

Elm Tree Surgery

Quality Report

High Street
Shrivenham
Swindon
Wiltshire
SN6 8AG

Tel: 01793 782207

Website: www.elmtreesurgery.co.uk

Date of inspection visit: 20 October 2015

Date of publication: 17/12/2015

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	5
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	13

Detailed findings from this inspection

Our inspection team	14
Background to Elm Tree Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Elm Tree Surgery on 20 October 2015.

This was the first inspection using the CQC comprehensive inspection programme. Overall the practice is rated as inadequate. Elm Tree Surgery was committed to delivery of caring and responsive services for its patients. However, the practice did not demonstrate a culture of managing safety and assessing and managing risk.

We found the practice good for the delivery of effective and caring services and outstanding for provision of responsive services. However, the practice was found to be inadequate for provision of safe and well led services and these ratings affected all the population groups.

Our key findings across all the areas we inspected were as follows:

- The practice performance in achieving high rates of cervical cytology screening and childhood immunisations was as good as, or better than, other practices in the locality. This was achieved within the context of a high turnover of female patients, a birth rate double the national average and the need to harmonise immunisation regimes with those of other countries.
- Patients were able to access same day appointments and routine appointments were available within two days. Patient feedback showed they could see the GP of their choice promptly to maintain continuity of care.
- The practice recognised the needs of the rural population. For example dispensed medicines could be collected from two local post offices and flu clinics were held in village halls.

Summary of findings

- Although there was evidence of effective clinical leadership that were engaged in leading and ensuring the delivery of care we also found that this was not supported by the necessary management infrastructure and leadership.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
 - Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Data showed patient outcomes were above average for the locality and above national averages.

However,

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, learning from such events was communicated inconsistently.
- Staff were able to recognise signs of abuse but were unclear of their responsibilities to report suspected abuse to statutory authorities.
- Procedures to keep medicines safe were not operated effectively.
- Governance arrangements in the practice were weak and improvements were required in relation to the management and assessment of risk. For example, Actions to reduce the risk of cross infection had been identified via audit but had not been taken in a timely manner. The practice did not demonstrate a culture of managing safety and assessing risk.
- Staff of the practice reported that management did not routinely seek and act on staff feedback.
- We identified poor levels of collaboration and cooperation between specific team members and some staff reported a level of conflict with inappropriate behaviour directed towards them.
- Staff were appropriately trained to carry out their duties but had not been involved in identifying their training needs.

We saw areas of outstanding practice:

- Patients were able to access appointments and services in a way that suited them. The practice offered prompt access to appointments with the GP

of patient choice. Feedback on access to services was consistently better than the locality and national averages and a range of services were offered that recognised the needs of the practice population.

- The practice offered an extended minor injuries service to enable patients to access this locally and avoid a trip to the hospital A&E. The last data available showed the practice had 180 patients attend A&E in one year compared to the local average of 235 and national average of 388
- The practice had researched childhood immunisation regimes in other countries. This resulted in aligning immunisations with overseas practice and resulted in a high rate of take up of childhood immunisations among the families of patients from other countries.

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

Importantly, the provider must:

- Improve the management of medicines to ensure they are held safely and update processes used to reduce the risks associated with medicines.
- Ensure patient records are maintained safely with staff having secure personal access to the records system.
- Introduce an appropriate system that is accessible to all staff to record and report back on significant events.
- Ensure all relevant risk assessments are undertaken and any action arising from such assessments is undertaken.
- Ensure staff training in safeguarding includes reporting a concern to the relevant authorities. Update the local safeguarding contact details within the practices safeguarding protocols.
- Ensure appraisals take place on a regular basis and that staff receive support and supervision relevant to their roles.
- Ensure risks identified from the 2014 control of infection audit are addressed and undertake annual control of infection audits.
- Develop and implement cleaning schedules for all areas of the practice.

In addition the provider should:

- Promote the availability of the chaperone service.

Summary of findings

- Ensure all staff are aware of the translation service and how to access this for patients.

I am placing this practice in special measures. Practices 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 practice 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 vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the practice 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 five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated consistently and so safety was not improved.
- Patients were at risk of harm because systems and processes had weaknesses. For example, systems to keep medicine safe were not operated effectively and action arising from an audit of control of infection processes had not been taken and the audit had not been updated in 2015.
- There was insufficient attention to safeguarding children and vulnerable adults. Staff were not clear on how to report safeguarding concerns outside the practice and details of safeguarding authorities had not been updated.
- The practice did not demonstrate a culture of safety and risk management.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality in verbal contact and in sharing information with others.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example working with the community navigator to provide 12 week support programmes for the elderly and providing NHS physiotherapy and counselling services at the practice. The practice developed a Pilates class to improve the mobility of older patients. Flu clinics were held at village halls to support the needs of the rural community.
- There were two locations in rural communities where patients could collect their prescribed medicines.
- Patients can access appointments and services in a way and at a time that suits them. Routine appointments were available within two working days, urgent appointments were offered on the same day and extended hours surgeries ran on three evenings every week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised.

Outstanding



Are services well-led?

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

- The practice did not operate a consistent approach to managing safety and risk.
- Staff described inconsistent systems of support and communication. Staff also reported that when they raised concerns they were not always responded to.
- Policies and procedures were recorded as updated but some contained out of date information. For example, the safeguarding policies.
- Staff reported that they had not been involved in developing their training needs.

Inadequate



Summary of findings

- The practice recognised they faced challenges from a growing population but had no plans to address this.

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 inadequate for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Systems and process to keep people safe and protect them from the risk of harm were not always consistently applied. For example, medicines management processes required significant improvement and staff did not have access to the most up to date contact details of local authority safeguarding teams.

However,

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Pilates classes had been developed to assist older people maintain mobility.
- The practice worked with a community navigator to assist older patient's access health and social care to meet their needs.

Inadequate



People with long term conditions

The provider was rated as inadequate for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Systems and process to keep patients safe and protect them from the risk of harm were not always consistently applied. For example, medicines management processes and infection control measures required significant improvement.

However,

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data showed the care of patients with diabetes was at or above national averages. For example 92% of diabetics had a foot check compared to the national average of 88% and 84% had their last blood pressure reading within target range compared to the national average of 79%

Inadequate



Summary of findings

- Longer appointments and home visits were available when needed.

Families, children and young people

The provider was rated as inadequate for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Systems and process to keep people safe and protect them from the risk of harm were not always consistently applied. For example, medicines management processes required significant improvement and staff did not have access to the most up to date contact details of local authority safeguarding teams.

However,

- There were systems in place 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 A&E attendances.
- Due to the rural nature of the practice an extended minor injuries service was provided by the practice to enable patients to access this locally and avoid a trip to the hospital A&E.
- Immunisation rates were high for all standard childhood immunisations when taking into consideration the diversity of the population and a high turnover of families registered.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were better than the national average at 87% compared to 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Inadequate



Working age people (including those recently retired and students)

The provider was rated as inadequate for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However,

- Systems and process to keep people safe and protect them from the risk of harm were not always consistently applied. For example, medicines management processes and infection control measures required significant improvement.

Inadequate



Summary of findings

However,

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Three evening clinics were held every week.
- 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 inadequate for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Systems and process to keep people safe and protect them from the risk of harm were not always consistently applied. For example, medicines management processes required significant improvement and staff did not have access to the most up to date contact details of local authority safeguarding teams.

However,

- Staff knew how to recognise signs of abuse in vulnerable adults and children. However, they were not sure how to report these concerns outside the practice.
- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- It had not carried out annual health checks for people with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Inadequate



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Systems and process to keep people safe and protect them from the risk of harm were not always consistently applied. For

Inadequate



Summary of findings

example, medicines management processes required significant improvement and staff did not have access to the most up to date contact details of local authority safeguarding teams.

However,

- 100% of the targets for patients diagnosed with depression had been met.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

Patient feedback from all sources was consistently positive about the care provided by the practice and to access to appointments.

The national GP survey had been undertaken between July and September 2014 and January to March 2015. The survey was completed by 110 patients which was a 45% response rate against the 243 survey forms sent out. The results of the survey were positive for many aspects of the service provided. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 95% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 97% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

In addition 95% of patients who completed the friends and family test would recommend the practice to others. We spoke with 11 patients and received 23 completed CQC comment cards. The views we obtained aligned with the national patient survey with many patients commenting on an excellent service which was delivered with compassion and respected patients' dignity.

Areas for improvement

Action the service **MUST** take to improve

- Improve the management of medicines to ensure they are held safely and update processes used to reduce the risks associated with medicines.
- Ensure patient records are maintained safely with staff having secure personal access to the records system.
- Introduce an appropriate system that is accessible to all staff to record and report back on significant events.
- Ensure all relevant risk assessments are undertaken and any action arising from such assessments is undertaken.
- Ensure staff training in safeguarding includes reporting a concern to the relevant authorities. Update the local safeguarding contact details within the practices safeguarding protocols.

- Ensure appraisals take place on a regular basis and that staff receive support and supervision relevant to their roles.
- Ensure risks identified from the 2014 control of infection audit are addressed and undertake annual control of infection audits.
- Develop and implement cleaning schedules for all areas of the practice.

Action the service **SHOULD** take to improve

- Promote the availability of the chaperone service.
- Ensure all staff are aware of the translation service and how to access this for patients.

Summary of findings

Outstanding practice

- Patients were able to access appointments and services in a way that suited them. The practice offered prompt access to appointments with the GP of patient choice. Feedback on access to services was consistently better than the locality and national averages and a range of services were offered that recognised the needs of the practice population.
- The practice offered an extended minor injuries service to enable patients to access this locally and avoid a trip to the hospital A&E. The last data available showed the practice had 180 patients attend A&E in one year compared to the local average of 235 and national average of 388.
- The practice had researched childhood immunisation regimes in other countries. This resulted in aligning immunisations with overseas practice and resulted in a high rate of take up of childhood immunisations among the families of patients from other countries.

Elm Tree Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, a practice nurse advisor and an expert by experience.

Experts by Experience are patients with experience of using similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

The team was accompanied by an observer contracted to CQC to evaluate the expert by experience programme. Elm Tree Surgery had given prior approval for the observer to accompany the inspection team.

Background to Elm Tree Surgery

Elm Tree Surgery is located in a listed building in the village of Shrivenham, Oxfordshire. The practice premises were not originally designed to deliver primary health care services and therefore extending the premises and opportunities to make changes to the outside of the building are limited.

There are approximately 7000 patients registered with the practice. Patient turnover is high because the families of officers training at the nearby Defence Academy register with the practice and move on in a relatively short period of time. The average patient turnover in England is 8.5% but Elm Tree Surgery has a turnover of 17.5%. The number of female patients is higher than the national average and the birth rate is twice the national average. There are more patients in the 0 to 4 and 35 to 54 age range when

compared with national data. Many of the officers attending the Defence Academy are from overseas and the practice has patients registered whose first language is not English. Patients of the practice speak 30 different languages which offers challenges in communication.

Approximately half of the registered patients live in rural locations. Patients reside in three counties Oxfordshire, Berkshire and Wiltshire requiring the practice to deal with three different local authorities and a variety of health care providers. There is a low prevalence of income deprivation among the registered population.

The practice holds a General Medical Services (GMS) contract. General Medical Services contract are negotiated nationally between GP representatives and the NHS.

There are five GPs at the practice. Three are male and two are female. All five of the GPs are partners and the practice offers training to qualified doctors who are seeking to become GPs. Two practice nurses and a phlebotomist work at the practice. The GPs and nursing team are supported by a practice manager and a team of administration and reception staff. There is a dispensary at the practice which dispenses to approximately 3300 of the registered patients.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 8.10am to 11am every morning and 2pm to 6pm. Extended hours surgeries are offered three evenings a week, two evenings until 7.30pm and until 7.45pm on the third evening.

All services are provided from a single practice location at Elm Tree Surgery, High Street, Shrivenham, Wiltshire, SN6 8AG. The practice is a member of Swindon Clinical Commissioning Group (CCG) (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services).

Detailed findings

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Seqol from The Great Western Hospital in Swindon. The out of hours service is accessed by calling NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Elm Tree Surgery.

Why we carried out this inspection

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

This provider had not been inspected before. 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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to

share what they knew. We carried out an announced visit on 20 October 2015. During our visit we spoke with GPs, a practice nurse, the phlebotomist and four members of the administration and reception team. We met with the practice manager and took the opportunity to speak with one of the district nurses who worked with the practice. We observed how people were greeted and supported to use practice services both in person and over the phone. We spoke with 11 patients and reviewed comment cards which patients had completed in the two weeks prior to our visit.

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 are provided for specific groups of people and what good care looks 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)

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager or one of the GPs of any incidents. A significant event recording form was not in use. This meant that reporting and reviewing of significant events relied upon GPs and the practice manager to bring them to the attention of the rest of the GPs and the practice nurses. Significant events were discussed by GPs and learning from them was shared by the partners. Events that involved the wider health care team were discussed, and learning shared, at weekly multidisciplinary team meetings. There was a process of reviewing significant events, to follow up if action had been taken, every six months. When a significant event involved an individual member of staff they were briefed on the learning outcome. However, there was no formal system to brief the administration and reception team on the outcomes of significant event reviews relevant to their roles. Therefore practice wide learning from significant event reviews and the actions arising to mitigate risk was limited.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice reinforced the requirement to maintain the confidentiality of patient information after a third party sought such information.

Safety monitoring was inconsistent. The practice did not have a risk register to record and review the risks identified at the practice. However, other risk information was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This inconsistent approach meant staff understood some risks and but there was not an overall clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe. However, a number of these were operated inconsistently and safety was not always offered a sufficient priority. Opportunities to prevent or minimise the risk of harm were missed. The systems of concern included:

- Arrangements were in place to safeguard adults and children from abuse but these were operated inconsistently. GPs were trained to the appropriate level (level 3) in child safeguarding. Nurses and administration staff had also taken appropriate training. However, some staff we spoke with were not clear on their responsibilities to report safeguarding concerns to statutory agencies if their concern was not dealt with in the practice. Some staff did not know where to locate the practice policy for safeguarding which contained the contact details for statutory agencies. When we reviewed the practice policy and contact details contained therein we found that the details for the Oxfordshire safeguarding team were out of date. The GPs attended safeguarding meetings when appropriate and always provided reports where necessary for other agencies.
- The practice provided a chaperone service. Chaperone duties were only undertaken by GPs and nurses who had been appropriately vetted and trained to undertake the role. All GPs and nurses had either received or applied for a disclosure and barring check (DBS). (DBS If a patient, or GP, requested a chaperone but one was not available a new appointment was made for the patient at a time when a chaperone could be present. The availability of the chaperone service was not promoted anywhere within the practice.
- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which we reviewed. This was supported by some risk specific safety policies and procedures. For example, the procedure for dealing with an emergency incident. However, the practice did not have a full range of risk assessments to support the policy. For example, we did not see risk assessments for access and egress, manual handling or control of substances hazardous to health (COSHH). The practice did not have an up to date fire risk assessment. There was no schedule for the servicing of firefighting equipment and fire drills had not been carried out.
- The system to keep patient data safe was weak. Staff told us that they were sharing log in credentials for the patient data system because some data cards had not been activated. The cards had been available for some months but the problem with activating them had not

Are services safe?

been resolved in a timely manner by management. This meant that if a member of non-clinical staff made an incorrect entry on a patient record it would be difficult to ascertain who had made the error because log in to the system was being shared.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We noted that the practice retained a number of blood pressure monitoring machines that contained mercury. An assessment of the risks associated with mercury had not been carried out and there was no mercury spill kit.
- The practice was clean and tidy on the day of inspection. There was a control of infection policy and the practice had carried out an infection control audit in 2014. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice had not completed an infection control audit in 2015 and we found a number of the actions identified from the 2014 audit had not been completed. For example, the practice had not entered into a contract for the disposal of sanitary waste and no procedure for the disposal of baby changing waste. The practice had a cleaning schedule for treatment rooms but we did not see schedules for other areas of the practice. For example, the control of infection audit identified that curtains and blinds were not regularly cleaned and the practice did not demonstrate that this task was scheduled. The treatment room did not have a hand washing sink. One clinical waste bin did not have a recognised appropriately coloured waste bag which did not comply with hazardous waste regulations. Assessing risks to control infection was inconsistent and taking action on previously identified risks was not carried out in a timely manner.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice (including obtaining, prescribing, recording, handling, storing and security) were inconsistently applied and there were a number of weaknesses in the systems which could place patient safety at risk. The practice had a dispensary which served approximately 3300 patients.

Controlled drugs (CDs) were held in the dispensary in a cupboard of appropriate design (CDs are medicines that

require additional care in prescribing and dispensing and additional security in their handling). The practice register of CDs was kept appropriately and we checked a sample of four of the medicines held against the register. This showed the medicines held had been recorded accurately. The location of the key to the CD cupboard was known to relevant staff but the key was not held in a key safe. The practice accepted the return of CDs from patients and their relatives but the returned medicines were not recorded when they were accepted back into the practice. The practice could not be sure how many returned medicines they held. We checked the CDs awaiting destruction and found two packs of medicines that had gone out of date in May 2014 still held in the CD cupboard. We found the practice stock of CDs that had gone out of date and were awaiting destruction were recorded accurately.

The general security of the dispensary had not been reviewed. We discussed this with the lead GP and the practice manager. They were made aware of the significant areas of concern in relation to the security of the dispensary. The operating procedures for the dispensary were up to date and staff we spoke with could clearly describe the processes they followed to ensure medicines were dispensed safely. There was a dispensing error reporting system but this was not followed up by sharing learning with the dispensing team to ensure similar errors did not occur in the future.

There was a system in place to deliver dispensed medicines to patients in rural areas from two collection points in post offices. This recognised the difficulties some patients experienced in collecting their medicines from the practice. The driver who took the dispensed medicines signed for the medicines to take to both the locations. The person receiving the medicines at the post office was not required to confirm they had received them. There was no system in place for the post office staff to alert the practice if a patient or their representative did not collect their medicine. There was a risk that medicines could be left at the post offices uncollected and the GPs would not know that the patients had not received their prescribed medicine.

Nurses used Patient Group Directions (PGD's) to administer a range of medicines and vaccinations (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We reviewed the PGDs and found one of them was out of date.

Are services safe?

The practice told us they used national guidance to maintain medicines at appropriate temperatures (the cold chain). We noted the practice used secondary thermometers to monitor the temperature of the fridges that held vaccines and medicines. We were told practice nurses checked these every day but there was no record of the check having taken place. If the nurse found the thermometer giving off a warning they alerted the manager to print off the temperature records which were held on a computer system. We saw reference to an incident when the nurse had taken appropriate action when a fridge was found to be operating outside of the recommended temperature range. One of the vaccine fridges had a broken lock and consequently could not be secured. This fridge was in an area of restricted access to staff only. The practice administered flu immunisations and due to the rural location these were sometimes taken to village halls or patient's homes to administer. The practice did not have an appropriate box to take these vaccines away from the practice and ensure they were maintained at the appropriate temperature. Therefore patients could have been at risk from vaccines not being kept within the recommended temperature range.

Blank prescriptions used in printers were not logged out to the printer and there was not a system in place to secure blank prescriptions at the end of each working day.

A number of medicines were held in cupboards in the nurse treatment rooms. These cupboards were not locked and could not be locked. The treatment room was not locked on the day of inspection and stocktaking of these medicines was not undertaken at regular intervals. There was a risk that medicines could be taken without staff knowledge.

- Recruitment checks were carried out and the five files we reviewed showed that the majority of appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We found two files with no application forms or CV's.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example, administration staff covered each other during holidays or absence to ensure there were always three members of the reception and dispensing team on duty and always one secretary on duty.

Arrangements to deal with emergencies and major incidents

Staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice did not have a portable suction machine as part of the emergency equipment and the need for this item of emergency equipment had not been risk assessed.

There was a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The GPs took this pack of emergency medicines with them if they were attending a home visit where they had assessed the patient may be in urgent need of medical assistance. This meant that if an emergency arose within the practice whilst they were out the emergency medicines were not available. The practice had not undertaken an assessment of the risk this posed.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. New NICE guidelines were discussed at the weekly clinical meetings to ensure GPs and nurses had the opportunity to discuss implications of adopting new guidelines.
- The practice monitored that these guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available compared to the national average of 94%. The practice exception rate was 4.3% which was below the national average of approximately 6%. This practice was not an outlier for any QOF (or other national) clinical targets.

Performance for diabetes related indicators was similar to the CCG and national average at 92%.

- The percentage of patients with hypertension having regular blood pressure tests was 88% and this was better than the national average of 83%.
- Performance for depression related indicators was 100% which was better than local and national averages.
- The practice also achieved 100% of the targets for caring for patients with dementia.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in applicable local audits and benchmarking. For example, the practice had achieved all the local prescribing targets and was recognised as the best performing practice for prescribing in the CCG.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring early discussion with and referral to specialists when a patient has a history of cancer.

Information about patients' outcomes was used to make improvements such as gaining earlier access to MRI and bone scans.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those involved with repeat prescribing, administering vaccinations and taking samples for the cervical screening programme.
- The appraisal programme had been reactivated in May 2015 and all staff had either had their appraisal or knew when it was due. One of the GPs undertook staff appraisals and we saw that these identified how staff had performed in the last year and looked at their development needs. Staff reported their last appraisals were held in 2013.
- The training timetable we reviewed showed that staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, some staff we spoke with told us they had not been involved in determining their training programme and that their training needs had been identified for them.

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.

Are services effective?

(for example, treatment is effective)

- This included care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. There was system in place to follow up patients who were referred with suspected cancer.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

- A counselling service was available at the practice and smoking cessation advice was available from a local support group.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 88%, which was better than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. We saw data that showed the practice success rate for taking adequate cervical smears was 98%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The GPs had researched the immunisation regimes in place in many countries in order to align the immunisation programme for the families of overseas officers attending the local military college. This ensured immunisations were administered safely and resulted in childhood immunisation rates for the vaccinations given being comparable to CCG averages. The practice recognised the significant challenge of achieving high immunisation rates with such a transient and multicultural population. This was also impacted upon by the higher than average birth rate in the practice population and a 17.5% turnover of patients each year. Despite the challenges, the childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98% against the CCG averages of 81% to 97%. Immunisations for five year olds ranged from 78% for the meningitis C immunisation to 98% compared to the CCG range of 91% to 98%. Flu vaccination rates for the over 65s were 77%, and at risk groups 54%. These were also above national averages of 73% and 53% respectively.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient CQC comment cards we received contained positive comments about the service experienced. There were three negative comments mixed in with the overall highly positive feedback on the comment cards. We fed these back to the practice. Overall patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke eight patients and four members of the patient participation group (PPG) on the day of our inspection. All patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The survey was undertaken between July and September 2014 and January to March 2015. Two hundred and forty-three questionnaires were sent out and 110 patients (45%) responded. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.

- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were better than local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

We were told that translation services were available for patients who did not have English as a first language. However, some staff we spoke with were unsure of how to access the translation service.

The practice worked closely with a 'community navigator'. This person worked with elderly patients to assist them with accessing the range of health and social care services

Are services caring?

they required to support their daily living and maintain their independence. The support from the community navigator lasted for up to 12 weeks and patients identified by GPs requiring support were usually seen within two weeks of being referred.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers. There was a local carers support group and the GPs and nurses gave patients information about this group. If required these patients were offered health

checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call 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. We were given examples of prompt support for families who suffered bereavement including a family who were seen by their GP within two days of suffering bereavement. The family were referred for counselling and support immediately. When GPs felt it would be helpful they made a record to contact bereaved patients on the anniversary of the bereavement.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Due to the rural nature of the practice an extended minor injuries service was provided by the practice to enable patients to access this locally and avoid a trip to the hospital A&E. The last data available showed the practice had 180 patients attend A&E in one year compared to the local average of 235 and national average of 388.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with complex needs.
- Home visits were available for older patients and patients who would benefit from these
- Urgent access appointments were available for children and those with serious medical conditions.
- NHS physiotherapy and counselling services were available at the practice
- There were disabled facilities and translation services available. Information relating to childhood immunisations had been translated into a variety of languages.
- One of the practice nurses was instrumental in establishing a Pilates class for patients aged over 75 to enhance their mobility.

The involvement of other organisations and the local community was integral to how services were provided to ensure that they meet people's needs.

- The practice worked with the community navigator programme to provide 12 week support programmes for the elderly and providing NHS physiotherapy and counselling services at the practice.
- There are two collection points for dispensed medicines in rural post offices to assist patients who cannot collect their medicines from the dispensary.
- Vulnerable patients were supported to access various community groups and voluntary organisations.

- The practice is mindful of the rural population. For example, flu immunisation clinics are held at village halls to assist those patients who find it difficult to attend the practice.

Access to the service

Patients were able to access appointments in a way that suited them. The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.10am to 11am every morning and 2pm to 6pm daily. Extended hours surgeries were offered at the following times on three days a week and the days varied depending on which GP was on duty. These surgeries ran until 7.30pm on two days and until 7.45pm on the third evening. Some of the patients we spoke with told us that it was very helpful to have appointments available after they finished work. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

We reviewed the practice appointment system and found that a routine book in advance appointments were available within two days. The appointment system took account of historical demand and to determine the allocation of both urgent and routine appointments. There were appointments available with the GPs that could be booked online. The practice manager undertook a monthly audit of appointment availability which influenced how many appointments were offered each month.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently better than national averages. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 95% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 97% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

Patients we spoke with and those who commented on appointment availability on the CQC comment cards were



Are services responsive to people's needs?

(for example, to feedback?)

very positive about their ability to access appointments at a time that suited them and on being able to see a GP or nurse quickly if they had an urgent need for care and treatment. Patients told us and the appointment system confirmed that they could see a GP of their choice promptly to support continuity of care.

The practice had identified that there was a higher demand for counselling and advice arising from the younger population and the higher birth rate. Counselling services were available at the practice three times a week and we found that patients could access counselling within a month of referral.

Listening and learning from concerns and complaints

The practice had a system in place 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 including information on the website and in the practice leaflet. Some patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 11 complaints received in the last 18 months and found these were satisfactorily handled and dealt with in a timely way. They were also dealt with in an open and transparent manner and an apology was given.

The practice actively reviewed the management of concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint resulted in more detailed information being given to patients requiring travel vaccinations to ensure they understood what vaccinations were required and when. Complaints received were discussed at the weekly clinical team meetings. Trend analysis and action taken to prevent recurrence was reviewed formally every six months.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had a mission statement to provide the best possible primary health care with efficient use of available resources. The practice worked closely with other organisations and the local community to ensure services provided met people's needs.

Data we reviewed and patient feedback from the national survey showed the practice focused on delivering compassionate and responsive care. This was reflected in the views of patients we spoke with and those who completed CQC comment cards. Staff we spoke with demonstrated this commitment and the interactions we observed between staff and patients were caring and kind.

The practice recognised that it faced challenges in the future as new housing developments were planned nearby. These would increase the patient population. The practice had sought and gained approval from NHS England to draw in the practice boundary to exclude the towns of Faringdon and Highworth from their previous practice area. The Practice had identified that it could accommodate up to 500 more patients in the current premises. The practice would need to reassess their future provision of services if the practice population grew beyond this projected increase.

Governance arrangements

The practice demonstrated effective clinical leadership which supported the delivery of clinically effective, caring and responsive services.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- There was a clear understanding of the clinical performance of the practice.
- The practice had programme of continuous clinical audit was in place which was used to monitor clinical quality and to make improvements.

We also found that this was not supported by the necessary management infrastructure and leadership to ensure other governance processes and systems were operated effectively or applied consistently:

- The arrangements for identifying, recording and managing risks were not effective. Important risk

assessments required to ensure patients and others were kept safe had not been undertaken. For example the practice did not have a fire risk assessment, an assessment of the risks associated with blood pressure machines containing mercury or risk assessments for the chemicals and liquids held on the premises. The practice did not demonstrate a culture of consistent operation of safe systems or active recognition and management of risk.

- When risk was identified, for example in the 2014 control of infection audit, it was not acted upon in a timely manner. Action planning to mitigate risk was not evident because the range of issues identified had not been prioritised or timetabled.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff. Some of the policies were not updated with relevant information.

Leadership, openness and transparency

The partners in the practice prioritised compassionate care that was delivered in a timely manner. The partners were visible in the practice and staff told us that they were approachable and took time to listen to all members of staff. We found one partner led on personnel matters and had recommenced staff appraisals in 2015.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gave patients who were affected reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place but staff reported inconsistent support from the management team.

- Staff told us that they felt able to raise any issues of concern but that they did not always get answers to their questions and concerns.

Are services well-led?

Inadequate 

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

- Some staff said they felt respected and valued and supported by the partners in the practice. However, other staff told us they did not feel supported in their role.
- We identified poor levels of collaboration and cooperation between specific team members and some staff reported a level of conflict with inappropriate behaviour directed towards them.

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

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

It had gathered feedback from patients through the patient representative group (PRG a group of patients registered with a practice who work with the practice to improve services and the quality of care) and through surveys and complaints received. Minutes of the last meeting showed the group were lobbying local councillors to improve street access to the practice.

The PRG met three times a year. We noted that the practice and PRG reviewed the results of the friends and family test (a survey which asked patients would they recommend the practice to others). The results showed 95% would recommend the surgery. When funding for the Pilates class for older people was withdrawn the practice sought the views of patients about continuing the class. They negotiated with the person who ran the class to keep the class running at a reasonable cost to patients.

However, obtaining feedback and acting upon the views of staff was not carried out effectively. Minimal engagement meant that staff had no formal system of giving feedback to management or gaining a briefing from management on day to day changes or developments within the practice. There was no team meeting structure. Staff told us their only means of raising issues was via day to day discussions or requesting to discuss specific matters with management. They also told us that they sometimes felt that issues they raised were not responded to.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Appraisals had not taken place in 2013 and 2014 but all staff had received or had an appraisal planned in 2015. Staff told us that the practice was supportive of training but they weren't always involved in identifying their own personal development and training requirements.

The practice had completed reviews of significant events and other incidents. However, there was no formal system to brief the administration and reception team on the outcomes of significant event reviews relevant to their roles. Therefore practice wide learning from significant event reviews was limited.

The practice was a GP training practice and offered training to qualified doctors who are seeking to become GPs.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12.</p> <p>Safe care and treatment :</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(g) the proper and safe management of medicines;</p> <ul style="list-style-type: none">Medicines were not always kept safe. Systems to ensure the medicines were kept at appropriate temperatures were not operated effectively.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13</p> <p>Safeguarding service users from abuse and improper treatment</p> <p>1) Service users must be protected from abuse and improper treatment in accordance with this regulation.</p> <p>(2) Systems and processes must be established and operated effectively to prevent abuse of service users.</p> <p>(3) Systems and processes must be established and operated effectively to investigate immediately upon becoming aware of, any allegation or evidence of such abuse.</p>

This section is primarily information for the provider

Requirement notices

Staff were unclear on their responsibilities to report suspected abuse to statutory authorities and details of statutory authorities responsible for safeguarding were not up to date.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17</p> <p>Good governance</p> <p>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>(f) evaluate and improve their practice in respect of the processing of the information</p> <p>referred to in sub-paragraphs (a) to (e).</p> <ul style="list-style-type: none">• The practice did not have a risk register. Some risk assessments had not been completed in accordance with legislation for example fire risk assessment and COSHH.• Systems in place to keep staff informed of practice developments were not operated effectively or consistently. For example, non-clinical staff had no formal meeting or briefing structure.

This section is primarily information for the provider

Enforcement actions

- Security of the premises had not been reviewed in respect of the dispensary.
- The risks from using blood pressure machines containing mercury had not been assessed and mercury spill kits were not available.
- Infection control risks and assessments were not completed regularly or actions identified from previous assessments were not taken in a timely manner.