

# Shrewsbury Road Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Shrewsbury Road Surgery on 22 March 2016. Overall the practice is rated as requires improvement.

- The practice had good facilities and was equipped to treat patients and meet their needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- There was a leadership structure and staff felt supported by management.
- The practice had proactively sought feedback from patients which it acted on, and had an active patient participation group.
- Staff generally had the skills, knowledge and experience to deliver effective care and treatment.

However, we found a number of issues of concern –

- Patients were at risk of harm because an unlicensed staff member was responsible for actioning patients' laboratory test results.
- Staff generally assessed patients' needs and delivered care in line with current evidence based guidance. But where patients had care plans in place, the plans were not always appropriately assessed or properly completed.
- There was a system for reporting and recording significant events. But reviews and investigations did not result in actions to improve processes to prevent the same thing happening again.
- The provider did not have a backup for the paper folder of practice specific policies and there was varying GP partner knowledge, understanding and implementation of some policies that were critical to the quality and safety of patients care.
- The practice did not maintain a child protection list and arrangements for safeguarding children were not robust.

# Summary of findings

- Some risks to patients were assessed and well managed, and others such as infection control and Legionella were not.
- Systems to ensure vulnerable or at risk patients were followed up appropriately following discharge from hospital or attendance at accident and emergency were not robust.
- Appointment systems predominantly ran on a first come first served ticketing system. Patients did not always receive timely care when they needed or find it easy to make an appointment with a named GP.
- Telephone access arrangements were complicated and not accurately reflected on the practice leaflet.

The areas where the provider must make improvements are:

- Ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely in accordance with their role.
- Manage safety incidents robustly and ensure lessons learned are used to make improvements to prevent recurrence.
- Implement effective child safeguarding arrangements.
- Make appropriate arrangements for patients care plans.
- Make appropriate arrangements for infection prevention and control.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there is leadership knowledge, skill and capacity to deliver all improvements.
- Ensure Patient Specific Directives (PSDs) to enable Health Care Assistants to administer vaccinations after specific training and when a doctor or nurse are on the premises are signed and authorised appropriately by a GP before vaccines are administered.

In addition the provider should:

- Provide emergency use oxygen masks for children.
- Ensure recruitment arrangements include all necessary employment checks for all staff and include safeguarding during induction for all staff.
- Implement a system to ensure vulnerable or at risk patients are followed up appropriately following discharge from hospital or attendance at accident and emergency.
- Consider reviewing arrangements for staff members' access to policies and procedures and information kept on single paper copy documents.
- Review the system for patients' appointments and duration child immunisations and travel immunisations appointments.
- Make clear and suitable arrangements for patients to contact the practice by telephone and ensure the patients' information leaflet is accurate.
- Ensure actions identified in the Legionella risk assessment are carried out.
- Review the prescribing policy.
- Ensure all staff are included in meetings and receive supervision as appropriate to their role.
- Ensure all staff receive up to date training in such subjects as fire safety, safeguarding, chaperoning and the Mental Capacity Act 2005 in accordance with their role, and keep a documented record of such training.
- Make appropriate arrangements for patients chaperoning.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because, there was an unqualified staff member actioning patients laboratory test results. The practice stopped this arrangement immediately after we noted it and discussed it with staff.
- When there were unintended or unexpected safety incidents, reviews and investigations were undertaken. However, actions had not been taken improve processes to prevent the same thing happening again.
- Arrangements to safeguard children were not sufficiently robust.
- Chaperones had not always been available when requested and patients chaperoning arrangements had been incorrectly recorded.
- The practice premises were clean and some risks to patients were assessed and well managed.
- Most staff recruitment checks had been undertaken.
- Fire safety issues were covered during staff's induction and at quarterly fire drills; however, most staff had not received formal fire training or refreshers. The practice had up to date fire risk assessments.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as Legionella. However, there was no evidence to confirm that actions identified in the risk assessment had been carried out.

Inadequate



### Are services effective?

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

- Most care plans were not personalised, overdue a review or were blank or incomplete, others lacked clinical information or next of kin details.
- There was a lack of clinical supervision for the practice nurse and they were not invited to practice meetings.
- There was no failsafe process in place to ensure the practice followed up where needed for patients who had attended accident and emergency, or that were discharged from hospital.

Requires improvement



# Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were mostly comparable to local and/ or national averages.
- Clinical audits demonstrated quality improvement.
- Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.
- Staff generally worked effectively with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Results from the National GP Patient Survey were comparable with CCG and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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

**Requires improvement**



- Practice nursing vaccines administration appointment times were limited to five minutes for travel vaccines and ten minutes for children's vaccines.
- Telephone access arrangements were complicated and not accurately reflected on the practice leaflet.
- Pre-bookable appointments were limited to three per GP per day; two could be booked by telephone and the other online.
- A maximum of twelve appointments were available each day with a preferred GP. Feedback from some patients reported that getting an appointment with a named GP was not always easy, although other patients were happy with urgent appointments being available the same day.
- Patients unable to obtain a pre-bookable appointment attended the surgery on the day, collected a ticket and waited as many hours as it took to be seen. However, the practice could not guarantee walk in patients would be seen the same day.
- Urgent and routine appointments were both available a first come first served ticketing system.

# Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had identified that 10% of its patients had diabetes and participated in a local pilot to improve care for patients with severe mental illness and poorly controlled diabetes.
- The practice had good facilities to treat patients and meet their needs.
- Results from the National GP Patient Survey showed 49% of patients found it easy to get through to this surgery by phone which was comparable to the CCG average of 61% and below the national average of 73%.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a vision to promote good clinical outcomes for patients and a strategy and plans which reflected the vision and values. Staff understood the values through meetings and team social events.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities, as well as of those of other members of the team.
- Most partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Complaints were dealt with openness and honesty in a timely way.
- Risks to patients were not always assessed and managed well; for example in relation to child protection and infection control.
- The practice is large and staff's access to operational policies and procedures was limited to one hard copy located in the managers' office.
- Information governance systems did not manage the risk of information on single paper copy meeting notes being damaged or lost. However, patients' confidentiality was protected.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).

## 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 inadequate in the key question of safe, and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- We found care plans for some older patients were not personalised, had not been completed, did not include next of kin details, or had been completed with patients over the telephone where issues identified were not followed up at a face to face clinical consultation.
- The practice did not have an effective system in place to follow up patients who had been discharged from hospital and were at high risk of readmission.

There were, however, some examples of good practice.

- The practice was responsive to the needs of older people, and offered home visits, and longer appointments and urgent appointments for those with enhanced needs.
- The percentage of patients with rheumatoid arthritis, on the register, who had had a face-to-face annual review in the preceding 12 months was 92%, compared to 91% within the CCG and 91% nationally.

**Requires improvement**



### People with long term conditions

The practice is rated as inadequate in the key question of safe, and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- We found patients' care plans were not personalised, overdue annual review, or had not been followed up.

There were, however, some examples of good practice.

- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators was comparable to CCG and national averages at 95%, (CCG average 87%, and national average of 89%).

**Requires improvement**



# Summary of findings

- The percentage of patients with hypertension having regular blood pressure tests was comparable to CCG and national averages at 90% (CCG average 84%, national average 84%).

## Families, children and young people

The practice is rated as inadequate in the key question of safe, and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There was no child protection register and child protection arrangements were not robust. For example, there was no evidence that individual children at risk had been discussed at either practice or Multi-Disciplinary (MDT) meetings over a series of several months.

There were, however, some examples of good practice.

- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 95% and five year olds from 85% to 96%.
- Seventy-nine per cent of patients diagnosed with asthma, on the register had an asthma review in the last 12 months compared to 75% nationally.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Eighty-two per cent of women aged 25-64 had a cervical screening test within the last five years which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



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

The practice is rated as inadequate in the key question of safe, and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had not adjusted the services it offered to ensure these were accessible to the needs of the working age population, those recently retired and students.

Requires improvement



# Summary of findings

- Pre-bookable appointments were limited to three per GP per day; two could be booked by telephone and the other online.
- A maximum of twelve appointments were available each day with a preferred GP on a first come first serves basis.
- Patients unable to obtain a pre-bookable appointment attended the surgery on the day, collected a ticket and waited as many hours as it took to be seen and the practice could not guarantee walk in patients would be seen the same day.

There were, however, some examples of good practice.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as inadequate in the key question of safe, and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Vulnerable people presenting as new patients with no fixed address were signposted to locally available services. There were no policies or arrangements in evidence to allow these patients to register or be seen at the practice.

There were, however, some examples of good practice.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of some of the vulnerable people on its existing list.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, child protection arrangements were not robust.

**Requires improvement**



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

The practice is rated as inadequate in the key question of safe, and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



# Summary of findings

- The practice did not have a robust system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

There were, however, some examples of good practice.

- Seventy-eight per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%
- Overall performance for mental health related indicators was similar to CCG and the national averages at 100% (CCG average 87%, national average 93%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia and carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Most staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published January 2016. The results showed the practice was generally performing in line with local and national averages. Four hundred and six survey forms were distributed and one hundred were returned. This represented 1% of the practice's patient list.

- 49% found it easy to get through to this surgery by phone which was comparable to the CCG average of 61% and below the national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 78% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).
- 64% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 66%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards, 23 were positive about the standard of care received and one expressed dissatisfaction with the appointment system. Patients comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with nine patients during the inspection. All except one of the patients said they were generally happy with the care they received and thought staff were approachable, committed and caring. Patients had mixed feelings about the appointments walk in ticketing system, some expressed dissatisfaction due to long waiting times and others were happy to wait and be seen the same day. The practice's friends and family test results generally showed that patients were happy with the level of care they received and would recommend the practice to others.

## Areas for improvement

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

- Ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely in accordance with their role.
- Manage safety incidents robustly and ensure lessons learned are used to make improvements to prevent recurrence.
- Implement effective child safeguarding arrangements.
- Make appropriate arrangements for patients care plans.
- Make appropriate arrangements for infection prevention and control.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there is leadership knowledge, skill and capacity to deliver all improvements.

- Ensure Patient Specific Directives (PSDs) to enable Health Care Assistants to administer vaccinations after specific training and when a doctor or nurse are on the premises are signed and authorised appropriately by a GP before vaccines are administered.

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

- Provide emergency use oxygen masks for children.
- Ensure recruitment arrangements include all necessary employment checks for all staff and include safeguarding during induction for all staff.
- Implement a system to ensure vulnerable or at risk patients are followed up appropriately following discharge from hospital or attendance at accident and emergency.
- Consider reviewing arrangements for staff members' access to policies and procedures and information kept on single paper copy documents.
- Review the system for patients' appointments and duration child immunisations and travel immunisations appointments.

# Summary of findings

- Make clear and suitable arrangements for patients to contact the practice by telephone and ensure the patients' information leaflet is accurate.
- Ensure actions identified in the Legionella risk assessment are carried out.
- Review the prescribing policy.
- Ensure all staff are included in meetings and receive supervision as appropriate to their role.
- Ensure all staff receive up to date training in such subjects as fire safety, safeguarding, chaperoning and the Mental Capacity Act 2005 in accordance with their role, and keep a documented record of such training.
- Make appropriate arrangements for patients chaperoning.

# Shrewsbury Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and a CQC policy officer.

## Background to Shrewsbury Road Surgery

The Shrewsbury Road Surgery is within the NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 13,000 patients under a Personal Medical Services (PMS) contract. The practice provides a full range of enhanced services including extended hours, chlamydia screening, and minor surgery.

The staff team at the practice included six GP partners (two full time female partners each working nine sessions per week, and four male partners, three of whom work nine sessions per week and one working seven sessions per week.) There is one regular male locum GP working seven sessions per week, two female practice nurses (one working twenty four hours across three days and the other part time working eight hours one day per week), and a full time female health care assistant working thirty seven hours per week across five days. The administrative team is made up of a full time practice manager and a team of reception and administrative staff all working a mixture of full and part time hours.

The practice operates from a purpose built health centre which is shared with a local phlebotomy service (blood sample taking) and other health care services. It is open from 8.00am to 6.30pm Monday and Wednesday, 8.00am to

7.00pm Tuesday and Friday, and 7.00am to 5.00pm on Thursday. The reception area closes daily for lunch between 12.15pm and 1.00pm; however, one telephone line remains open. Routine and urgent appointments are available on a first come first served basis via a ticket collection system. Tickets for morning GP surgery can be collected at 8.00am and are called out at 8.30am for appointments from 9.00am, tickets for afternoon GP surgery can be collected at 1.00pm and are called out at 2.30pm for appointments from 3.30pm.

- Appointments are available every weekday from 9.00am to 1.00pm and 3.30pm to 6.30pm, except on Thursday when they are from 7.00am to 1.00pm and 3.30pm to 5.00pm.
- Home visits, telephone consultations and urgent appointments are available for patients who need them.
- Extended hours GP appointments are for pre-booked appointments only and are available on Thursday from 7.00am to 8.00am, and on Saturday from 8.00am to 1.00pm.
- There are three pre-bookable GP appointments for each GP each day; two can be booked by telephone and the other online, nurse's appointments are all pre bookable.

The practice has two telephone lines, one is open all day from 8.00am and closes without a redirection message after 6.30pm; the other is for emergency calls only and opens from 9.00am to 12.00pm and 3.00pm to 5.00pm and directs patients to the local out-of-hours service provider when the practice is closed. This information came directly from the practice management team and is not accurately reflected on the patients information leaflet. The practice teaches medical students.

The practice is located in one of the most deprived and diverse areas in England. The practice informed us that the patient list has a high percentage of people between 16 and 75 years old (73%), and that the ethnic mix of patients

# Detailed findings

was 74% “Asian”, 8% “White and White other”, 7% “Caribbean” and 11% “Other” ethnicities. The percentage of patients with a longstanding health condition was 45% compared with a CCG average of 48% and a national average of 54%

## Why we carried out this inspection

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

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

The practice was inspected on 12 September 2013 using our previous inspection method. It was found to be non-compliant with the regulations that applied at the time with regard to safeguarding patients and supporting workers. This was followed up in July 2014, when the practice was found to have taken sufficient action to become compliant with the regulations.

This provider had not been inspected under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 before and that was why we included them in the comprehensive inspection programme.

## 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 22 March 2016. During our visit we:

- Spoke with a range of staff (GP partners, a practice nurse, practice manager, health care assistant, and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording book available and accessible to all staff. When there were unintended or unexpected safety incidents, reviews and investigations were undertaken. However, actions had not been taken to improve processes to prevent the same thing happening again and we found limited evidence that people received reasonable support or a verbal or written apology. For example, a patient who had communication difficulties had been informed of a test result by letter and the practice did not follow this up, including when the patient had attended for an appointment. The practice followed up almost one year later when an appropriate referral to the relevant person was made. However, the appointment was sent to the patient by letter again and the patient did not attend the clinic. The practice could not sufficiently demonstrate that learning from this event had changed systems or processes to prevent future recurrence. We checked the patients notes and could not find evidence they had received reasonable support, truthful information, or a verbal or written apology.

We reviewed three further significant events and found learning from the events was variable. The practice had not consistently reviewed events nor introduced changes as a consequence that would make improvements and prevent recurrence. The practice had not contacted or supported patients or their relatives, when they had been adversely affected by significant events.

GPs told us that significant events were discussed regularly at practice meetings. However, we reviewed three sets notes of practice meetings dated 4 December 2015, 25 January 2016, and 1 February 2016. At least one significant event occurred between December 2015 and February 2016, but no significant events were mentioned in the notes.

We also reviewed other safety records - national patient safety alerts and minutes of meetings where these were

discussed and lessons shared to make sure action was taken to improve safety in the practice. For example, a recent safety alert about measles had been distributed and read by staff across the practice, including all GPs.

### Overview of safety systems and processes

We found that the practice's system for managing patients' clinical test results was not safe. Pathology (blood tests) and radiology (scans and x-rays) results were being processed by a medical doctor qualified overseas but not on the UK General Medical Council (GMC) register. The work done by the staff member was not checked or audited by GPs at the practice. We asked the practice to stop this arrangement with immediate effect and ensure only qualified and UK registered GPs carry out the work. The practice wrote to us immediately after inspection to confirm they had changed arrangements and GPs were actioning all test results.

The practice did not have all systems, processes and practices needed in place to keep patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard vulnerable adults from abuse. However, arrangements to safeguard children were not sufficiently robust. Staff did not know how many children were on the practice child protection register or how to otherwise identify those children. For example, a management staff member told us there was one family on the child protection list. We questioned this as the number seemed very low. When staff re-checked they identified a further thirteen families. However, it was not clear how the practice was monitoring these children's circumstances. Staff told us the practice GPs met with Social Services and Health Visitor professionals at quarterly Multidisciplinary Team (MDT) meetings. We reviewed notes of the MDT meetings held August 2015, November 2015 and February 2016 where general child safeguarding arrangements had been discussed, and allied health and social care colleagues were in the process of informing practices regarding children on protection registers. However, there was no recorded discussion, review or planning for individual children on the practice list. We also reviewed notes from monthly practice meetings in December 2015, 25 January 2016, and 1 February 2016 and there was no evidence of safeguarding children being discussed.

## Are services safe?

- Relevant safeguarding legislation and local requirements and policies were accessible to all staff and the policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding adults and children. GPs were trained to Safeguarding children level 3; however, one of the GPs had received no safeguarding children training since 2010. Other members of staff, including the Practice Nurse and Health Care Assistant, were trained to the appropriate level for safeguarding both adults and children.
- A notice in the waiting room advised patients that chaperones were available if required. Chaperoning staff told us that GPs had explained chaperones duties to them. All chaperones had a good understanding of the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Our review of patient's records showed that chaperones had not always been available when requested, or that chaperoning arrangements had been incorrectly recorded.
- The practice generally maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. However, the nurse did not routinely liaise with the local infection prevention teams to keep up to date with best practice. The nurse told us they would not do so unless an incident occurred. There was an infection control protocol in place and staff had received up to date infection control training. There had been no annual infection control audits since January 2014. Staff told us medical equipment such as the ear irrigator was cleaned after each use, but there was no documentary evidence to show this was done. The spirometer mouthpiece and other medical equipment were sterile, single use and disposable.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice generally kept patients safe. This included obtaining, prescribing, recording, handling, storing and security. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice used Patient Specific Directions to enable Health Care Assistants (HCAs) to administer vaccinations after specific training and when a doctor or nurse were on the premises. However, we noted that Patient Specific Directions were signed by the GP after the vaccines had been administered, rather than before as required. We discussed this with the management team and they told us they would arrange for the PSD to be signed by the GP before HCAs administer medicines. The clinical team had discussed systems for prescribing high risk medicines in February 2016 and the practice prescribing policy was generally robust. However, it did not specify which prescriptions the administrative staff were authorised to print. Medicines requiring refrigeration were stored safely, but the medical refrigerators did not have a second thermometer in line with best practice guidelines.
- The Health and Social Care Act (Regulated Activities) Regulations 2014 require that specified recruitment checks, such as proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service, be carried out prior to staff being appointed. We reviewed four personnel files and found appropriate recruitment checks had generally been undertaken prior to employment. However, we found that references checks had not been carried out for a member of clinical staff.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were mostly assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

## Are services safe?

assessments. Although fire safety issues were covered during staff's induction and at quarterly fire drills, most staff had not received formal fire training or refreshers. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had undertaken a risk assessment relating to legionella in June 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no evidence that actions identified in the risk assessment had been carried out.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult masks; but there were no children's masks available. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, the practice were able to evidence knowledge of and adherence to the latest Clinical Effectiveness Guidelines (CEG) on the prescribing of statins for people with high cholesterol, and local guidance for antibiotic and Vitamin D prescribing.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs; with the exception of care planning.

### Management, monitoring and improving outcomes for people

We checked a random selection of care plans for seven patients, including older people and people with medical conditions such as Diabetes, Asthma, and Chronic Obstructive Pulmonary Disease (COPD). We found most care plans were unsatisfactory. Some were overdue a review, others were incomplete, or lacked clinical information or next of kin details. Several care plans were not personalised and there was evidence issues identified during telephone calls were not followed up at a face to face clinical consultation.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for the following national clinical targets. Data from 1 July 2014 to 30 June 2015 showed:

- The practice had a significantly higher than average rate of prescribing Cephalosporins or Quinolones (these are antibiotics) which can pose a threat to public health due to development of antibiotic resistance. However, the practice had concluded a two cycle audit in January 2016 and had made improvements in this area.
- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was 0.17 compared to 0.63 nationally. The practice was aware of its lower prevalence rate for COPD and was part of a quality improvement project for improving COPD case finding.

The practice was not an outlier for any other QOF (or other national) clinical targets. Data from 1 July 2014 to 30 June 2015 showed;

- Performance for diabetes related indicators was similar to CCG and national averages at 95%, (CCG average 87%, and national average of 89%).
- The percentage of patients with hypertension having regular blood pressure tests was comparable to CCG and national averages at 90% (CCG average 84%, national average 84%).
- Performance for mental health related indicators was similar to CCG and the national averages at 100% (CCG average 87%, national average 93%).

### Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken included a reduction in antibiotic prescribing for patients in line with best practice guidelines.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality but did not include safeguarding. We found a member of non-clinical staff had not been

# Are services effective?

## (for example, treatment is effective)

trained in adult safeguarding until almost a year after they had started working at the practice, and there was no evidence of adult safeguarding training for a clinical member of staff.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, basic life support and information governance awareness but most staff had not received fire safety refresher training. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- Most staff received ongoing support during one-to-one meetings, appraisals, and supervision; however, the practice nurse had not received clinical supervision and was not invited to any practice meetings, although they had received minutes. Facilitation and support for revalidating GPs was in place and staff had had an appraisal within the last 12 months.

### Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was generally available to staff in a timely and accessible way through the practice's patient record system and their intranet system. For example, medical records and investigation and test results were available to staff in a timely and accessible way. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff generally worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred. However; there was no failsafe process in place to ensure the practice followed up where needed for patients who had attended accident and emergency, or that were discharged from hospital; for example, frail elderly patients or patients with mental health problems. Patients at high risk of unplanned admission to hospital were not contacted within three days as required following discharge from hospital.

We saw evidence that multi-disciplinary team (MDT) meetings took place on a quarterly basis with the staff such as the community psychiatric nurse, district nurse, psychologist and health visitor.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, a GP partner was not appropriately trained in this area.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. We made a spot check of inadequate smear test result rates (inadequate smear results mean the sample on the

# Are services effective?

(for example, treatment is effective)

microscope slide was unsuitable for analysis) and found these to be very low at 1% rate which indicates the smear taker is taking patient smears with a high level of competence. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 95% and five year olds from 85% to 96%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Twenty three of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced; one expressed difficulty making appointments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 79%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).

- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

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

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

Results from the national GP patient survey were comparable with averages regarding patients' involvement in planning and making decisions about their care and treatment. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%)
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices informing patients that translation services were available. The staff team spoke ten languages which were widely spoken in the local community and we saw staff assisting patients in their own language.

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

Notices in the waiting room informed patients how to access a number of support groups and organisations including a carer's network and diabetes support group.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified two hundred and forty eight carers which was 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had identified that 10% of its patients had diabetes. In response, it held clinics four times per week led by GPs specially trained to initiate insulin for patients and had participated in a local pilot focused on patients with severe mental illness with poorly controlled diabetes.

- Appointments were available from 7.00am to 8.00am on Thursdays and from 8.00am to 1.00pm on Saturdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, baby changing facilities, a hearing loop and translation services available.
- The practice had a blood pressure monitor for patients' use in the reception area.

### Access to the service

The practice was open between 8.00am to 6.30pm Monday and Wednesday, 8.00am to 7.00pm Tuesday and Friday, and 7.00am to 5.00pm on Thursday. Appointments were from 9.00am to 1.00pm and 3.30pm to 6.30pm every weekday except Thursday, when they are available from 7.00am to 1.00pm and 3.30pm to 5.00pm. Extended surgery hours were offered for pre-booked appointments from 7.00am to 8.00am every Thursday and from 8.00am to 1.00pm every Saturday. Pre-bookable appointments were limited to three per GP per day; two could be booked by telephone and the other online. A maximum of twelve appointments were available each day with a preferred GP. Patients unable to obtain a pre-bookable appointment attended the surgery on the day, collected a ticket and waited as many hours as it took to be seen. However, the practice could not guarantee walk in patients would be seen the

same day. Nurse's appointments were all pre-bookable. Telephone appointments were available for people that needed them. Urgent and routine appointments were both available via the ticketing system.

Arrangements for patients to contact the practice via telephone were unclear and not accurately reflected on the practice leaflet. For example, the practice had two telephone lines, one was open all day from 8.00am and closed without a redirection message after 6.30pm; the other was for emergency calls only and opened from 9.00am to 12.00pm and 3.00pm to 5.00pm and directed patients to the local out-of-hours service provider when the practice was closed. This information came directly from the practice management team and was not accurately reflected on the patients information leaflet

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were comparable to or below local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 49% patients said they could get through easily to the surgery by phone which was below the CCG average of 61% and the national average 73%.
- 55% patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

Practice nursing appointment times were limited. For example to five minutes for travel vaccinations where an assessment as well as administration of vaccines was required, and to ten minutes for children's immunisations including where guidance for parents and a series of immunisations to be administered was required.

Most people told us on the day of the inspection that they were able to get appointments when they needed them, and that they were happy to be seen the same day. However, several patients expressed dissatisfaction in relation to lengthy waits for a same day appointment, or being unable to see a preferred GP using the ticketing system.

### Listening and learning from concerns and complaints

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

# Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were generally in line with recognised guidance and contractual obligations for GPs in England, but did not mention that complaints could be referred to the Parliamentary and Health Services Ombudsman.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a poster was displayed in the reception area and a summary sheet was available.

We looked at nine complaints received in the last 12 months, and two in detail. We found complaints were satisfactorily handled with openness and transparency and in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient who had complained about medical issues and a referral had received an apology and was offered an appointment to discuss the issues with a GP. The patient attended and stated they were happy with what was agreed.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice partners had a clear vision to promote good clinical outcomes for patients.

- The practice did not have a formal mission statement, but it did have a vision and some strategy to deliver care. Staff we spoke with were committed to the values of the practice.

### Governance arrangements

There was a clear staffing structure and staff were aware of their own roles and responsibilities, as well as of those of other members of the team. However, although the practice had arrangements for governance, some structures and procedures were not in place or were not robust.

- An understanding of the practice clinical performance was generally maintained and a programme of clinical and internal audit was used to monitor clinical outcomes quality and to make improvements.
- There was variable understanding and implementation of some policies that were critical to the quality and safety of patients care. For example, for child protection and the management of significant events.
- There was an unlicensed staff member responsible for actioning patients' laboratory test results. The practice stopped this arrangement immediately after we raised it and confirmed they had done so in writing.
- Most of the care plans we saw for patients with long term conditions and at high risk of hospital admission were overdue, incomplete or inappropriately completed by a non-clinical member of staff.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust; for example those relating to infection control and Legionella.
- The clinical team met monthly; the practice nurse received the notes but was not included in clinical meetings or any practice meetings and did not receive clinical supervision.

- There were no whole practice staff meetings; however, staff exchanged ideas and information during monthly clinical staff meetings, quarterly non-clinical meetings and team events.
- The practice is large and staff's access to operational policies and procedures was limited to one hard copy located in the managers' office.
- Paper copy meeting notes were not duplicated or backed up electronically and were at risk of being damaged or lost. However, patients' confidentiality was protected.

### Information governance

- Staff's access to operational policies and procedures was limited to one paper folder copy located in the managers' office which may restrict access by staff; there was no shared desktop drive for current policies and procedures.
- Information governance systems did not manage the risk of meeting notes held as a single paper copy being damaged or lost because records of some meetings were not stored electronically. However, patients' confidentiality was protected.

### Leadership and culture

The practice prioritised compassionate and clinically effective care, but not all partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. For example, one of the partners was unable to establish how many children were on the child protection register and could not find an example of any protected children on the practice computer system. In addition, they told us frail or vulnerable patients discharged from hospital should be followed up within four weeks, rather than three days as required by contractual arrangements. Nor could they describe arrangements for significant events reporting and recording. However, another partner was aware of and able to discuss safeguarding arrangements for a child on the practice list and had made a referral to social services for the child as required.

We found that GPs had variable knowledge and understanding of day-to-day processes, for example safeguarding children, significant events and general management issues. It was clear that child protection and

# Are services well-led?

Requires improvement 

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

significant events were not given high enough priority, for example they were not sufficiently monitored or discussed at practice meetings. Patient's safety was not a high enough priority.

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

- The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.
- Staff told us the practice held regular clinical and non-clinical meetings and we saw evidence to confirm this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- There was informal staff involvement in discussions about how to run and develop the practice and staff were encouraged to identify opportunities to improve the service delivered. There were no formal whole staff meetings, but we noted there were regular clinical and non-clinical team meetings as well as social and team-building events.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had raised concerns about the open access appointment system which led to the practice implementing telephone access.
- The practice had gathered feedback from staff through clinical meetings, although the nurse was not included or in non-clinical staff meetings, through staff away days and generally through discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice improved the nurse's appointments system from walk-in to pre-bookable following suggestions from staff.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured that care and treatment was provided in a safe way.</p> <p>Risks to the health and safety of service users had not been fully assessed so that appropriate action could be taken to mitigate such risks.</p> <p>The registered person had not ensured that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.</p> <p>The registered person had not ensured that the equipment for providing care or treatment to service users was safe for such use and used in a safe way.</p> <p>This was in breach of Regulation 12 (1), and (2) (a), (b), (c), (e) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider had not implemented systems and processes to improve quality and safety and monitor and mitigate risks, such as learning and improving following significant events, and relevant staff knowing about and reviewing protected children at risk with allied health and social care professionals.</p>

This section is primarily information for the provider

## Requirement notices

We found that the registered provider had not maintained securely an accurate, complete and contemporaneous record in respect of each service user, including a child protection register, patient specific directives, and patients care plans.

This was in breach of regulation 17 (1), and (2) (a) (b) and (c) and (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.