Upton Lane Medical Centre

Quality Report

Upton Lane Medical Centre,
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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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Inadequate
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall. (Previous inspection 21 November 2016 – Requires improvement)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Inadequate

Are services responsive? – Requires improvement

Are services well-led? - Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those recently retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) – Inadequate

We carried out an announced comprehensive inspection at Upton Lane Medical Centre on 21 November 2016 and rated the practice as requires improvement for caring, responsive and effective, good for safe and well-led services, and requires improvement overall. The full comprehensive report on the 21 November 2016 inspection can be found by selecting the 'all reports' link for Upton Lane Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection at Upton Lane Medical Centre on 1 March 2018 as part of our inspection programme to follow up on breaches of regulations and areas to improve identified in our previous inspection. This report covers our findings at the follow up inspection on 1 March 2018.

Our key findings at this 1 March 2018 inspection:

- Risks to patients were not assessed and well managed including legionella, equipment, fire safety, and infection control.
- The percentage of patient new cancer cases referred using the urgent two week wait referral pathway was significantly below average, and patients who were carers were not identified or supported effectively.
- Systems for identifying and managing safety alerts and significant events were ineffective or had weaknesses.
- Patient survey feedback was consistently below local and national averages and not understood or followed up effectively.
- Prescriptions were not secured or their usage monitored and refrigerated vaccines were unfit for use.

Summary of findings

- Staff recruitment checks were undertaken but there were gaps in staff training including safeguarding and mental capacity for clinical staff.
- Clinical performance was generally comparable to national averages and staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients experienced ongoing difficulty getting through on the phone and getting an appointment and did not feel involved in decisions about their care or treated patients with compassion, kindness, dignity and respect.
- Information about services and how to complain was available and easy to understand but limited improvement was made to the quality of care following patient feedback.
- Governance systems were not implemented or ineffective.

The areas of practice where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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

Upton Lane Medical Centre

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 manager specialist adviser, and an expert by experience.

Background to Upton Lane Medical Centre

Upton Lane Medical Centre is situated within NHS Newham Clinical Commissioning Group (CCG) which we visited as part of our inspection. The practice provides services to approximately 8,193 patients under a Personal Medical Services (PMS) contract and has a website: www.uptonlanesurgery.nhs.uk. It provides a full range of services including, child and travel vaccines and extended hours. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

The practice is housed within a modern, purpose built building situated on a high street and surrounded by local businesses, shops and residential houses. The building is owned and managed by NHS property services and is easily accessible by public transport, it does not have a designated car park and parking on surrounding streets is generally for permit holders only; however there are public car parks within walking distance of the practice.

The staff team at the practice includes two GP partners (both male providing 11 sessions in total), one salaried GP (female, providing four sessions), four long term locum GPs (two male and two female, providing 18 sessions in total), one female ad hoc locum GP (generally one session per week), a part time clinical pharmacist, a team of female nursing staff (part time advanced nurse practitioner, full time practice nurse and health care assistant), a full time practice manager, and a team of reception and administrative staff. The practice also teaches medical students and there is an FY2 (trainee GP) providing nine sessions per week.

The practice is open from 8am to 7.30pm weekdays except Thursday when it closes at 6.30pm. Telephone lines close and GP appointments finish at 1pm on Thursday. On Thursday afternoons after 1pm the local GP Co-operative covers GP appointments, nursing appointments are until 5pm, healthcare assistants until 6.30pm, and the non-clinical team meets alternate Thursdays.

GP Surgery times are:

- Monday 8am to 5pm
- Tuesday 8am to 1pm and 2.20pm to 3.30pm
- Wednesday 8am to 1pm and 2.20pm to 3.30pm
- Thursday 9.30am to 1pm
- Friday 9.30am to 1pm and 4.30pm to 6.30pm

Extended hours are from 6.30pm to 7.30pm every weekday except Thursday. Outside these hours services are provided by the practices' out of hours provider who is contactable on a designated number.

Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them.

The Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. 82% of people in the practice area are from Black and Minority Ethnic (BME) groups.

Inadequate

Are services safe?

Our findings

We rated the practice, and all of the population groups, as inadequate for providing safe services.

Safety systems and processes

The practice had systems to safeguard patients from abuse but did not have effective systems to keep patients safe.

- The practice conducted safety risk assessments but these could not be easily found. Staff were unclear whether required actions had been undertaken to ensure patient safety and risks were managed. For example, we asked to see the most recent fire safety and legionella risk assessments but they were not found until our inspection was almost over, during the inspection feedback. The most recent legionella risk assessment was dated May 2016 and staff told us every action to ensure patient safety had been taken but this was not the case and actions in response to a previous legionella risk assessment dated 2011 were insufficient. A water tank had been removed as required but other risks were not addressed as shown in the most recent legionella risk assessment dated 2016. The pages with the identified risks had been removed from the document provided to the inspection team. However, we found these pages that showed on-going high urgency and priority risks such as in the top floor patient toilet which included a shower and bathroom area. Lead staff told us patients do not use the shower which demonstrated a lack of understanding of how to manage risk. Water testing undertaken June 2016 showed no legionella detected in six of nine samples but three samples showed evidence of viable / living individual micro-organisms present (which may include bacteria, yeasts and mould species). There were over 100 risks of varying degrees of severity identified in the May 2016 legionella risk assessment and no evidence they were appropriately managed. After our inspection the practice sent us evidence of some of the risks being managed.
- The premises fire risk assessment dated October 2017 showed low risks that staff told us had all been addressed; however, we noted damaged flooring had not been repaired to prevent a trip hazard in a fire escape route; and fire door seals and intumescent strips had not been replaced. Regular fire drills were held, fire equipment was fit for use and after our inspection the practice sent us evidence of a new fire risk assessment undertaken with six medium level risks identified, including some that had previously been identified.
- The practice had a range of health and safety policies that staff were aware of and a premises safety checklist that evidenced checks were completed daily. However, the checks had not picked up the on risks such a nitrogen canister stored in a cupboard that was accessible in a patient bathroom. On the day of our inspection staff told us the canister was empty and would be removed. After our inspection the practice told us there was no nitrogen canister on the premises, but there was a nitrogen canister holder.
- Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse but there were gaps or weaknesses in arrangements for staff training. Most staff received recent training to a level appropriate to their role, but one GP and several non-clinical staff had no evidence of safeguarding children or safeguarding adults training, and some GPs and a healthcare assistant were last trained over three years ago. However, staff we interviewed knew how to identify, report and manage concerns. Policies outlined clearly who to go to for further guidance, were regularly reviewed and accessible to all staff.
- 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 worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. DBS checks were undertaken where required.
- There was a system to manage infection prevention but we found re-used plastic jugs that were visibly scaled and discoloured in patients toilets that practice lead staff had either not noticed, or told us were in place for

patients to wash buttocks and anal area after defecation (opening bowels). There was no method of disinfection to avoid cross infection and ensure patient safety. We also found no hand towels in one patient toilet and urine specimen stickers stuck in a patient toilet area near the jug. This arrangement posed several risks including infection due to lack of basic hygiene and cross contamination of urine samples. The lead GP told us the jugs were important for patient's cultural washing reasons, and removed them on the day of inspection to ensure patient safety pending exploring options for disposable containers. The lead infection control nurse had not noticed the jugs during an infection control audit undertaken February 2018. We noted a previous infection control audit was undertaken by an external infection control specialist in September 2016 that showed previous actions required had been completed and the practice compliance level was 99% at the time. There were systems for safely managing healthcare waste.

- There were no effective systems to ensure that facilities and equipment were safe. The practice did not know if all electrical equipment was safety tested and calibrated. Some portable equipment had a safety sticker and some did not and work sheets of equipment testing did not match the equipment available in the practice. There was no evidence of safety testing for examination lamps, hard wired electric storage heaters that looked old and were visibly dirty. A wall mounted hard wired electrical heater last test date was February 2003 and overdue by ten years because it was marked as next due February 2008. After our inspection the practice provided evidence of several items being safety tested but there remained no overall list or method to track which items would need testing or when, as they were tested at differing times throughout the year.

Risks to patients

Systems were in place to assess, monitor and manage other risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Not all systems for handling of medicines were safe.

- Systems for managing refrigerated medicines such as vaccines were ineffective. Medicines refrigerator check records for the two refrigerators had been kept and showed temperatures were in range. However we found nine vaccines where the box showed evidence of freezing and five were frozen solid into the back of the medicines refrigerator. We removed the vaccines and the practice destroyed them on the day of our inspection and told us they would follow the significant event procedure to prevent recurrence.
- There was a canister of liquid nitrogen in a patient toilet cupboard that staff told us was empty and would be disposed of.
- Prescription stationery was not kept securely and systems to manage and monitor their use were ineffective. There were unsecured prescriptions accessible to patients in a printer in an "Isolation room" that had a bolt on the outside and was used for patients with potentially contagious diseases and women who were breastfeeding. This room was also very cold. There were 20-30 stamped prescription pads designed for handwritten completion which were not recorded anywhere, and a log sheet that indicated 16 boxes of

prescriptions were in use which was inaccurate as several boxes had been used up. Staff told us the radiator would be turned on in the isolation room when they knew a woman would be coming to breastfeed, but there was no way of knowing this in advance and the room would take time warm up. After our inspection the practice sent evidence the prescriptions had been destroyed, and that it had removed the exterior bolt on the isolation room door and renamed this as a "privacy room".

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing and there was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice did not have a good safety record.

- The practice activity to understand risks and gain a clear, accurate and current picture did not result in improvements to safety such as fire safety and legionella.
- Arrangements for the control of substances hazardous to health (COSHH) such as for cleaning chemicals were appropriate.

Lessons learned and improvements made

There was variable learning and improvement when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses but did not consistently do so. For example, during our inspection the practice floor was wet due to adverse weather and although staff mopped the floor the wet floor sign was not placed in the main area where mopping was taking place and a patient fell over. The patient appeared unharmed and reception staff were aware of the incident but did not report it. One of the refrigerator temperature monitoring log books had previously gone missing and was replaced with a new book meaning there was a gap in practice records for these medicines temperatures. No further action was taken to look into this to either of these incidents to ensure safety and prevent recurrence.
- However, we also found some good examples where systems in place had been implemented for reviewing and investigating when things went wrong and the practice learned and shared lessons, identified themes and took action to improve safety. For example, the practice analysed an event where staff had noticed emergency use oxygen was out of date which they escalated and replaced immediately. Staff met to discuss actions to prevent recurrence and instigated a checking system that we saw was in use.
- There was no effective system for receiving and acting on safety alerts or evidence the practice responded appropriately to external safety events or patient and medicine safety alerts. For example, we found the practice defibrillator was subject to a safety alert which they told us they were aware of and later showed us a printout of the alert with their initials on it, but this did not demonstrate the specific defibrillator in use at the practice had been checked and confirmed fit for use. Management staff showed us examples of two further safety recent alerts, one relating to a pacemaker and the other to a nebuliser but there was no evidence these had been acted upon to ascertain whether any of the practice patients were affected. We also asked the lead GP about safety alerts but there was no evidence of any effective response to ensure patients safety.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as inadequate for providing effective services overall and across all population groups.

At our previous inspection on 21 November 2016 the practice was rated as requires improvement for effective services due to concerns regarding high rates of exception reporting for some groups of patients. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

At this inspection 1 March 2018 the practice had improved and lowered its rates of exception reporting whilst maintaining its QOF performance. However, rates of health checks for older people were low, there were gaps in staff training, and the percentage of patient new cancer cases referred using the urgent two week wait referral pathway was significantly low.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

At our previous inspection 21 November 2016 data showed 12% of patients with rheumatoid arthritis had been exception reported.

At this inspection 1 March 2018:

- Exception reporting for patients with rheumatoid arthritis had significantly improved to 5% compared to the CCG average of 5% and the national average of 7%.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. However, over a 12 month period only 23 of 345 (7%) of patients over 75 years of age received an annual health check.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.

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

- The practice's coverage for the cervical screening programme was 61%, compared to the CCG average of 64% and the national average of 72%. This was comparable with the local average but not in line with the 80% coverage target for the national screening programme. The practice was aware of this and was in the process of making and embedding improvements. For example, we saw evidence the coverage rate had increased to 70%, and nurses were monitoring their inadequate cervical screening rates that were low at less than 2% and indicated a high level of competence of the sample taker. Women were offered appointment times at different times throughout the week and a female sample taker was available.

Inadequate

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had 31 patients on the register with a learning disability, 23 (75%) of these patients had received an annual health check in the last 12 months.

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

At our previous inspection 21 November 2016 data showed 12% of patients with dementia, 11% of patients with depression, and 19% of patients with mental health conditions had been exception reported.

At this inspection 1 March 2018 changes to exception reporting for these patients were variable but had improved overall:

- Patients with dementia exception reporting had significantly improved to 0% compared to the CCG average of 8% and the national average of 10%; and for patients with depression it had increased to 22% compared to the CCG average of 26% and the national average of 23%. Overall exception reporting for patients experiencing poor mental health had improved but remained slightly above average at 13% compared to the CCG average of 6% and the national average of 11%.
- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the CCG average of 85% and the national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 89% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 97%; CCG 92%; national 91%); and the percentage of patients experiencing poor physical or mental health who had received discussion and advice about smoking cessation (practice 98%; CCG 97%; national 95%).

Monitoring care and treatment

The practice had a programme of clinical quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 7% compared with the CCG average of 7% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice had a programme for quality improvement activity and had undertaken three clinical audits in the last two years; all of these were completed audits. For example, the practice undertook an audit for patients prescribed a medicine used for several specific conditions including substance misuse, epilepsy, and anxiety disorder and pain management. The purpose of the audit included to ensure prescribing in line with best practice guidelines. In the first cycle audit 25% of patients were prescribed the medicine in line with best practice guidelines and 45% of these patients had a review to assess and monitor the effectiveness of the medicine within the last six months. The practice clinical team met to discuss the results and actions to improve, and in the second audit cycle it remained that 25% of patients were prescribed the medicine in line with best practice guidelines but the amount of patients reviewed within the last six months increased to 85%.
- Other audits were undertaken to improve on effective prescribing for patients with asthma using inhalers, and rates of success for patients administered joint injections.

Inadequate

Are services effective?

(for example, treatment is effective)

- Where appropriate, clinicians took part in local and national improvement initiatives. For example, Newham has the highest level of tuberculosis (TB) in the country and the practice took part in a CCG funded research project called the 'CATAPULT' trial which screens and treats patients for latent TB.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included minor surgery and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice provided protected time and training to meet the learning needs of staff. Up to date records of skills, qualifications and training were available although not always easy to find such as evidence of practice nurse immunisation training that the practice sent us after our inspection.
- Staff were encouraged and given opportunities to develop but we found gaps in staff safeguarding training, and not all practice nursing staff required had an appropriate level of understanding to manage patients consent issues.
- The practice provided staff with ongoing support. This included an induction process, non-clinical and clinical appraisals, and support for revalidation.
- The practice had ensured the competence of staff employed in advanced roles through relevant training such as for an Advanced Nurse prescribing for patients with diabetes, but there was no clinical oversight of the nurses' clinical care.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

At our previous inspection 21 November 2016 data showed 27% of patients with cancer had been exception reported.

At this inspection 1 March 2018, staff proactivity in helping patients to live healthier lives was variable.

- Data showed overall exception reporting for patients with cancer had slightly increased to 30% compared to the CCG average of 22% and the national average of 25% and the percentage of patients with cancer reviewed within 6 months of diagnosis was 60% compared to the CCG average of 73% and the national average of 71%. The practice was aware of this and had taken steps to improve the scores. The most recent data available locally at the practice showed 54 of 62 patients (87%) of patients with cancer had been seen for a review with zero exception reporting and one full reporting month to go.
- The percentage of patient new cancer cases referred using the urgent two week wait referral pathway was 17%, which was below the CCG average of 46% and the national average of 52%. The practice had a referral process in place but this was significantly below average performance in a high patient risk area. After our inspection the practice sent us a presentation that showed its new cancer cases referred using the urgent two week wait referral pathway was 40%; however, we were unable to verify this data.
- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition. However, systems to identify and support carers were not effective.
- Staff encouraged and supported patients to be involved in monitoring and managing their health and discussed changes to care or treatment with patients as necessary.

Inadequate

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example tackling obesity.
- The practice provided a healthy living event for patients and promoted patients participation in a health promotion initiative called "beat the street" which allows participants to register their exercise by tapping "beat boxes" across the locality.
- Practice staff organised a daily walking group for patients that wanted to join staff for a walk for an hour in the afternoon.

Consent to care and treatment

Records we checked showed the practice obtained consent to care and treatment in line with legislation and guidance.

- Most clinicians understood the requirements of legislation and guidance when considering consent and decision making with the exception of a practice nurse that had received basic mental capacity act training, but did not have a required level of understanding to manage patients consent issues including younger patients. For example, a nurse prescriber told us they would automatically involve parents if a female under 16 years came in to request contraception.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Inadequate

Are services caring?

Our findings

We rated the practice, and all of the population groups, as inadequate for caring.

At our previous inspection on 21 November 2016 the practice was rated as requires improvement for caring services due to its below average GP Patient survey satisfaction scores that indicated patients did not feel positive about their involvement in planning and making decisions about their care and treatment, or treated with compassion, dignity and respect. We also found there was a low rate of identification of patients who were carers.

At this inspection 1 March 2018 some of the practices GP Patient Survey scores satisfaction relating to caring services (for the period 1 January 2017 to 31 March 2017) had improved since our previous inspection, some had worsened, and others remained the same. A high proportion of contemporaneous patient feedback we gathered from the 44 patients we either spoke with to or through CQC comment cards expressed staff were caring and kind, including specific staff. However, there was no evidence of actions undertaken by the practice after our previous inspection 21 November 2016 to improve caring services where patient's experiences were below average according to its GP patient survey data. Actions the practice had taken to better identify and support carers were ineffective and 13 out of 14 of its GP Patient survey scores remained at either a negative or significant negative deviation from averages. The practice is rated as inadequate for providing caring services.

Kindness, respect and compassion

We observed staff treated patients with kindness, respect and compassion on the day of our inspection; but patient's feedback did not indicate this was the case.

- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- 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.
- 30 of the 36 patient Care Quality Commission comment cards we received were entirely positive about the service experienced, five were mixed and one was negative. Themes in the mixed and negative cards predominantly related to getting an appointment and GP care. Eight comment cards expressed positive experiences of practice nurses care and four highlighted very good experiences of care received from a named practice nurse.
- The results of the practice NHS Friends and Family Test (FFT) from December 2017 to January 2018 showed an average of 60% of patients would recommend the practice, 32% would not recommend the practice, and the remaining 8% were neither likely nor unlikely or did not know.

Results from the July 2017 annual national GP patient survey showed the practice was below average for patients feeling they were treated with compassion, dignity and respect. Three hundred and ninety two surveys were sent out and 86 were returned. This represented about 1% of the practice population. The practice was consistently below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 73% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 82% and the national average of 89%. This had improved from 65% at our previous inspection.
- 62% of patients who responded said the GP gave them enough time; CCG - 78%; national average - 86%. This was the same as 62% at our previous inspection.
- 85% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 91%; national average - 96%. This had slightly worsened from 88% at our previous inspection.
- 61% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 77%; national average - 86%.This had improved from 52% at our previous inspection.
- 68% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 81%; national average - 91%. This had worsened from 74% at our previous inspection.
- 61% of patients who responded said they found the receptionists at the practice helpful; CCG - 78%; national average - 87%. This was the same as 61% at our previous inspection.
- 38% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area; CCG - 68%; national average - 79%. This had worsened from 45% at our previous inspection.

Inadequate

Are services caring?

Further data we did not report on at our previous inspection also showed the practice was below averages:

- 77% of patients who responded said the nurse was good at listening to them; (CCG) - 83%; national average - 91%.
- 73% of patients who responded said the nurse gave them enough time; CCG - 83%; national average - 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 92%; national average - 97%.

Management staff were aware of the below average scores but there was no evidence of actions or developments to improve patient satisfaction scores since our previous inspection. Practice nursing staff we spoke to were not aware the below average GPPS scores specific to nurses were a concern. The GP lead told us previous locum turnover and problems recruiting GPs may have impacted on GP scores and the practice now had long term locum GPs and was recruiting to salaried GP roles.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- 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. There was no information in languages other than English but patients were told about multi-lingual staff that might be able to support them.
- We observed staff communicated with patients in a way that they could understand. There was no portable hearing loop for deaf or hard of hearing patients and staff were not aware of how to use the fixed hearing loop for deaf or hard of hearing patients. After our inspection the practice advised us it had trained its staff how to use the fixed hearing loop.
- Staff communicated with patients in a way that they could understand; for example in patents own languages, and easy read materials were available.
- At our previous inspection 21 November 2016 the practice had only identified 28 patients as carers which was less than 1% of the practice list but offered appropriate information and support to carers. At this inspection 1 March 2018, a member of staff acted as a carers' champion and the practice identified patients who were carers through new patient health checks and by putting an "are you a carer" question on the check in screen. The practice had identified 408 patients as carers (5% of the practice list) but there was no method to ensure carers had identified themselves correctly or offer carers appropriate support. For example, staff were unclear whether patients who identified themselves were employed as care assistants or were family carers for a loved one or significant other and there was no system flag for carers. Of four patient carers files we checked or spoke to none had any further specific information or support offered. Written information in the reception area was available to direct carers to the various avenues of support available to them. After our inspection the practice sent us an action plan and other documentation to improve arrangements for carer's.
- Staff told us that if families had experienced bereavement, a member of staff contacted them or sent them a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients scored the practice as below average regarding patient involvement in planning and making decisions about their care and treatment.

- 72% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%.This had improved from 65% at our previous inspection.
- 60% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 74%; national average - 82%.This had improved from 51% at our previous inspection.
- 61% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 77%; national average - 85%. This had worsened from 68% at our previous inspection.

Further data we did not report on at our previous inspection also showed the practice was below average:

- 66% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 81%; national average - 90%.

Inadequate

Are services caring?

The practice had undertaken its own patient satisfaction surveys of 100 patients July 2017 and November 2017. However, the survey process did not provide insights needed to improve on areas where patients expressed dissatisfaction, and action planning was either absent or ineffective. For example, the July 2017 survey asked 100 patients to answer 24 questions and eight of these related to caring services with prompts for patients to rate experiences relating to receptionists, GP and practice nurse care as poor, good or excellent. However, related analysis was limited to two generic statements that expressed 26% of patients were not happy with clinicians, and 1% had a bad experience with staff performance. The reason for all 26% of patients not being happy with clinicians was stated as patients feeling locum doctors did not know them. There was limited analysis to get the heart of patient experiences. Survey recommendations (such as staff needing to be trained on how to deal with patients, and staff should be informed of the attitude they are portraying and find out how this can be prevented) were not specific, time scaled or outcome measurable. The November 2017 results analysis was similarly imprecise in relation to questions asked of patients and all of the five recommendations were repeated from the July 2017 survey. There was an action plan following the November 2017 survey but it was ineffective because they did not provide actions which would drive improvements in the areas of concern.

Privacy and dignity

During our inspection we observed staff maintained patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups.

At our previous inspection on 21 November 2016 the practice was rated as requires improvement for responsive services due to below average GP Patient survey satisfaction scores for patient's satisfaction with how they could access care and treatment.

At this inspection 1 March 2018 one of the practice GP Patient Survey satisfaction scores relating to responsive services had improved, two had worsened, and data we did not previously inspect was below average. We noted outcomes of improvement actions the practice had implemented since our previous inspection may not have influenced the survey scores by this inspection because the survey data was collected 1 January 2017 to 31 March 2017. The practice responded to and met people needs and made improvements arising from complaints, and is rated as requires improvement for responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, it ran a minor surgery clinic every Tuesday, NHS Health checks clinics every Monday afternoon and Thursday morning, and provided Electrocardiogram (ECG) and Ambulatory Blood Pressure Monitoring (ABPM) services for its patients.
- The practice improved services where possible in response to unmet needs; for example, one of the female GPs trained to fit coils and insert implants to improve contraception services for women of childbearing age.
- The practice facilitated multi-faith community health support groups attended by faith leaders from local churches, and a temple and mosque.
- The practice made reasonable adjustments when patients found it hard to access services, such as holding clinics in a room on the ground floor for patients having difficulty using the stairs to one consulting room on the top floor. All other consulting rooms were on the ground floor.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- Patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The Advanced Nurse Practitioner had specialist training in diabetes and ran diabetes clinics every Thursday.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice provided antenatal checks for pregnant women and GP and Practice Nurses post-natal baby clinics every Wednesday.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to promote accessibility and offered continuity of care. For example, by promoting online appointment bookings and providing extended hours.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There was an on-site Cognitive Behaviour Therapist every weekday except Friday providing therapy to practice patients and patients from other practices.
- There was a monthly clinic run by the Community Psychiatric Nurse (CPN) every first Thursday of the month.

Timely access to the service

Patient feedback indicated patients were not able to access care and treatment within an acceptable timescale for their needs.

- The practice had a website which offered online appointment booking and prescription requests through the online national patient access system.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use but data showed it was not sufficiently accessible.
- Patients had access to initial assessment, test results, diagnosis and treatment.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. Four of eight patients we spoke to and four of 36 CQC patient comment cards expressed concerns with accessing appointments.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 80%. This was comparable to averages but had worsened from 93% at our previous inspection.
- 34% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 56% and the national average of 71%. This remained below average but had improved from 26% at our previous inspection.
- 47% of patients who responded 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 64% and the national average of 76%.This had slightly worsened from 51% since our previous inspection and remained below average.

Further data we did not report on at our previous inspection also showed the practice was below average:

- 55% of patients who responded said their last appointment was convenient compared with the CCG average of 67% and the national average of 81%.
- 46% of patients who responded described their experience of making an appointment as good compared with the CCG average of 61% and the national average of 73%.
- 39% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 41% and the national average of 58%.

The practice was aware of its below average results and we noted outcomes of improvement actions the practice had implemented after our previous inspection 21 November 2016, such implementing a telephone queuing system and promoting online booking of appointments may not have influenced the survey scores by the time of this inspection. The practice had exceeded local CCG targets for patient's use of its online services including the option of booking appointments online (CCG target 20%, practice rate 22%) and option of ordering repeat prescriptions (CCG target 56% practice rate 79%).

The practice had undertaken its own patient satisfaction surveys of 100 patients in July 2017 and November 2017 but the process did not consistently deliver insights needed regarding specific issues of patients concern. For example, the July 2017 survey asked patients to rate two separate

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

questions regarding telephone access as poor, good or excellent. The first question asked patients how easy it was to contact the practice by telephone, and the second to rate the opportunity to speak to a doctor or nurse. The survey analysis did not refer to the two survey questions separately but stated 25% of patients were dissatisfied with the telephone system due to long waiting times and not knowing their position in the queue. Patient's feedback regarding an opportunity to speak to a doctor or nurse was not analysed but was important for the practice to understand specifically due to its low GP patient satisfaction scores.

Survey recommendations included introducing a protocol to answer the phone within the first three rings but there was no action plan to achieve this. We noted a queuing system had been implemented for patients telephoning and the practice November 2017 patient's survey showed 90% of patients were entirely satisfied with all services provided; however, this did not match the numerical analysis that showed 18 patients were dissatisfied with the telephone service.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available but not clear because the complaint template did not refer to complaints but was titled "compliments, comments and suggestions". Aside from this systems were easy to use and staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. Nineteen complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- There was limited evidence of complaints being discussed at staff meetings but we saw examples where the practice learned lessons from individual concerns and complaints and acted to improve the quality of care. For example, after a patient complained about the approach of a member of staff. Leadership and management staff spoke with the patient and investigated what had occurred. Staff met and undertook a role play exercise to share learning. The practice followed with an apology to the patient and offer of a face to face meeting and the patient was satisfied with the outcome.

Are services well-led?

Inadequate

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

Our findings

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

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders had variable knowledge and skills to deliver improvements and address risks.
- Clinical risks were managed with the exception of oversight of practice nurse prescribing, and low rates of patient new cancer cases referred using the urgent two week wait referral pathway.
- Fundamental elements of both quality and safety were not understood or managed effectively such as legionella, blank prescription security, and below average patient satisfaction. There was a lack of awareness or capacity to address these issues as some were repeated from our previous inspection.
- Leaders and managers understood some of the issues and priorities relating to the quality of care and maintaining an effective service such as ensuring continuity of GP cover between the partner GPs, recruiting more permanent GPs, and retaining long term locum GPs. The practice had considered and planned for the future leadership of the practice.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to prioritise inclusive leadership.

Vision and strategy

The practice had a mission statement but no strategy to ensure high quality care and promote good outcomes for patients.

- There was a clear mission statement and set of values which staff understood.
- Senior staff understood the need for GP succession planning and there were HR protocols for managing staff. However, there were no business plans that assessed current arrangements, set objectives, or made plans to achieve priorities or strategy to measure against.
- The mission statement was patient safety, patient satisfaction and delivering first class customer service.
- Clinical plans were in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

We found limited evidence of a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued and there were positive relationships between staff and teams.
- Openness, honesty and transparency were demonstrated when responding to formal complaints.
- Management action in response to patient concerns expressed through survey satisfaction feedback was insufficient or not informed by appropriate data analysis.
- The management of significant events was inconsistent. The provider was aware of and had examples of compliance with the requirements of the duty of candour. Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need but also some gaps in important training such as safeguarding. Staff received regular annual appraisals and were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and self-evaluation of their clinical working such as auditing inadequate rates for cervical screening.
- There was an emphasis on the well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There was a list of lead roles with staff delegated responsibilities and systems of accountability but this did not consistently deliver effective outcomes.

- Policies, procedures and activities were not consistently effective or embedded. For example; there were

Are services well-led?

Inadequate

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

safeguarding and infection control policies and a February 2018 infection control audit, but infection control risks and gaps in staff safeguarding training had not been identified.

- There was no method for practice leaders to assure themselves processes were either in place or effective and outcomes were variable. For example, the recruitment policy did not include a consideration of immunity status for relevant groups of staff but files we checked showed the checks had been undertaken as needed; the whistle blowing policy did not include guidance for staff in the event of a concern not being dealt with locally and staff were unclear about what to do. After our inspection the practice sent us its updated whistleblowing protocol that included authorities to approach if issues are not resolved internally, together with evidence staff had received it.
- Clinical staff meetings were held monthly and non-clinical staff meetings fortnightly, but there was no method to ensure agreed actions or follow up and the most recent documented practice clinical meeting dated back to July 2017. Multidisciplinary meetings were regular and documented.
- Filing systems were not consistently organised or documents easy to find including staff documentation and health and safety risk assessments.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not clear or effective.

- Policies, procedures and activities to ensure safety were not operating effectively such as accidents and significant events identification and management.
- Practice leaders had could not demonstrate MHRA safety alerts had been effectively managed and policies, procedures and activities did not operate to ensure safety. Health and safety arrangements did not manage legionella risks or identify which electrical items that needed testing.
- Processes to identify, understand, monitor and address current and future risks including risks to patient safety were not in place or operating properly such as prescriptions management and storage of liquid nitrogen in a patient accessible cupboard. After our inspection the practice did not send satisfactory evidence of safe services for managing safety alerts including the defibrillator, disposal of frozen vaccines, and legionella. We prompted the practice on two occasions before they sent evidence of these issues being managed.
- Processes to manage current and future performance were not consistently effective. For example, clinical audit had a positive impact on quality of care and outcomes but there was no oversight of the advance nurse prescribing. Complaints were managed appropriately but patient satisfaction survey data was not sufficiently well understood or acted upon.
- The practice had plans in place and had trained staff for major incidents and clinical emergencies.

Appropriate and accurate information

The practice action on appropriate and accurate information was variable.

- Clinical quality information was used to ensure and improve performance but non-clinical operations and patient feedback information had not been gathered or analysed effectively.
- It was not clear if all staff had sufficient access to information to discuss quality and sustainability because meetings were not consistently documented.
- Performance information was reported but was not looked into to inform consideration of staff performance management.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice engaged with and involved patients and staff in discussing and planning services.

- The practice involved patients, staff and external partners to support services. For example, through staff team social outings, the practice walking group and Newham CCG.
- There was an active patient participation group (PPG) that told us told us improvements had been made as a result of the practice listening to PPG feedback, such as a patient's multi lingual self-check in screen.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Inadequate

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

Continuous improvement and innovation

There was some evidence of learning and innovation.

- There was some clinical continuous learning and improvement within the practice but methods to achieve non-clinical improvements were not consistently reliable. Staff knew about improvement methods but did not appear to have the skills to use them.
- The practice made variable use of reviews of incidents, concerns and complaints to share learning and make improvements.
- Leaders and managers encouraged staff to take time out to review individual objectives and performance but staff were not aware of low patient satisfaction relating to their areas of work.
- The practice was involved in two clinical trials, one relating to care or treatment chronic headaches and the other the oesophagus (the part of the alimentary canal which connects the throat to the stomach).

The practice was involved in a local “beat the street” initiative and had held daily walking groups for its patients.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: - Storage of liquid nitrogen - Following safety alert - Equipment checks to ensure they are fit for use Arrangements for the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated were ineffective. In particular: - Infection risks in patient toilet areas - Water safety including legionella There was no proper and safe management of medicines. In particular: - Refrigerated medicines This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** There were no effective systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: - Safety risks and alerts - The percentage of patient new cancer cases referred using the urgent two week wait referral pathway - To ensure effective operation of policies, procedures and activities - Older people's health checks The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: - Prescriptions security and monitoring - Significant events - To identify and support carers - To undertake surveys and improve in response to survey results - Oversight of advanced nurse prescribing - Review of in-house processes such as complaints This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Safeguarding training

- Mental Capacity Act 2005 awareness / training

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.