety check, to help them assess any potential risks. There was a health and safety poster on display in the administrative area, to remind staff of their responsibilities. The practice had arranged for all clinical equipment to be serviced and calibrated, to ensure it was safe and in good working order. A range of other routine safety checks had also been carried out. These included checks of fire, electrical and gas systems. The practice manager was in the process of arranging for outstanding electrical safety issues to be addressed. The practice also had an up-to-date fire risk assessment, and an action plan to address the shortfalls identified. Most actions had been completed, and the practice manager was in the process of arranging for remedial works to be carried out. A recent fire drill had been held. However, some staff had not completed fire safety training. We also identified that an assessment of the potential risks posed by blinds with loop cords that had been fitted in some rooms used by patients, had not been carried out.

The practice had policies and procedures for safeguarding children and vulnerable adults, and these could be easily accessed by staff. Safeguarding information was also available in the consultation rooms, and the reception area for ease of access. The senior GP partner acted as the children and vulnerable adults safeguarding lead, providing advice and guidance to their colleagues. Staff demonstrated they understood their safeguarding responsibilities to protect vulnerable children and adults. Children at risk were clearly identified on the practice's clinical IT system, to ensure clinical staff took this into account during consultations. However, alerts to identify vulnerable adults had not been added to the system. Arrangements had been made to monitor children considered to be at risk of harm. This included holding monthly meetings with health visitors, to share information about risks. Some staff had received safeguarding training relevant to their role. For example, the GPs had completed level three child protection training.

The practice's chaperone arrangements helped to protect patients from harm. Both the staff who acted as chaperones had undertaken training for the role and had undergone a Disclosure and Barring Service (DBS) check. The chaperone service was advertised on a poster displayed in the waiting area and on each consultation room door.

Appropriate standards of cleanliness and hygiene were being maintained. The practice was clean and hygienic throughout, and there was a cleaning schedule in place to help ensure this was maintained. The practice had a designated infection control lead. However, this person had not completed additional training to help them carry out this lead role. There were infection control protocols in place and these could be easily accessed by staff. Staff had completed infection control training. Sharps bin receptacles were available in the consultation rooms and those we looked at had been signed and dated by the assembler. Clinical waste was appropriately handled.

An infection control audit had been carried out by an independent body in July 2015. The audit had identified a range of concerns. In response the practice had prepared an action plan, and we saw that most of the shortfalls had been addressed. One of the actions not yet completed related to improvements that needed to be made in the practice's minor surgery room. However, we were advised that the minor surgery service was no longer being provided until the improvements had been made.

A legionella risk assessment had been carried out in September 2011. All works identified as a result of the assessment had been carried out. An external contractor carried out monthly visits to monitor the water system for the presence of legionella. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)

Overall, the arrangements for managing medicines, including emergency drugs and vaccines, helped to keep patients safe. The practice had a system for monitoring and issuing repeat prescriptions and carrying out medicines reviews. There was also a system for monitoring uncollected prescriptions. Prescription pads were securely stored to reduce the risk of mis-use or theft. Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records.

Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) However, the practice nurse had not received any training in their use. One PGD was out-of-date,



## Are services safe?

but staff had taken appropriate action to address this. Appropriate systems were in place to manage high risk medicines and, following a significant event at the practice, all changes to patients' medicines were overseen by a GP.

Arrangements were in place for planning and monitoring the number and mix of staff required to meet patients' needs. There was a rota system for all the different staffing groups, to ensure that there were enough staff on duty. The number of GP clinical sessions provided had recently been increased, to take account of patient feedback regarding appointment availability. There were no staff vacancies at the time of our inspection.

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

The practice had made arrangements to deal with emergencies and major incidents. For example, there was

an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff had completed basic life support training. Emergency medicines were available in the practice. These were kept in a secure area and staff knew of their location. Those we checked were within their expiry dates. Staff also had access to a separate anaphylaxis pack. The practice had a defibrillator, but there were no paediatric pads for use with young children. Regular checks of the defibrillator had been carried out. Oxygen was available for use in an emergency, and there were facemasks for both adults and children. The practice had a business continuity plan in place for major incidents, such as power failure or building damage. This was accessible to all staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GPs told us they accessed NICE guidelines and updates via the web.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. Publicly available data indicated these outcomes were just below local clinical commissioning group (CCG) and the England averages. (QOF is intended to improve the quality of general practice and reward good practice).

The QOF data, for 2014/15, showed the practice had obtained 93.1% of the total points available to them for providing recommended care and treatment. This was just below the local CCG average of 95.7%, and the England average of 94.8%. For example:

- The percentage of patients with diabetes, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less, was lower when compared to the England average (71.6% compared to 78%).
- The percentage of patients with Chronic Obstructive Pulmonary Disease who had had a review, including an assessment of breathlessness using the Medical Research Council dyspnoea (difficult breathing) scale, in the preceding 12 months, was lower than the England average (72.4% compared to 89.9%).

However, there were also clinical indicators where the practice had exceeded the local CCG and England averages. For example:

- The percentage of patients with diabetes, who had had an influenza immunisation, in the period from 1 August 2014 to 31 March 2015, was higher when compared to the England average (99.5% compared to 94.5%).

- The percentage of patients with diabetes, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less, was higher than the England average (86.1% compared to 80.5%).

The practice's exception reporting rate, at 8.7%, was 2.1% below the local CCG average and 0.5% above the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

The practice had recently made improvements to address concerns they had identified in 2015, regarding a failure to send some patients a recall letter, reminding them to attend for their annual review. The practice manager told us that this failure had had a significant impact upon their 2015/16 QOF performance, with the practice performing less well than in the previous QOF year. For example, they told us that in the 2014/15 QOF year they had obtained 405.5 points (clinical indicators) out of a possible 435 points. For the 2015/2016 QOF year, this had dropped to 319 points out of a possible 435 points. However, action had been taken to improve the practice's 'call and recall' system. Improvements made included appointing a new member of staff, whose role it was to focus on ensuring patients received an invitation to attend their annual healthcare review appointment. Staff told us they expected to see an improved 2016/17 QOF performance.

Staff had only carried out a small number of clinical audits during the previous 16 months. There was also limited evidence of quality improvement audits being carried out to improve patient outcomes and safety. The practice provided us with access to one complete two-cycle audit on the use of an item of medicine (Gliptin), prescribed for patients with tablet controlled type 2 diabetes. The audit had been carried out in response to feedback received from Sunderland CCG, who were concerned about the safety and appropriateness of prescribing this medicine to patients with type 2 diabetes. The completed audit showed evidence of improvement, for example, more patients had received a HbA1C check six months after first being prescribed Gliptin. (HbA1C is a test that enables clinicians to obtain an overall picture of a diabetic patient's average blood sugar levels over a given period of time.) All staff had received feedback regarding the outcome of the audit, and had been reminded of the importance of scheduling a

# Are services effective?

## (for example, treatment is effective)

six-monthly HbA1C blood check in line with NICE guidelines. We were also provided with access to a second recent audit which looked at the prescribing of Folic Acid to pregnant patients. However, this was only the first cycle of the audit and the clinicians intended to repeat the audit in October 2016.

The practice had participated in an audit initiated by the local CCG regarding patients with Atrial Fibrillation. We asked to see information about this, but did not receive any. The practice had also carried out a quality improvement audit to look at what steps staff could take to improve appointment waiting times. Whilst the conclusions drawn, following the audit, were that there had been an improvement in waiting times, it was difficult to judge what actual improvements had been made, or what lessons had been learnt as a result of the audit.

The practice had participated in the local CCG's medicines optimisation incentive scheme. (Staff from the optimisation scheme work with GP practices on all aspects of medicines use, to help achieve the best possible outcomes for patients.) Evidence provided during the inspection indicated that for those aspects of medicines usage covered, the practice had met set targets.

### Effective staffing

The arrangements for ensuring that all staff received appropriate support, training and appraisal, were not sufficiently rigorous. The practice had an induction checklist which set out the areas to be covered in each new staff member's induction. We looked at the recruitment files for four staff. For the two staff that had worked as GP locums, there was no documentary evidence that they had received an induction. The assistant practice manager told us that when these staff had started they had been given key items of information, such as important internal and external contact numbers, and other helpful information about the practice. However, they told us there was no documentary evidence available to confirm this. We were also told that the practice did not have a locum GP pack. (The purpose of a GP locum pack is to enable new GP locums to use a practice's protocols and procedures effectively and safely.) The other two staff had received an appropriate induction.

During the inspection we looked at a sample of staff training records. There were gaps in the records for many of the staff and, for some, this was because the staff

concerned had not updated the practice manager about what training they had completed. This meant the management team did not have a clear overview of whether staff had completed the mandatory training the provider had judged they needed. Following the inspection, we received confirmation that most staff had completed their mandatory training.

The practice nurse had completed additional post qualification training to help them meet the needs of patients with long-term conditions. For example, they had recently completed their annual immunisations training update, and their cervical screening training was up-to-date. The practice's healthcare assistant had completed a range of training, to help them carry out their role effectively. For example, they had completed a course of training in the carrying out of phlebotomy and had been awarded a certificate of competence. They had also recently completed the Care Certificate training course.

The arrangements for carrying out staff appraisals were unsatisfactory. The practice manager told us that appraisals had not been carried out since 2008, for any member of the non-clinical staff team. The practice nurse told us they had not received an appraisal since starting work at the practice in 2013. However, they confirmed that they were receiving monthly clinical supervision from a practice nurse colleague working in another practice. The assistant practice manager and practice nurse had recently completed training on how to carry out effective appraisals.

All GPs working at the practice had undergone re-validation with the General Medical Council (GMC). However, we identified that one of the GPs had not received an appraisal during 2015/16. Steps were being taken to address this.

### Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment. The practice had systems which enabled them to receive patient information electronically. For example, staff had electronic access to all lab and hospital results and records, and received hospital discharge summaries electronically. We checked and found all results had been seen and actioned by the clinicians. However, some had yet to be archived. The senior GP partner we spoke to was not clear about how to carry out the archiving task. Also, one of the GPs was uncertain as to whether there was a buddy system in place

# Are services effective?

## (for example, treatment is effective)

for handling pathology results when colleagues took leave. Appropriate arrangements were in place for sharing results with patients. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions. A safe system was in place for handling two week wait cancer referrals.

All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services via 'special notes' and health care plans, to help promote continuity of care. Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (MCA, 2005). When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome. Clinical staff had completed MCA training.

### Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years. Health promotion links were available on the practice's website and there was health related information on a television screen in the patient waiting area.

Following improvements made to the practice's arrangements for recalling patients for their annual

healthcare reviews, a comprehensive screening programme was in place at the time of our inspection. The QOF data, for 2014/15, showed the practice had performed well by obtaining 100% of the overall points available to them, for providing cervical screening services. This was 1.3% above the local CCG average and 2.4% above the England average. The uptake of cervical screening was higher, at 79.2%, when compared to the national average of 74.3%. The uptake of screening for breast cancer, by women aged 50 to 70 years of age, within the last 36 months was, at 74%, which was below the local CCG average of 77.9%, but above the England average of 72.2%. The uptake of bowel cancer screening for patients aged 60 to 69 years of age, during the last 30 months was lower, at 50.8%, than the local CCG average of 57.1% and the England average of 58.3%. The inspection team discussed this with staff who told us that the lower uptake could be due to the practice being located in a very socially deprived area.

Patients were supported to stop smoking. The QOF data showed that, of those patients aged over 15 years who smoked, 91.2% had been offered support and treatment during the preceding 24 months. This was slightly below the local CCG average of 92.3% and the England average of 94.1%. The data also confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy.

The practice offered a full range of immunisations for children. Publicly available information showed they had performed very well in delivering childhood immunisations. Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to children under two years old ranged from 98.2% to 100% (the local CCG averages ranged from 96.6% to 98.9%). For five year olds, the rates ranged from 91.7% to 100% (the local CCG averages ranged from 31.6% to 98.9%).

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Throughout the inspection staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations, so that conversations could not be overheard. Reception staff said that a private area would be found if patients needed to discuss a confidential matter.

Feedback from patients was positive about the way staff treated them. We spoke with ten patients. Most told us they felt well looked after. As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 34 completed comment cards which were all positive about the standard of care provided. Words used to describe the service included: very good; helpful and friendly; treated with dignity and respect; exceptional; very polite and kind; excellent; kind and caring; great service.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patients rated the practice either higher than, or broadly in line with, most aspects of care.

Of the patients who responded to the survey:

- 91% had confidence and trust in the last GP they saw, compared with the local clinical commissioning group (CCG) and national averages of 95%.
- 77% said the last GP they saw was good at listening to them, compared to the local CCG average of 90% and the national average of 88%.
- 81% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 88% and the national average of 86%.
- 96% had confidence and trust in the last nurse they saw, compared with the local CCG average of 98% and the national average of 97%.
- 96% said the last nurse they saw was good at listening to them, compared to the local CCG average of 93% and the national average of 91%.

- 94% said the last nurse they saw or spoke to was good at giving them enough time, compared to the local CCG average of 95% and the national average of 91%.
- 86% found receptionists at the practice helpful. This was in line with the national average, but below the local CCG average of 89%.

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

Patients we spoke with, and those who commented on this in their CQC comment cards, told us they were involved in decisions about their care and treatment. Data from the NHS National GP Patient Survey showed that, when seen by a nurse, there were good levels of patient satisfaction regarding their involvement in decisions about their care and treatment. However, patients were less satisfied with how doctors involved them in such decisions. Evidence from the inspection indicated that the GPs were considering what action could be taken to improve patients' experiences during GP consultations. Of the patients who responded to the survey:

- 80% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 87% and the national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care, compared with the local CCG average of 83% and the national average of 81%.
- 95% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 92% and the national average of 90%.
- 95% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 92% and the national average of 89%.

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

Staff were good at helping patients and their carers to cope emotionally with their care and treatment. They understood patients' social needs, supported them to manage their own health and care, and helped them maintain their independence. Notices in the patient waiting

## Are services caring?

room told patients how to access a range of support groups and organisations. We were told, where patients had experienced bereavement, clinical staff would always offer condolences and support.

The practice was committed to supporting patients who were also carers. A designated member of staff acted as a carers' lead, and provided extra advice and support to these patients, as and when needed. Staff maintained a register of these patients, to help make sure they received appropriate support, such as, an annual healthcare review

and appropriate vaccinations. There were 135 patients on this register, which equated to 2.7% of the practice's population. The practice had referred seven patients to the local carers' organisation during the previous 12 months. The practice's IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility and choice. Recent improvements to how staff managed patient 'call and recall' had helped to improve continuity of care. Examples of the practice being responsive to, and meeting patients' needs included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care. Patients were invited to attend for an annual over 75 health check, and those under 75 years of age received an invitation to attend an annual NHS health check. Older patients were also able to access annual influenza, pneumococcal and shingles vaccinations.
- Staff making recent improvements to ensure that patients with multiple long-term conditions were provided with access to an annual healthcare review, using a 'One Stop Approach'. Arrangements had been made to provide these patients with one appointment in which all their healthcare needs could be reviewed. Longer appointments and home visits were available when needed.
- Making good arrangements to meet the needs of children, families and younger patients. For example, patients were able to access ante-natal and post-natal appointments. A full programme of childhood immunisations was offered by the practice nursing team, and nationally reported data showed the practice had performed well in delivering these. Appointments were available outside of school hours and the practice premises were suitable for children and babies. Reception staff confirmed that sick children would always be seen on the day. The practice offered contraceptive services, and information was available within the practice about how to access sexual health services.
- Patients experiencing poor mental health were given advice about how to access various support groups and voluntary organisations. Patients were able to access appointments at the practice with a representative of the mental health organisation, MIND. Staff kept a register of patients with dementia, and the practice's clinical IT system clearly identified them to help make sure clinical staff were aware of their specific needs.

- Good arrangements for meeting the needs of working age patients. For example, the nursing team offered a range of health promotion clinics, including NHS health checks for patients aged 40-75 years, and weight management and smoking cessation clinics. Extended hours appointments were offered each Monday until 7:45pm. Patients were able to use on-line services to access appointments, request prescriptions and access to their medical records.
- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. All consultation and treatment rooms were located on the here was a disabled toilet which had appropriate aids and adaptations. Disabled parking was available and there were automatic doors into the practice. The practice provided patients who had learning disabilities with access to an annual review to help promote their good health. The practice was taking part in a local scheme to increase access to preventative healthcare screening, for this group of patients. Staff used easy read leaflets to help these patients understand the services available to them, and they sent out 'easy read' letters to invite them to attend a healthcare review.

### Access to the service

The practice is open Monday between 8:30am and 7:45pm, and on a Tuesday, Wednesday, Thursday and Friday between 8:30am and 6pm. The practice is closed at weekends. Patients were also able to access out-of-hours care at a local health centre, until 8pm each evening. GP appointment times: Monday between 9am and 11:20am, and 2pm and 7:30pm; Tuesday to Friday between 9am and 11:20am, and 2pm and 5:10pm.

All consultations were by appointment only and could be booked by telephone, in person or on-line. Patients were able to access book-on-the day, as well as routine pre-bookable appointments up to four weeks in advance. Telephone consultations were also provided and requests for access to same-day appointments were triaged by one of the GPs. On checking the appointment system at 2:30pm, we found the next routine appointments with a GP or a nurse were available the following morning.

The majority of the 34 patients who completed CQC comment cards, and the patients we spoke with, raised no concerns about access to appointments. However, a very

# Are services responsive to people's needs?

## (for example, to feedback?)

small number commented that it was difficult to obtain an appointment, and five mentioned they sometimes had to wait more than 15 minutes for their appointment. Two patients told us that access to appointments had improved recently.

Results from the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels with telephone access and appointment waiting time was high. However, patients were less satisfied with appointment availability and convenience. Of the patients who responded to the survey:

- 84% said the last appointment they got was convenient, compared with the local CCG average of 94% and the national average of 92%.
- 73% were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 82% and the national average of 85%.
- 94% found it easy to get through to the surgery by telephone, compared with the local CCG average of 79% and the national average of 73%.
- 74% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 69% and the national average of 65%.

In response to recent patient feedback regarding access to appointments, staff had taken action to improve access, and were monitoring the effectiveness of the changes made on a daily basis. Improvements included the appointment of another GP, and an increase in the number of clinical sessions available. Where patients who gave us feedback commented on this, they told us that appointment availability had improved.

### **Listening and learning from concerns and complaints**

The practice had a system in place for managing complaints. This included having a designated person who was responsible for handling any complaints. Information about how to complain was available on the practice's website and was also on display in the patient waiting area. The practice had received three complaints during the previous 12 months. We looked at the complaints log and saw that appropriate responses had been made, with two of the three complaints being upheld. Where the practice had identified that it could have performed better, lessons were learnt and changes made to systems and processes.



# 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 clinical team were committed to their patients and to providing them with the best possible care and treatment. All of the staff we spoke to were proud to work for the practice and had a clear understanding of their roles and responsibilities. However, the practice's vision for supporting the delivery of high-quality person-centre care was not well developed. Although the provider had prepared a statement of purpose for their CQC registration, there was no agreed strategy setting out their plans for the future development of the practice. But, a GP partner told us they were considering extending the clinical rooms, appointing a nurse practitioner and taking steps to become a training practice. We were told the salaried GP had started to provide direction and leadership, and staff were very supportive of this.

### Governance arrangements

The arrangements for assessing, monitoring and improving the quality and safety of services were not always effective. Staff did not always follow the practice's policies and procedures when, for example, handling safety alerts. The practice had a system in place for identifying and reporting on significant events. However, staff were not formally reviewing the measures they had put in place to prevent them from reoccurring. The practice did not have a structured approach to carrying out clinical audits, with only a small number having been completed. There was also limited evidence of quality improvement activities being carried out.

Other aspects of the practice's governance arrangements worked well. This included planned meetings to share information about, and to manage patient risk. Regular practice and multi-disciplinary meetings were also held and these covered such areas as the needs of children at risk of harm, and patients with end of life needs. Staff had clear responsibilities and understood their roles and what they were accountable for. The practice had a range of policies and procedures, which they were in the process of reviewing and transferring to their new training system, to help improve staff access to these when they are undertaking mandatory training. The practice actively sought feedback from patients, to help them improve the services they provided.

### Leadership, openness and transparency

There was no evidence of a developing leadership strategy. Although there was a leadership structure in place, some key decisions were made outside of this. This had resulted in some clinical staff being appointed without appropriate recruitment checks having first been carried out. There was no clinical lead system, although this was under consideration. There was limited evidence of audit and quality improvement activities taking place. However, evidence from the inspection showed that staff had patients' best interests at heart. Staff worked in collaboration with other professionals outside of the practice to help ensure patients' needs were met, and worked well with each other as team members. Regular practice meetings helped ensure important information was shared with staff. Staff we spoke with told us they felt well supported by the leadership at the practice.

The provider had complied with the requirements of the Duty of Candour regulation. The partners encouraged a culture of openness and honesty. When things went wrong, staff carried out an investigation, provided feedback to patients and took action to prevent the same thing from happening again. (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).

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

The practice encouraged and valued feedback from patients. They had invited a 'critical friend' organisation to survey their patients, and to provide them with feedback. On the basis of the feedback received, staff had prepared an action plan which they were taking steps to implement. There was evidence of improvement in relation to, for example, improved availability of appointments. Although the practice did not have a patient participation group (PPG), they were taking steps to set one up. There was information on the practice's website, and in the reception area, which encouraged patients to become involved in the PPG.

There was a regular programme of practice and multi-disciplinary meetings which helped to promote staff involvement and engagement. Staff told us that they felt

# Are services well-led?

Requires improvement 

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

comfortable raising concerns with the practice management team. However, there were no formal arrangements in place to provide staff with regular appraisals.

## Continuous improvement

Although staff told us they were committed to developing the service and improving patient outcomes, the evidence supporting this was not consistent. For example, significant event audits were usually carried out, to identify lessons to be learned to prevent from incidents from happening again. But, there was no planned, structured approach to carrying out clinical and quality improvement audits, to improve patient outcomes and, few of these audits had been carried out.

Staff regularly attended training events arranged by their local Clinical Commissioning Group (CCG) and most had completed the mandatory training judged necessary by the practice to carry out their duties. However, the lack of an effective appraisal system meant that there was no formal assessment of staff's performance, to help them perform their role better.

Although there was little evidence of innovation at the practice, the salaried GP was involved in carrying out research work for the CCG. Staff told us that when asked to participate in CCG projects or initiatives, they did their best to contribute to these.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  The registered person had failed to ensure staff received appropriate appraisal to enable them to carry out the duties they were employed to perform.  Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of services.  The practice's system for responding to safety alerts did not provide assurance that they had been fully addressed.  The practice's significant event reporting policy was not always consistently applied to ensure lessons were learned when things went wrong.  The practice did not have a planned and structured approach to the carrying out of clinical and quality improvement audits.  Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

## Requirement notices

The registered person did not do what was reasonably practical to ensure persons employed were of good character.

Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.