

# Hatton Medical Practice

## 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?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



# 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 Hatton Medical Practice on 2 June 2015. The overall rating for the practice was good. However, the practice was rated as requires improvement for providing safe services. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for Hatton Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken to check the provider had taken the action we said they must and should take and was an announced comprehensive inspection on 28 September 2017. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording

significant events, although only brief details were recorded and agreed actions were not documented in the minutes of full practice meetings when discussing lessons learned.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented sufficiently in all respects to ensure patients were kept safe. Several shortcomings identified at our previous inspection had been addressed but some action had not been implemented in full and some additional shortcomings were found.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment, although mandatory update training for the majority of staff was overdue at the time of the inspection but completed since.
- Data from the national GP patient survey showed patients rated the practice lower than others in relation to a number of aspects of caring.

# Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Not all patients we spoke with said they found it easy to make an appointment with a named GP but the practice was taking action to improve access to appointments.
- The practice had the facilities and equipment to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients. In particular: to do all that is reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment associated with: the proper and safe management of medicines (relating to prescription security); the safe use of premises and equipment (regarding Carbon Monoxide monitoring); and in ensuring sufficient

numbers of suitably qualified, competent, skilled and experienced persons are deployed to deliver a safe service,(specifically relating to mandatory training updates).

In addition the provider should:

- Record in more detail in the minutes of full practice meetings the discussion of lessons learned and agreed actions from significant events.
- Arrange for to be signed and dated for each task.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.
- Implement an action plan to address the relatively low scores for the caring questions on the national GP survey.
- Keep the practice's action plan to improve patient access to appointments under close monitoring and review.
- Strengthen governance arrangements regarding performance monitoring to ensure ongoing shortcomings in providing safe services and access to appointments are addressed.

**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.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented sufficiently in all respects to ensure patients were kept safe:

- We saw evidence in minutes that significant events were discussed at both clinical and full practice meetings. However, only brief details were recorded in the minutes of full practice meetings and agreed actions were not documented.
- There were cleaning schedules and monitoring systems in place, although the cleaning book showing that cleaning tasks had been completed was ticked for each task done but not signed and dated.
- A record was now kept of serial numbers of prescription forms. However, no record was kept of which doctor they had been distributed to ensure full monitoring.
- We observed from the last four month's vaccine fridge data that on one day the temperatures had not been recorded. However, the practice took steps to address this immediately after the inspection. All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. However, there was no Carbon Monoxide monitor by the boiler in the boiler cupboard.
- In response to action we said the provider must take at our June 2015 inspection, we found appropriate recruitment checks, in particular reference checks, had been undertaken for regular staff prior to employment.
- All staff, apart from a recently recruited receptionist, had received basic life support training previously but this had not been updated in the last year. However, the training had been scheduled for early October 2017 and the practice confirmed after the inspection this had been completed by the majority of staff.
- There were emergency medicines available in the treatment room.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- 2015/16 data from the Quality and Outcomes Framework (QOF) showed 13 clinical indicators where performance was above

**Good**



# Summary of findings

and four below average. Indicators where performance was significantly below average included: osteoporosis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack. Recently published 2016/17 data showed significant improvement in performance in two of these three indicators. Performance was now above average for 15 and below average for two indicators.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. However, there were several gaps in the information available about annual update training in particular in basic life support which was overdue, although scheduled, for most staff.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others in relation to a number of aspects of caring.
- Survey information we reviewed was lower than average when patients were asked about being treated with compassion, dignity and respect and their involvement in decisions about their care and treatment.
- The practice had a system in place to identify and support carers. However, less than one percent of the practice list had been identified as carers and offered support.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

**Good**



# Summary of findings

- Not all patients we spoke with said they found it easy to make an appointment with a named GP and some said there was not always continuity of care. Urgent appointments were available the same day.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. However, the practice had put in place an action plan to address this.
- The practice had adequate facilities and equipment to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed 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 good for being well-led.

**Good**



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, these arrangements needed to be strengthened to ensure some shortcomings in providing safe and caring services are addressed.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

# Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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 provider was rated as requires improvement for safe and caring services. The issues identified as requiring improvement overall affected all patients including this population group. However, there were examples of good practice:

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. All patients
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with district nurses, care navigators, and a dementia nurse to help in identifying patients at risk within this group.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safe and caring services. The issues identified as requiring improvement overall affected all patients including this population group. However, there were examples of good practice:

- Nursing staff supported the GPs in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 2015/16 QOF performance for diabetes related indicators was similar to the CCG but lower than the national average: 85% compared to 85% and 90% respectively. This had improved to 95% and above average in recently published 2016/17 data.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

**Requires improvement**





# Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. The practice's emergency bypass numbers were given to these patients and also the ambulance services and out of hours service provider.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The provider was rated as requires improvement for safe and caring services. The issues identified as requiring improvement overall affected all patients including this population group. However, there were examples of good practice:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- 2015/16 uptake against national targets for childhood immunisation rates for childhood vaccinations given was above standard for one and below standard for three national targets. Uptake for 5 year olds was lower than CCG and national averages for MMR Doses 1 and 2. The practice shared with us unpublished data which showed there had been improvement in uptake more recently and in the fourth quarter of 2016/17 the practice vaccinated 90% of 1 year olds and 87% of 5 year olds.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

**Requires improvement**



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

The provider was rated as requires improvement for safe and caring services. The issues identified as requiring improvement overall affected all patients including this population group. However, there were examples of good practice:

**Requires improvement**



# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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 provider was rated as requires improvement for safe and caring services. The issues identified as requiring improvement overall affected all patients including this population group. However, there were examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including 'looked after children', homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



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

The provider was rated as requires improvement for safe and caring services. The issues identified as requiring improvement overall affected all patients including this population group. However, there were examples of good practice:

- The practice carried out advance care planning for patients living with dementia.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.

**Requires improvement**



# Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, there were alerts on the patient record system to recall patients for blood tests and electrocardiograms (ECGs).
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- QOF performance was higher than the national average for mental health related indicators.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 were published in July 2017. The results showed the practice was performing in line with local and national averages in some areas but below average for the majority of responses. There were 365 survey forms distributed and 114 were returned. This represented just under 2.5% of the practice's patient list.

- 63% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 41% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 42% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards, the majority of which were positive about the standard of care received. 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 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, one patient was not happy with the follow up to a blood test and another to a dementia assessment. Several raised the difficulty in accessing routine appointments. In the last 12 months results from the NHS friends and families test, 77% of 742 respondents said they were extremely likely or likely to recommend the practice to friends and family.

## Areas for improvement

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

- Ensure care and treatment is provided in a safe way to patients. In particular: to do all that is reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment associated with: the proper and safe management of medicines (relating to prescription security); the safe use of premises and equipment (regarding Carbon Monoxide monitoring); and in ensuring sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to deliver a safe service,(specifically relating to mandatory training updates).

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

- Record in more detail in the minutes of full practice meetings the discussion of lessons learned and agreed actions from significant events.
- Arrange for to be signed and dated for each task.

- Continue to monitor uptake of childhood immunisations to secure improved uptake performance.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.
- Implement an action plan to address the relatively low scores for the caring questions on the national GP survey.
- Keep the practice's action plan to improve patient access to appointments under close monitoring and review.
- Strengthen governance arrangements regarding performance monitoring to ensure ongoing shortcomings in providing safe services and access to appointments are addressed.

# Hatton Medical Practice

## 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, and an Expert by Experience.

## Background to Hatton Medical Practice

The Hatton Medical Practice provides primary medical services through a General Medical Services (GMS) contract to around 4,600 patients living within the boundary of Bedfont, Middlesex and surrounding area. The services are provided from a single location situated near Terminal 4 of Heathrow Airport and the practice is part of Hounslow Clinical Commissioning Group. The practice has an ethnically diverse patient population. There were rates of deprivation similar to practice averages across England.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury.

The practice team is made up of a team of two GP partners (both male). There were also two regular locum GPs employed at the time of the inspection (both female). The practice also employed a practice manager/ healthcare assistant/phlebotomist, business manager, a practice nurse, a phlebotomist, and six receptionists.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 9am to 6.30pm daily. Extended hours appointments are offered at 6pm to 8.30pm on Fridays. The practice participates in the local

weekend working enhanced service, which allows patients access to primary care within the locality for six hours on a Saturday and six hours on a Sunday. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Out of hours services are provided by a local provider. Patients are advised that if they have a problem out of surgery opening hours, to ring the practice's main surgery number and follow the instructions given. The Out of Hours service will triage their condition and take appropriate action.

## Why we carried out this inspection

We undertook a comprehensive inspection of Hatton Medical Practice on 2 June 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services and we identified action the provider must and should take to improve the quality and safety of services provided. We also issued requirement notices to the provider in respect of Fit and proper persons employed.

We undertook a further announced comprehensive inspection of Hatton Medical Practice on 28 September 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for Hatton Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# 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 28 September 2017. During our visit we:

- Spoke with a range of staff (GPs, a nurse, practice manager, business manager and receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- Visited the single practice location.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 2 June 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of staff recruitment, medicines management and training in infection control and fire safety were not adequate.

There had been improvements in these arrangements when we undertook a follow up inspection on 28 September 2017. However, some deficiencies remained in respect of the arrangements for prescription security and staff update training. We also found deficiencies in the minuting of discussions of significant events at full practice meetings; monitoring cleaning schedules; and practice equipment. The practice is still rated as requires improvement for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the senior GP partner or practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when blood tests were sent for testing without labelling them, the practice put in place additional instruction and supervision when locum staff were used to take blood. We saw evidence in

minutes that significant events were discussed at both clinical and full practice meetings. However, only brief details were recorded in the minutes of full practice meetings and agreed actions were not documented.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. We noted the practice had not flagged any safeguarding cases since 2015. Policies were accessible to all staff. The safeguarding children policy required updating to reflect a change in practice management but we saw that action was in hand to address this. Details of who to contact for further guidance were available in the reception area and on the practice's computer system if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the nurse and practice manager were trained to child protection or child safeguarding level 3 and phlebotomy and administrative staff to level 2/1.
- A notice in the waiting room and in consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place, although the cleaning book showing that cleaning tasks had been completed was ticked for each task done but not signed and dated.
- The senior GP Partner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best



## Are services safe?

practice. There was an IPC protocol and in response to action we said the provider should take at our June 2015 inspection details were now available about to show staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- There were arrangements in place for the storage and collection of clinical waste. The waste was sealed and stored in a locked cupboard in the staff kitchen prior to weekly collection. No risk assessment had been completed to identify and mitigate the potential risks of storage in a communal area. However, shortly after the inspection the practice informed us it had put new arrangements in place allowing for the secure storage of clinical waste outside of the practice.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. In response to action we said the provider should take at our June 2015 inspection, a record was now kept of serial numbers of prescription forms. However, no record was kept of which doctor they had been distributed to ensure full monitoring. The practice informed us shortly after the inspection of action it had taken address this.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- In response to action we said the provider should take at our June 2015 inspection, the signature of the member of staff completing the daily check of vaccine fridge temperatures was now recorded in the temperature monitoring log. We observed from the last four month's data that on one day the temperatures had

not been recorded. The practice looked into this immediately after the inspection and found that due to a misunderstanding following the resolution of a problem with the temperature read out, the temperature, which was within the expected range, had not been recorded. As a result the practice raised this as an incident in its incident book and put it on the agenda for the next practice to discuss lessons learned and avoid a recurrence.

We reviewed personnel files of the three most recently recruited staff and, in response to action we said the provider must take at our June 2015 inspection, we found appropriate recruitment checks in particular reference checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, we found a locum doctor who was due to start work shortly after the inspection did not have up to date training in basic life support or safeguarding of children. The practice took immediate action on the day of the inspection to delay the start of employment until the necessary update training had been completed. They also subsequently put in place a process to ensure all locum staff had the required up to date training before they were allowed to start work at the practice.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. The most recent risk assessment had been conducted internally but the practice told us the next one would be completed by an external contractor.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. However, there was no Carbon Monoxide monitor by the boiler in the boiler cupboard.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of



## Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. We discussed with the practice the nursing resources (6 hours per week) in relation to the list size. The senior GP partner told us the practice was attempting to recruit additional nurse resources but had been unsuccessful to date.

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

The practice had adequate arrangements 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, apart from a recently recruited receptionist, had received basic life support training previously but this

had not been updated in the last year. The senior GP partner told us they had experienced difficulty in securing training for the whole practice from an external provider and the earliest date available was early October 2017 which had been scheduled. The practice subsequently informed us that this training had been completed.

- There were emergency medicines available in the treatment room. However, there was no water available for injection of one medicine recommended in CQC guidance for suspected bacterial meningitis.
- The practice had a documented risk assessment of the decision for not having a defibrillator available on the premises. Oxygen with adult and children's masks and 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 stored securely.
- The practice had a comprehensive business continuity plan 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

At our previous inspection on 2 June 2015, we rated the practice as good for providing effective services.

When we undertook a follow up inspection on 28 September 2017 we found the practice maintained effective treatment. The provider is still rated good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 at the time of the inspection were 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%.

The most recent published results at the time of the inspection showed 2015/16 exception rates for the following clinical indicators were significantly higher than the CCG or national averages. (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):

- Cancer: 50% compared to the CCG average of 32% and national average of 25%.
- Dementia: 27% compared to the CCG average of 19% and national average of 13%.

We discussed this data with the practice who were unable to offer any explanation for these exception rates. However, 2016/17 data published since the inspection showed the exception rate for cancer had reduced to 9% and Dementia to 0%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed 13 clinical indicators where performance was above and four below average:

- Performance for diabetes related indicators was similar to the CCG but lower than the national average: 85% compared to 85% and 90% respectively.
- Performance for mental health related indicators was higher than the CCG and national averages: 100% compared to 91% and 93% respectively.

Indicators below both CCG and national averages included:

- Osteoporosis: 68% compared to the CCG average of 84%; and National average of 88%.
- Secondary prevention of Coronary Heart Disease: 87% compared to the CCG average of 94%; and National average of 95%.
- Stroke and Transient Ischaemic Attack: 86% compared to the CCG average of 96%; and National average of 97%.

We discussed these results with the practice who told us there had been improvement in most areas in the following year. Recently published QOF data for 2016/17 confirmed this and showed the practice had achieved 96% of the total points available, which was above average. Performance for diabetes was 95%; Secondary prevention of Coronary Heart Disease 100%; and Stroke and Transient Ischaemic Attack 100%. These were now all above CCG and National averages.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits commenced in the last two years, and one of these was a complete audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patients on specific diabetic medicine which

# Are services effective?

## (for example, treatment is effective)

had been identified as a potential patient safety issue. They were either offered alternative medicine or given the option to continue treatment until they and their clinician considered it appropriate to stop.

### Effective staffing

Evidence reviewed showed in most respects that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. In response to action we said the provider should take at our June 2015 inspection, all non-clinical due one had received an annual appraisal. All staff had received an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. At our June 2015 inspection we said the provider should take action to address gaps in the records of training completed. At the time of our September 2017 inspection there were still several gaps in the information available and annual update training in particular in basic life support was overdue, although scheduled, for most staff. However, the

practice provided information after the inspection to confirm this and other gaps had been addressed, although there were still some gaps in relation to training completed by two locum doctors. Since the inspection the practice had put in place a process to ensure all locum staff had the required up to date training before they were allowed to start work at the practice.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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. In response to action we said the provider should take at our June 2015 inspection the clinical team had completed training to improve their understanding of Deprivation of Liberty Safeguards. The practice's consent protocol had also been updated to ensure the Mental Capacity Act was taken into account.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

## (for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems.
- Patients identified as obese were offered a referral to 'one you hounslow' for lifestyle management including exercise programmes and dietary advice. Smoking cessation advice was available from a local clinic. A total of 103 smokers had been identified and 78 (76%) had been offered cessation advice.

The practice's uptake for the cervical screening programme was 65%, which was lower than the CCG average of 78% and the national average of 81%. The practice had identified this as an area for improvement and were seeking to appoint an additional nurse to put more resource into proactive screening. Recently published data showed an improvement in uptake for 2016/17 to 76%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance in 2015/16 for meeting 90% targets for childhood immunisation rates for the vaccinations given was above standard for one and below standard for three national targets:

- 98% for children aged 1 with a full course of recommended vaccines.
- 72% for children aged 2 with pneumococcal conjugate booster vaccine.
- 81% for children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine.
- 75% for children aged 2 with Measles, Mumps and Rubella vaccine.

Performance for 5 year olds was lower than CCG and national averages for MMR Doses 1 and 2:

- MMR Dose 1: Eligible 56: Practice 80%; CCG 87%; National 94%
- MMR Dose 2: Eligible 56: Practice 41%; CCG 61%; National 88%

The practice anticipated improvement in uptake when they managed to recruit additional nurse resources. In the meantime they would continue to follow up with families to encourage this. The practice shared with us unpublished data which showed there had been improvement in uptake more recently and in the fourth quarter of 2016/17 the practice vaccinated 90% of 1 year olds and 87% of 5 year olds.

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

# Are services caring?

## Our findings

At our previous inspection on 2 June 2015, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 28 September 2017 we found the arrangements for identifying and supporting carers needed improving and data from the national GP patient survey showed patients rated the practice lower than others in relation to a number of aspects of caring. The practice is now rated as requires improvement for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.
- Patient records were stored securely to maintain. However, one of the copies of the computer back up tape containing practice policies and procedures and other administrative documents was kept open in the administrative office overnight. The practice took action immediately after the inspection to ensure the tape was stored securely in a lockable fire proof box.

The majority of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 12 patients including one member of the patient participation group (PPG). They were mostly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when

they needed help and provided support when required. One patient was not happy with the follow up to a blood test and another to a dementia assessment. Several raised the difficulty in accessing routine appointments.

Results from the national GP patient survey showed the practice was below average for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 74% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 71% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 89%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 90%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 74% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 71% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 89% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 72% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 65% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The practice told us the response rate for the survey was relatively low compared to an ongoing Friends and Family Test (FFT), provided by a third party organisation which they had given more weight to; 114 responses compared to 742 in the last year; in the FFT 77% would recommend the practice to friends or family. However, they undertook to review the national survey results in relation to caring to determine any action to address below average satisfaction scores.

# Are services caring?

## 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey were also below average for patients' responses to questions about their involvement in planning and making decisions about their care and treatment. Some results were in line with local and national averages and others below average. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 72% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Some information leaflets were available in other languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. The practice used the local Referral Facilitation Service to process referrals which could go through the Choose and Book system.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed by advice on how to find a support service, for example the local council's bereavement service. Occasionally the senior GP partner attended a patient's funeral.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 2 June 2015, we rated the practice as good for providing responsive services.

When we undertook a follow up inspection on 28 September 2017 we found the practice remained responsive to meeting people's needs and the practice is still rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Friday evening until 8.30pm 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 had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The practice had an automatic front door installed within the last year to improve disabled access
- The practice participated in a local case finding and care planning Out of Hospital services contract and had completed care plans for over 3% of the eligible population (over 18s).
- All patients over 75 had a named GP who worked as their care co-ordinator.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9am to 6.30pm daily. Extended hours appointments were offered at 6pm to

8.30pm on Fridays. The practice participated in the local weekend working enhanced service, which allowed patients access to primary care within the locality for six hours on a Saturday and six hours on a Sunday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 40% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 64% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 58% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 41% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 39% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 58%.

A number of patients told us on the day of the inspection that they were not always able to get appointments when they needed them.

The practice told us it had reviewed a CQC intelligence monitoring report on the practice and devised an action plan to tackle the highlighted areas, including poor patient satisfaction in the GP patient survey regarding access to services. Improvement action taken included extended hours appointments; offering both male and female doctors' appointments; and participation in the local weekend working enhanced service, which allowed patients access to primary care within the locality on Saturday and Sunday. The practice anticipated this would increase patient satisfaction with access in the next national GP Survey.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

Requests for a home visit were recorded, triaged and then prioritised according to urgency of need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints policy and procedure was on display on the notice board in the patient waiting area. There was also advice about making a complaint in the practice leaflet made available to all patients and on the practice's website.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint about information conveyed by reception about the outcome of a blood test the practice advised the reception team about what information should be given to avoid patient confusion and anxiety.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 2 June 2015, we rated the practice as good providing well-led services. However, we recommended that the provider should take action to: record GP partner meetings to document action agreed to drive improvement, and enable follow up and review of progress to be tracked at subsequent meetings; and consider inviting regular locum GPs to the partner meetings to engage them more fully in clinical assessment, monitoring and review.

When we undertook a follow up inspection of the service on 28 September 2017, we found the provider had taken this improvement action. The practice is again rated as good for being well-led.

### Vision and strategy

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

- The practice had a mission statement set out within its statement of purpose which was displayed in the waiting area and staff knew and understood the values.
- The practice had a clear strategy which reflected the vision and values which was regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP and managers had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. However, this needed to be strengthened to ensure ongoing shortcomings in providing safe and caring services are addressed. Practice meetings were held quarterly which provided an opportunity for staff to learn about the performance of the practice.
- Clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety, fire risk and Legionella risk assessments.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints, although the detail of action taken was not recorded in the minutes of full practice meetings.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- 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 and supported in doing so. Minutes were available for practice staff to view.

# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG is a virtual group conducted by email and text messages. With the PPG met regularly, the practice carries out patient surveys and identifies proposals for improvements to the practice management team. For example, a need was identified to improve the reception service and an action plan was implemented to address this. Action included additional training for the reception team via the CCG.

- the NHS Friends and Family test, complaints and compliments received
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had signed up to deliver the following new Out of Hospital services: ECGs; 24 hour blood pressure monitoring; and HIV screening. It also now participated in a severe mental illness enhanced service.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment. In particular: the risks associated with the proper and safe management of medicines; the safe use of premises and equipment; and in ensuring sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to deliver a safe service.</p> <p>This was in breach of Regulation 12(1) Safe care and treatment.</p>