Madeira Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Madeira Medical Centre on 3 June 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing effective, caring, responsive and well-led services. The practice was rated as requires improvement for providing safe services. It was rated good at providing services for the population groups of 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 and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- Staff understood their responsibilities to raise concerns and report incidents.
- The practice had systems in place to safeguard patients, this included staff training in safeguarding children and vulnerable adults.
- The practice had implemented suggestions and made changes to the way that it delivered services as a result of feedback from patients and the Patient Participation Group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice achieved 99.4% of the total quality target in 2014, which was above the national average of 94.2%.

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

Importantly, the provider must:

- Ensure that nurses, healthcare assistants and reception staff who provide chaperone duties are subject to appropriate checks by the Disclosure and Barring Service.

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- Ensure that appropriate and documented checks are completed for the management of legionella in accordance with the practice risk assessment.

In addition the provider should:

- Ensure fridges can be locked for the storage of medicines.
- Ensure disposal of expired placebo medicines and suture equipment
- Record and produce minutes of all meetings held.
- Keep accurate training records and ensure that all staff receive training updates when required such as for Mental Capacity Act and Information Governance .
- Complete and document an analysis of complaints to identify trends.
- Review access to the practice to meet contractual requirements and patients expectations such as on weekdays between the hours of 8am and 8.30am and 6pm until 6.30pm.
- Ensure that cupboards that store Chemicals or Substances Hazardous to Health are locked.

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?

Requires improvement

The practice is rated as requires improvements for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns and to report incidents and these were reviewed at practice meetings. Systems were in place to protect patients from abuse, staff had completed training in safeguarding children and adults and could identify the lead person to report safeguarding concerns to within the practice. Not all staff, including those that had been recruited since 2013, had received a criminal records check.

Risks to patients were assessed and managed but cupboards containing items which were hazardous to health were unlocked. Recent checks for the management and monitoring of legionella had not been recorded as completed. Some expired placebo medicines and equipment had not been disposed of and were at risk of being used.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed that outcomes were predominantly in line with averages for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. There was evidence of appraisals and development plans for all staff. Staff had received some training to meet their needs; however there was no record that all staff had received training in the Mental Capacity and on Information Governance.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice slightly lower than others for some aspects of care. The data we reviewed related to a period of time in 2014 and we were told that some new staff had been employed at the practice and they were now fully trained. We spoke with thirteen patients on the day of our inspection and all of the patients were happy with the care that they received.

Are services responsive to people's needs?

Good

The practice was rated as good for providing responsive services. It reviewed the needs of its local population and had tried to secure improvements to services where these were identified. Patients said that they were confident that they could be seen if the requirement

Summary of findings

was urgent but that they would sometimes have to wait to make a routine appointment with a named GP. There were not any evening appointments for patient. The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. There was a clear leadership structure and staff had designated lead roles and were supported to undertake these. The practice had policies and procedures in place to govern activity and GPs held regular meetings that were minuted. We noticed that some policies and procedures such as legionella management and the recruitment policy had not been fully implemented. Whole team meetings were held but there was no record of these meetings. The practice sought feedback from staff and patients and acted upon this feedback to improve the services that it delivered.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions that were commonly found in older people. 73% of patients over the age of 75 had a named GP. The practice was proactive in offering dementia screening and responsive to the needs of older people, offering home visits when required.

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. GPs and nursing staff had lead roles in chronic disease management and patients who were admitted to hospital were followed up and had their care reviewed after they had been discharged. Quality indicators for the management of diabetes were in line or above the national averages and the practice held a monthly diabetes management clinic.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk and the practice had met with the school nurse to improve the provision of care provided to children. Immunisation rates were above national averages. The practice provided a children's phlebotomy service. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students). Patients could book appointments and order repeat prescriptions on line and appointments were available until 6pm. The practice offered a range of health screening associated with working age people. However there were no extended hours and weekend clinics at this location.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for people whose circumstances may make them vulnerable. The practice used their own address when making referrals for patients who were homeless and provided care to temporary residents. It held a register of people who had learning disabilities and reviewed their care on an annual basis. Multi-disciplinary team meetings were held but these were not

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minuted, however practice meetings that reviewed the care of vulnerable patients were held on a monthly basis and recorded. The practice provided end of life care using a multi-disciplinary approach. A GP worked with the essential drug and alcohol service and was a board member.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 100% of patients with schizophrenia, bipolar affective disorder and other psychoses have had a documented care plan recorded in the last 12 months and 89.71% of patients with dementia had a documented care plan recorded within the last 12 months. Counselling services were also available for people experiencing poor mental health and the practice worked with the community mental health team to provide a multi-disciplinary approach to care.

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What people who use the service say

The practice had participated in a Friends and Family test, we saw 19 responses to the test and 89% of respondents indicated that they would recommend the practice to their family and friends.

The patient participation group had carried out a survey in February 2014, the results showed.

- 91% of patients rated clinical staff as either good or excellent in being polite, efficient and helpful compared to 94% last year.
- 69.77% of patients rated non-clinical staff as excellent or good for being knowledgeable. This compared to 79% last year who rated staff as either excellent or good in this category.
- 73% of patients rated the non-clinical staff as good or excellent in the polite, efficient and helpful categories compared to 78% last year.
- 44.7% of patients rated clinical staff as excellent for knowledge and 50% rated the clinical staff as good. This is lower than last year where 97% of patients rated staff as excellent or good.

The practice had responded to areas of concern identified and had put staff development sessions and appraisals in place.

There were seven reviews of the practice on the NHS Choices website in the past 12 months, of which five commented positively about then high quality care received. There were two negative comments but there no common themes that could be identified.

We received six comments cards from patients who use the service. The cards had been left in the waiting room during the week preceding our inspection. All of the cards were positive and patients commented on the good services provided by the practice and the high quality care provided by staff. Patient's comments indicated that staff were friendly and helpful. One patient told us that they have to wait to see their named GP for a routine appointment. Data from the national GP survey for 2013 and 2014 indicated that 123 patients completed the survey and 85.8% of patients indicated that they were able to get an appointment or speak to someone last time they tried. This is slightly higher than the national average of 85.4%. However only 47.8% of patients indicated that they were able to see or speak to their preferred GP compared to the national average of 53.5%. The first available appointment for all GPs was within two weeks.

We spoke to 13 patients on the day of our visit. Patients told us that they were pleased with the care that they received at the practice and that staff were supportive. We spoke to a patient whom told us that they had remained at the practice even though they had moved and this was no longer the practice closest to their home. Patients indicated that there was sometimes a wait for an appointment with a GP of their choice but if they needed urgent treatment they could get an appointment the same day.

Areas for improvement

Action the service MUST take to improve

- Ensure that nurses, healthcare assistants and reception staff who are providing chaperone duties are subject to appropriate checks by the Disclosure and Barring Service (DBS).
- Ensure that appropriate and documented checks are completed for the management of legionella in accordance with the practice risk assessment.

Action the service SHOULD take to improve

- Ensure fridges can be locked for the storage of medicines.
- Ensure disposal of expired placebo medicines and suture equipment.
- Record and produce minutes of all meetings held
- Keep accurate training records and ensure that all staff receive training updates when required such as for Mental capacity Act and Information Governance.

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- Complete and document analysis of complaints to identify trends.
- Review access to the practice to meet contractual requirements and patients expectations such as on weekdays between the hours of 8am and 8.30am and 6pm until 6.30pm.
- Ensure that cupboards that store Chemicals or Substances Hazardous to Health are locked.

Madeira 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, a CQC inspection manager and a specialist practice manager.

Background to Madeira Medical Centre

Then practice provides treatment to 8222 patients and is located at 1a Madeira road, Poole, Dorset, BH14 9ET

The practice operates from purpose built premises. The practice has seven consultation rooms and four treatment rooms of which one is used by chiropody services. There is also another room that is used by counselling services. The practice has three separate waiting areas.

The practice has four GP partners and three salaried GPs. Four GP's are female and three are male.

There is a practice manager, assistant practice manager, three practice nurses, a healthcare assistant, reception and administrative staff.

The practice has a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice has a higher than average number of patients aged between 40 and 55 years and a slightly higher than average number of patients aged over 85 years.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 8.30am to 6pm daily. This information is displayed on the practice website and in the practice information leaflet.

When the practice is closed patients are advised to access out of hours care provided by South West Ambulance Service via the NHS 111 service.

The provider is registered to provide the regulated activities of surgical procedures, diagnostic and screening services, treatment of disease, disorder or injury, maternity and midwifery services and family planning at the location.

Why we carried out this inspection

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

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 received information from other organisations such as NHS England, Healthwatch and Dorset Clinical Commissioning Group. Prior to the inspection, we asked patients to share their views by completing comments cards for us to review.

We carried out an announced visit on 3 June 2015. During our visit we spoke with a range of staff including GPs, the practice manager, practice nurses, healthcare assistants, receptionists and administration staff. We talked with patients and family members. We reviewed the premises to

Detailed findings

see if they were safe and accessible. We reviewed documentation, policies and procedures. We reviewed incidents and complaints to see if they had been investigated and acted upon.

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

• Older people

• People with long-term conditions

• Families, children and young people

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

• People whose circumstances may make them vulnerable

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

On completion of the inspection we reviewed our findings and summarised them as part of this report.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as compliments and complaints. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents. For example, we reviewed a significant event where a patient had been referred for medical tests but the referral had got lost and this resulted in a delay in the patient receiving an appointment for the test to be completed. The incident was reviewed at a practice meeting and the process for requesting the test was changed from a handwritten process to a computer generated task that could be tracked by administration staff. We reviewed safety records, including risk assessments, incident reports and minutes of meetings where these were discussed over the last twelve months.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records for 14 significant events that had occurred during the last 12 months. Prior to December 2014 significant events were discussed at separate significant events meetings but after this time significant events were discussed at monthly partnership meetings, and other staff meetings as applicable. We found that only one of the significant events that we reviewed had a documented actions completed.

Non-clinical incidents were also recorded and managed using the significant events forms. We found that an incident occurred when the fire alarm was activated. The record showed that this occurred in the month of April, but there was no detail of the year. It was reflected on that staff had said they did not know what to do when the alarm had sounded. Since this event some staff have been trained as fire wardens. The event was recorded on a set form but the action afterwards had not been recorded on the form.

Staff received information from the National Patient Safety Agency. Alerts were disseminated to practice staff and discussed at partners meetings, doctors meetings and other staff meetings as appropriate. We reviewed minutes of partners meeting and saw that alerts had been discussed.

Reliable safety systems and processes including safeguarding

The practice had systems in place to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all GPs were trained to level three in safeguarding children and that all staff had received training in safeguarding children and vulnerable adults. Staff that we spoke with knew how to recognise the signs of abuse in older people, vulnerable adults and children. They were aware of their responsibilities and knew how to contact the relevant agencies in working hours and out of working hours. The contact details for the children's safeguarding team were displayed in the waiting room.

The practice had appointed a GP as lead in safeguarding vulnerable adults and children. Staff knew who the safeguarding lead was and told us they would speak to the named lead if they were concerned about a patient. The safeguarding lead had also completed multi-agency domestic violence training.

There were systems in place to highlight vulnerable patients on the practice's electronic register. A GP told us that the practice supported a lot of patients who were subject to child protection plans and there was a higher than average rate of domestic violence amongst patients. There was active engagement in local safeguarding procedures and effective working with other organisations. Dorset Healthcare University Foundation Trust provided community nursing support and the safeguarding lead told us that they had met with the school nurses to discuss concerns. Staff also worked with the Identification and Referral to Improve Safety project domestic violence group and met with health visitors every 2 months.

There was a chaperone policy, and a sign in the waiting room which indicated that patients could request a chaperone. (A chaperone is a person who acts as a safeguard and witness for patient during a medical examination or procedure). This information was displayed in the waiting areas and at reception but was not on the practice website or in the practice information leaflet. Nursing staff, healthcare assistants and some reception staff had been trained to act as chaperones. Staff had received training on 2 June 2015, the day before our inspection and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking

chaperone duties had been risk assessed but nurses and healthcare assistants had not received a Disclosure and Barring Service (DBS) checks. (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).

Medicines management

We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored in locked rooms and were usually only accessible to authorised staff. However, one refrigerator did not lock as the key had been lost and this meant that the medicines could be accessed by non-clinical staff that may have access to the room. We found medicines which required refrigeration were kept at the appropriate temperature. Staff said that there had been an incident last year where a refrigerator had failed to maintain vaccines at the required temperature over a weekend due to a faulty thermostat. Appropriate actions were taken to dispose of the vaccines. We reviewed temperature records for two refrigerators and saw that these were recorded daily and were all within acceptable limits. One of the refrigerators had been hard wired to reduce the risk of it being inadvertently switched off.

Systems were in place to check that medicines were within their expiry date and we were told that stock levels were maintained as new stock was delivered within two days of the order being placed. We found that some placebo drugs were stored in the practice that had passed their expiry date. (Placebo drugs are interventions with no active drug ingredients). We were told that these were used to demonstrate procedures for administering the medication to patients who had asthma.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Repeat prescriptions could be requested either at the practice or on line and medication was usually available within 48 hours of the repeat prescription being requested. If staff had a concern about a repeat prescription they would highlight this to the GP. We saw a prescription that had been passed straight to the GP to review as reception staff had highlighted there was an unusually long time between the last prescription being issued and the repeat prescription being requested.

Both blank prescriptions and hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

We saw actions had been taken in response to a review of prescribing data. The practice had taken action to reduce the quantity of hypnotics given to patients by prescribing small quantities to patients on a monthly basis.

The nurses used Patient Group Directives (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We reviewed PGDs for shingles and flu vaccinations. The healthcare assistant administered vaccines using patient Specific Directives (PSDs) that had been produced by the prescriber. We saw that nurses and healthcare assistants received up to date training in administering vaccines and received up to date guidance from vaccination manufacturers about the vaccines being administered. PGDs were not in place for travel vaccinations and these were authorised for each patient by GPs on an individual basis. Nurses told us that the practice had an on line subscription to a website that allowed them to check what vaccinations a patient would require for travel.

An immunisation clinic operated one day each week and was led by a designated nurse. We were told that other nurses were also trained to carry out childhood immunisations to increase the flexibility of appointments that were available to parents with young children. The first immunisations that were administered to children when they were eight weeks old were administered by GPs.

Cleanliness and infection control

The practice was cleaned by a contracted company on a daily basis when in use and cleaning schedules and cleaning audits were completed. The company received feedback from the practice on a weekly basis and there was a book that could be used for practice staff and cleaning staff to communicate with each other. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness and infection control. We observed that some areas were in need of attention for cleaning such as the blinds in the waiting room on the ground floor.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan

and implement measures to control infection. For example, staff used personal protective equipment such a gloves and aprons and couch roll was available to protect the couch surface during patient examination. Disposable curtains were changed every six months and we saw that the curtains in two treatment rooms were changed on 11 May 2015 and 1 June 2015 respectively. There was a procedure for the disposal of needles and staff knew the procedure to be followed in the event of a sharps injury.

The practice had a lead for infection control and staff had received training in infection control during induction and as update training. We saw evidence that the infection control lead had carried out audits and we reviewed audits that had been undertaken on 11 December 2013, 28 May 2014 and 9 January 2015. We saw that actions identified during the audits had been completed.

Notices about hand washing techniques were displayed in staff and patient toilets. Hand washing sinks in clinical rooms had hand soap, hand gel and hand towel dispensers. A hand washing audit was completed annually. We reviewed a hand washing audit that had been completed on 15 May 2015. We noted that there was no hand soap in one of the patient toilets and we were told that this was often removed by patients.

A contract was in place for the removal of clinical waste. We saw that disposable equipment was used for most procedures, including minor surgery and was in date for use. We noted that some silk sutures had passed their expiry date. We were told these were no longer used for suturing but as a thread for other purposes such as skin tag removal, this had not been risk assessed for safe and appropriate use. There was not an audit for ensuring disposal of expired materials.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in building). We saw that a legionella survey had been completed in February 2014 by a contractor and that some monthly and weekly checks had been completed on some, but not all outlets. However we noted that there was no record of weekly or monthly checks that had completed since February 2015.

Equipment

Staff that we spoke with told us that they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment and maintenance logs and other records that confirmed this. All portable electrical equipment was tested in May 2015. We saw evidence of the calibration of relevant equipment, such as weighing scales that had been completed in September 2014, to ensure it measured accurately. We looked at a sigmoidoscope (an instrument used by doctors to examine the rectum and the lower part of the colon) that had been tested and saw that parts of equipment were disposable and changed after each use.

We looked at fire safety equipment that had been checked in December 2014. An electrical safety inspection had been completed in 2012 which identified that some of the electrical wiring was unsatisfactory and there was evidence that improvements had been made to ensure that this was safe.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records that we looked at contained evidence that some appropriate recruitment checks had been undertaken prior to employment. For example, we looked at staff records for four staff members who had been employed since 2013 and we saw that checks included photographic identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications and checks to ensure that they were registered with the appropriate professional body. Checks through the Disclosure and Barring Service (DBS) had been undertaken for GPs. However DBS checks had not been undertaken for other healthcare professionals who had been employed since 2013.

There were arrangements in place for planning and monitoring the number of staff and the mix of staff needed to meet patients' needs. We saw a staff rota that indicated the GP sessions that were currently worked by each GP. We saw that there was a forecasted amendment that had been completed to take into account the future retirement of a GP partner. Staff told us that there were usually enough staff to maintain the smooth running of the practice and that there were enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

Requires improvement

Are services safe?

The practice had systems, processes and policies in place to monitor risks to patients, staff and visitors to the practice. There were documented risk assessments in place to manage identified risks and we reviewed an on-going risk assessment to manage a leaking roof.

The practice had a health and safety policy and health and safety information was displayed prominently for staff to refer to. We found an unlocked cupboard, which had maintenance tools in it. There was a sign on the cupboard door which indicated it should be kept locked when not in use. Another cupboard used for storing cleaning chemicals was not locked and was easily accessible to patients.

Arrangements to deal with emergencies and major incidents

The practice had systems in place to manage medical emergencies. Records showed that staff has received practical training in basic life support but had not received training in use of the practice emergency medicines. Emergency equipment was available including oxygen and a defibrillator (used in cardiac emergencies). Staff knew the location of emergency equipment and told us that if there was a medical emergency an alert would be sent to all computer screens to call for assistance. An instant message would also be sent to a nurse to obtain the emergency medications. We checked emergency resuscitation boxes for adults and children that were issued by the hospital pharmacy. Both boxes were within their expiry date but there was no contents list and staff told us that they did not know what the contents of the box included.

Emergency medicines were easily accessible to staff in a secure location. There was also an emergency bag available that doctors could use if an incident occurred. The bag was easily portable and we were told that GPs could take it with them if there was a medical emergency outside of the practice. The bag contained medications for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. All medications and equipment that we checked were within their expiry date and fit for use.

A business continuity plan was in place, which provided detailed information about how the practice would deal with a range of emergencies that may impact on the daily operation of the practice.

The practice had systems in place to manage the risk of fire. We saw that a fire risk assessment had been completed in June 2014 and fire evacuation tests had been completed in June 2014 and May 2015. The practice had nominated staff that had been trained as fire wardens.

Good

Are services effective?

(for example, treatment is effective)

Our findings

The GPs and nursing staff that we spoke with could clearly outline their rationale for their approach to treatment. Staff accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Staff that we spoke with showed a good understanding of NICE guidance. NICE guidelines were used for the provision of sigmoidoscopies (examinations of the rectum and colon) and GPs told us that they are not carried out in the practice on people over the age of 45 with active bleeding. We reviewed minutes of a GPs meeting that was held on 14 April 2015 and saw that NICE guidance had been discussed as an agenda item.

We received a list of GPs that highlighted their specialist areas. GPs lead in key clinical areas such as cancer, end of life care, adult and children's safeguarding, prescribing, diabetes, cardiac care, treatment and care of patients over the age of 75 and women's health. Nurses lead in specialist areas such family planning, cytology and asthma. A nurse that was the lead for cancer care had completed additional training with the McMillan cancer support organisation and a member of reception staff told us that they were the lead for carers and had received additional training to support this role.

Staff described how they carried out comprehensive assessments which covered health needs and was in line with national guidelines. They explained how care was planned to meet identified needs and patients were reviewed at required intervals to ensure their treatment remained effective. The practice had a designated GP lead for the management of diabetes and a monthly diabetes management clinic was held. We were told that this had been successful and that one patient was no longer dependent on receiving insulin injections. (Insulin is a hormone that is used in the management of diabetes).

Data from the Quality and Outcomes Framework (QOF is a voluntary incentive scheme for GP practices in the UK that financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures) for the period 2013 to 2014 indicated that the percentage of patients with diabetes that had received appropriate assessments within the last 12 months were higher than the national average.

For example, the percentage of patients with diabetes, on the register with a record of a foot examination and risk classification 1-4 within the preceding 12 months was 92.14% compared to the national average of 88.38%.

We saw that patients were referred to other services or hospital when required and spoke to a patient who told us that she had been referred to hospital and admitted soon after joining the practice as a new patient.

The practice used computerised tools to identify patients who were at high risk of admissions to hospital and patients who were discharged from hospital were followed up to ensure that their needs were continuing to be met. A patient told us that the practice contacted their spouse each time they were discharged from hospital.

Staff used a care plan template to manage care for patients who were vulnerable, including young adults, children and patients over the age of 75. Care plans were reviewed at multi-disciplinary team meetings every three months.

Discrimination was avoided when making care decisions. Interviews with GPs showed that the culture at the practice was that patients were cared for and treated based on need and the practice took account of patients' age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely monitored and this information was used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients and the information collected was used to inform the audit process, for example, a GP was the lead for medicines management and the information they collected had been used to support the practice to complete audits on the management and prescribing of some types of medicines.

The practice had undertaken 19 clinical audits in the last three years. We reviewed a sample of records of completed audits. For example, the practice had undertaken six monthly audits of prescribing of hypnotics (sedating medicines) since June 2012. As a result of the audit the practice had reduced the overall usage of hypnotics prescribed as a consequence of raising patient and clinician awareness.

Other examples, included audits of the number of referrals to secondary care in response to a review of referrals which

Good

Are services effective?

(for example, treatment is effective)

indicated that a GP was referring a high number of patients in comparison with their colleagues. Referrals to secondary care were peer reviewed to ensure that they were necessary and appropriate.

The practice also used information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice was not an outlier for any of the QOF clinical targets. It achieved 99.4% of the total QOF target in 2014, which was above the national average of 94.2%. Specific examples to demonstrate this included:

- Performance for diabetes related indicators was higher than the national average.
- Performance for mental health related indicators was higher than the national average in all areas.
- The dementia diagnosis rate was 0.87% compared to the national average of 0.54%

The practice used clinical audits, clinical supervision and staff meetings to assess the performance of clinical staff. We reviewed minutes of five partners meetings and saw that discussion about QOF and performance against targets were discussed at each meeting.

We saw that whilst prescribing rates were generally in line or slightly lower than national averages the prescribing rate for some antibiotics was slightly higher in 2014 at 7.86% compared with the national average of 5.57%. We were told that prescribing rates had been reviewed per GP to identify who had been prescribing a higher level and this had been discussed. GPs had also attended prescribing meetings in May 2014 and July 2015 as part of on-going training in this area.

The computer system was used flag to up medicines alerts and we were shown an example where an alert had been added to the system to ensure that GPs reviewed their reason for prescribing medicines.

The practice had a register of patients receiving end of life care and held multidisciplinary team meetings to discuss the care and support needs of patients and their families. The meetings were not minuted but care plans were updated to reflect the discussions that had taken place.

The practice had a register of patients aged over eighteen with learning disabilities and maintained lists of patients who were vulnerable. Team meetings were held to discuss the care provided to vulnerable patients and we saw minutes from four meetings that included GP partners. Cases discussed included patients with mental health needs, patients who had been flagged to social services and patients who had been admitted to hospital as unplanned admissions.

Effective staffing

Practice staff included GPs, nurses, managerial and administrative staff. Staff undertook annual appraisals and nursing staff were appraised by GP partners. The practice had systems in place to support staff who were not performing. Appraisals identified training needs that were documented as part of a training plan.

Staff had lead roles and had undertaken training in specific areas and we were told that nurses were encouraged to undertake training at the local university. A nurse that provides support to patients with cancer had completed training with the McMillan cancer support service. A member of reception staff also undertakes a lead role for providing support to patients who were carers. The staff member told us that they were supported to attend training and meetings in order to fulfil this role more effectively. Nurses had undertaken flu vaccination update training in July, but this training was not recorded on the training management record.

We reviewed other staff training records and saw that there was a system in place to ensure that staff training was identified as requiring updating; however we noted that training records indicated that staff had not received some training that had been identified as required. For example, Information Governance training was required in November 2014 and this had not been done. One staff member started working at the practice in March 2015 but had not been added to the training management record.

All GPs were up to date with their yearly continuing professional development requirements and all had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those patients with complex

Good

Are services effective?

(for example, treatment is effective)

needs. The practice received blood test results, other diagnostic test results, letters from the local hospital, including discharge summaries and information from out of hours services, including the 111 service. Information was either received electronically or by post. Information received by post was scanned and passed to the GP as an electronic task for action.

The practice had clear systems in place to ensure the passing on, reading and acting on information received. Out of hours reports, 111 reports and pathology reports were read and actioned on the day they were received, Discharge summaries and letters from patients were usually seen and actioned on the day of receipt. The GP who saw the documents and results was responsible for ensuring that tasks were completed. If additional tasks, such as making further patients appointments were required, an electronic task could be sent to reception staff to complete.

Hospital referrals were made using the choose and book system. Where the referral was part of the two week wait emergency referral system the referral was faxed to hospital and a confirmation receipt was obtained. There had been one incident where a patient had not received an appointment and this had resulted in a delay to their treatment. After this incident all referrals were tracked using a paper record as back up for the electronic system. This identified when all letters were sent and all appointments were received.

All patients who were admitted to hospital as an unplanned admission or acute hospital admission had their care reviewed to see if the admission was necessary and appropriate. Patients who were discharged from hospital were followed up by the practice to ensure their needs were still being met. We spoke to a patient who confirmed that this happened.

The practice held team meetings on a monthly basis to discuss the care of patients with complex needs, for example patients with long-term conditions, mental health problems of those patients who were on the children at risk register. We were told that multi-disciplinary team meetings were held every three months but that these were not consistently minuted. We saw minutes of a meeting held on 11 May 2015, where the school nurse had attended to discuss the services that they provide and discuss specific cases regarding children who were vulnerable.

Information sharing

The practice had signed up to the summary care record and was in the process of providing summary care records for patients who were in agreement. (Summary care records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours). There was sign in the waiting area, indicating to patients that the summary care record was available.

The practice had systems in place to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients care. Staff were trained on the system and training was provided as part of a documented induction process. All information received by post was scanned and saved onto the system for future reference. A GP had constructed a template that could be used to audit medical records. The template had been used to assess the completeness of these records and the practice had identified actions to address any shortcomings that the audit had highlighted.

Consent to care and treatment

The practice had a consent policy in place which was reviewed in 2013. We found that the policy did not contain any references to the Mental Capacity Act 2005. Formal training had not been provided on the Mental Capacity Act 2005. However, staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All clinical staff that we spoke to understood key parts of the legislation and gave examples to indicate how they had implemented the legislation. Examples given included assessing a patient's ability to consent for decisions such as do not resuscitate directives. When needed staff would use a best interest process when patients did not have capacity to provide consent to their treatment.

Patients who were vulnerable had care plans in place and care plans documented how the patient was supported to make decision about their care. Staff that we spoke with had a clear understanding of the Gillick competency test (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and understand the implications of those decisions).

There was a practice policy and templates for documenting consent for specific interventions, for example, for minor

Good

Are services effective?

(for example, treatment is effective)

surgical procedures, a patients consent was documented in the electronic patient notes with a record of discussions regarding risks, benefits and possible complications of the procedure.

Health promotion and prevention

The practice offered health checks to new patients who were registering with the practice. GPs used their contact with patients to help maintain their mental health, physical health and wellbeing. For example,

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of alcohol consumption in the last 2 months was 95.24% compared to the national average of 88.65%
- The percentage of patients with physical and/ or mental health conditions whose notes record smoking status in the preceding 12 months was 97.43% compared to the national average of 95.29%.

The practice had information available to sign post patients to support services and information and support available to patients who were carers was available on a specific board. There was information about an exercise referral service for patients whose health was at risk because of clinical obesity and posters provided details of a parent support service for teenagers affected by drug and alcohol misuse.

The practice performance for the cervical screening programme was 89.51% which was above the national average of 81.89%. There was a procedure for sending letters to recall patients for cervical screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Performance for flu vaccinations in 2014 was slightly lower than the national average, for example:

- The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 70.27% compared to the national average of 73.24%.
- The percentage of patients aged over 6 months to under 65 years in the defined influenza clinical risk groups that received the seasonal influenza vaccination was 46.83% compared to the national average of 52.29%

Performance for childhood immunisation was in line with national averages, For example:

- Childhood immunisations rates for the vaccinations given to under twos ranged from 93.7% to 100% and five year olds from 86% to 98%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient's satisfaction. This included information from the NHS England GP Patients Survey published on 8 January 2015. Information was also reviewed from a survey carried out by the practice's patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). The survey was completed between 3 February 2014 and 20 February 2014.

Evidence from the NHS England GP patients survey, indicated that results were in line CCG averages and national averages in most areas for its satisfaction scores for GPs. For example:

- 88.2% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 98.75% and national average of 87.2%.
- 85% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 88.1% and the national average of 85.3%.
- 95.6% of patients said had confidence and trust in the last GP that they saw or spoke to compared to the CCG average of 93.9% and the national average of 92.2%.

However results from this survey indicated that results were lower than CCG averages and national averages in most areas for its satisfaction scores for nurses. For example:

- 73.3% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 80.3% and the national average of 79.1%
- 65.9% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 81.3% and the national average of 80.2%
- 77.7% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 86.5% and the national average of 85.5%.

The data we reviewed related to a period of time in 2014 and we were told that some new staff had been employed at the practice and they were now fully trained.

The results of the PPG survey indicated that 94.7% of respondents rated clinical staff as excellent or good. An average of 91% of patients rated clinical staff as either good or excellent in being polite, efficient and helpful.

Patients completed CQC comments cards to tell us what they thought about the practice. We received six comments cards. All of the comments were positive and patients told us that the practice offered an excellent service and that staff were helpful and friendly. One patient indicated that they sometimes had to wait for a routine appointment. The first available routine appointment for all GPs was with two weeks.

We spoke with 13 patients on the day of our inspection and all of the patients that we spoke with were pleased with the care that they received. Patients told us that they were triaged and that if they required an appointment urgently then they would be seen. They said that staff listen to them, involved them in their care and are supportive of their needs.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment 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.

The main reception desk was shielded by a glass partition that helped keep patient information private. There was another reception desk and we found that staff could be heard when talking loudly to patients and these conversations included some confidential information, such as personal details and details about medical conditions.

The practice had indicated in its practice information leaflet that abusive behaviour would not be tolerated, but this information was not publically displayed in the practice. Minutes of GP partners meetings showed that GPs had discussed possible actions if an incident of this nature occurred. Staff were able to describe how they would manage a challenging situation.

Care planning and involvement in decisions about care and treatment

Good

Are services caring?

The patient survey information we reviewed showed that the practice was rated slightly lower than the CCG and national averages for involvement in planning and making decision about their care and treatment. For example:

- 81.5% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 84.1% and the national average of 82%.
- 70.1% said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 77.4% and the national average of 74.6%.
- 66.2% said the last nurse they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 77.6% and the national average of 76.7%
- 61.4% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 66.15% and the national average of 66.2%

Patients told us that staff involved them in decisions about their care and that staff have enough time to talk though their options for treatment and their choices.

Translations services were available for patients who did not speak English as a first language. We spoke to a patient who did not speak English as a first language and they had brought a friend with them to act as an interpreter.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were rated the in line with CCG and national averages for the emotional support provided by GPs and slightly lower than the CCG and national averages for the emotional support provided by nurses. For, example:

- 83.9% said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 85.9% and the national average of 82.7%
- 71.2% said that the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 79.2% and the national average of 78%.

Patients said that staff were very compassionate to their needs and provided support when required. For example, a patient told us that when they attended with a sick child, the GP encouraged them to discuss their own wellbeing and addressed their health concerns even though they did not have an appointment. Another patient said that staff made sure that a taxi was arranged to take them home after their appointment.

There were posters and literature for patients in the waiting rooms to identify how they could access a number of support groups and organisations. The practice had a designated member of staff as the main contact for patients who were carers and they had received training in this role. The staff member said they would signpost patients to support available and provided opportunities for these patients to talk about their role as a carer.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice responded to patients' needs and had systems in place to maintain the level of service provided to patients. For example, the practice had achieved 99.4% of the total Quality and Outcomes Framework (QOF) points available in the last 12 months. The practice had also implemented plans to maintain levels of service following the impending retirement of a GP later this year.

The practice had a virtual patient participation group (PPG) which had 291 members. The PPG had been asked by the practice in 2014 to carry out a patient survey. The practice had used this survey to collect feedback from patients and an action plan was developed to address the issues identified for improvement. An example given related to patient feedback on appointment availability. Patients indicated that their preferred appointment times included Saturday and Sunday mornings. This had enabled the practice to bid for extra funding from NHS England to provide extended hours appointments at times which suited patients.

The practice had a children's phlebotomy service that meant that blood samples for children could be completed at the practice. Blood samples were sent to the hospital for testing twice daily and we were told that if the last samples had already been despatched then a member of staff takes samples to the hospital on their way home. An electrocardiogram machine (a machine that is routinely used to assess the electrical and muscular functions of the heart) was available and the practice were able to carry out diagnostic examinations which meant patients did not have to travel to the local hospital for this test to be carried out.

Tackling inequity and promoting equality

The practice had recognised the needs of different group when planning its service, for example, QOF data from 2014 indicated that 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed documented care plan in place and the practice provided counselling for patients who require mental health support. There was a private psychotherapist on site that patients who required mental health support could access for counselling.

The majority of the practice population were English speaking but posters in the waiting room indicated that a language line translation service was available and that support services could be obtained to assist patients with learning disabilities and patients who were deaf. We were told that some patients will bring their own translators to the practice and during our visit we spoke to a patient who had brought a friend to their appointment to provide translation support. The practice website contained links that allowed information from an NHS fact sheet to be translated into 21 languages.

A GP was a board member with a drug and alcohol service and the practice address was used when making hospital referrals for patients who were homeless.

The premises had been designed to meet the designated needs of people with disabilities. Doors were power assisted and there was lift access to the first floor. Consulting rooms were accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence. There was no hearing loop available and the practice had identified this as an area for improvement. Staff told us that they were aware of the needs of individual patients and that they may need to speak clearly and directly to aid patients who were lip readers.

There were male and female GPs at the practice, therefore patients could choose to see a male or female GP.

The practice provided equality and diversity training to staff by e-learning. We reviewed training records that indicated that all staff had received training in equality and diversity, which was due for renewal in 2016.

Access to the service

The practice was open from 8.30am to 6pm Monday to Friday and appointments were available during these times. There was no information available to patients to indicate how they would access care from 8am until 8.30am and from 6pm to 6.30pm in line with the contractual requirements of National Health Service England. Routine appointments could be booked up to six weeks in advance. Appointments were available each day for urgent cases to be seen and patients could also book five minute telephone consultation in order to receive urgent on the day medical advice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Comprehensive information was available to patients about appointments on the practice website and in the practice information leaflet; which included how to book a home visit, but the leaflet did not contain information about on online service available for patients such as repeat prescription requests and online appointment bookings.

Information was available to ensure that patients received urgent medical assistance when the practice was closed. There were posters and information leaflets that signposted patients to use the 111 service, however there was an alternative leaflet available to patients called Choose Well will did not mention using the 111 service to provide out of hours care. This information was confusing and contradictory.

Longer appointments were available to all patients and patients over the age of 75 were allocated to a named GP. We spoke to a patient who had booked a longer appointment as they wanted to discuss more than one condition. Home visits were available to patients and were scheduled on the day that they were requested.

The patients survey information that we reviewed were in line with CCG and national averages and were the results indicated that patients were less satisfied the practice had taken action to address this, for example

- 71% of patients were satisfied with the practice opening hours compared with the CCG average of 77.8% and the national average of 75.7%.
- 72.5% described their experience of making an appointment as good compared to the CCG average of 81.9% and the national average of 73.8%
- 73.6% of patients said they usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67.8% and the national average of 65.2%.
- 82.9% found it easy to get through to the surgery by telephone compared to the CCG average of 81.7% and the national average of 71.8%.

In response to this information the practice had requested to extend the practice opening hours and had put staff development sessions and appraisals in place.

Patients that we spoke said that the appointment system was easy to use and patients confirmed that they would be seen on the same day if they felt that the need was urgent. Patients indicated that they sometimes had to wait if they wanted a routine appointment. The first available routine appointment was available for booking within two weeks.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns and a complaints policy was in place was 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. There was a log of complaints with space to record action and learning points.

We saw that information was available to help patients understand about managing complaints in the reception area, waiting room and in the patient information leaflet. Patients that we spoke with had not needed to make a complaint but told us that they would either ask at reception or review information on the practice website if they needed to make a complaint.

There was no evidence that the practice reviewed complaints to detect themes or trends. We saw that minutes of partnership meetings that indicated that complaints had been discussed. We looked at records for three complaints that had been received and saw that these had been satisfactorily handled in a timely manner, escalated where required and included lessons learned and reflections on clinical practice.

Are services well-led?

Good

(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 clear vision and strategy to continue to deliver high quality care to patients. A business plan was in place and we saw that this was in line with the practice strategy. This included future plans and consideration of local priorities to deliver care using an integrated care approach with centralised services.

We spoke to staff who said that they were involved in developing the practice vision and values and told that these were often discussed informally as practice staff used a single staff room for breaks and meals.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available within a 'staff matters' folder on any computer desktop within the practice. We reviewed policies and procedures around key areas such as infection control, safeguarding, health and safety, complaints management and consent to treatment. The practice had a recruitment policy which had been reviewed in February 2015. We noticed that some policies and procedures such as legionella management had not been fully implemented

The practice manager was responsible for human resources policies and procedures and we saw that these were current and available to practice staff on the computer desktop. We were shown that an electronic staff handbook was available to all staff on the practice computer system

There was a clear leadership structure with named members of staff in lead roles. For example, there were named GP leads in key areas such as safeguarding and diabetes. Nurses also had lead roles for which they had undertaken specific training. We spoke with nurses, reception and administration staff and they were all clear about their roles and responsibilities. Staff members told us that they felt well supported by GPs and management and they knew who to go to within the practice if they had concerns.

The GP and management staff took an active role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. This included using the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed that it was performing above the national standards. We reviewed minutes of a partners meeting that had taken place on 1 July 2014 and saw that partners had agreed to add QOF data as a standing agenda item for discussion at future meetings, records we viewed confirmed this.

We saw 19 clinical audits that had been used to monitor quality and identify where action should be taken. Information regarding significant events analysis was recorded but we found the practice had not consistently documented reviews of significant events to ensure actions were taken when needed and any trends were not identified. The practice had identified, recorded and managed risk. It had carried out risk assessments where risks had been identified, for example, there was an on-going risk assessment to monitor the leaking roof. We noticed that some walls within the practice had been damaged by chairs.

The practice held doctors meetings and meetings to discuss significant events. Staff told us that they attended practice meetings; however these meetings were not documented.

Leadership, openness and transparency

The partners in the practice were visible and staff told us that they were approachable and they took time to listen to all members of staff. Staff felt involved in the running of the practice and communicated informally with other staff members when using the staff room. There was an open culture within the practice and staff said they had the opportunity to raise issues and were confident in doing so. Team meetings were held with all staff but they were not documented.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient's participation group and had responded to this feedback. For example, it had introduced a text messaging service and had applied to extend its opening hours. We spoke with patients who told us that they were happy with the service they received.

Are services well-led?

Good

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

A staff survey had not been completed but staff told us that they were able to give feedback and were able raise any concerns or issues with colleagues and management. Staff told us that practice staff had organised social events and that they felt engaged and involved in the practice.

Management lead through learning and improvement

Staff told us that they were supported to maintain their clinical professional development through training but the staff training record had not been updated to include new members of staff and we noted that staff had not received some training updates such training on information governance. We saw that some protected time was available for staff training and meetings. The last staff meeting was on 28 May 2015 for one hour. We saw that staff had received training in basic life support and chaperoning in June 2015.

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 **The provider did have suitable systems in place to assess, detect and control the spread of infections, including health care associated infections.** **The provider had completed a legionella risk assessment but had failed to consistently complete the weekly and monthly checks that were required in accordance with the risk assessment.** **This was a breach of Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The provider did not ensure that service users were protected from abuse and improper treatment in accordance with this regulation.** **All staff, including those that had been recruited since 2013, had not received a DBS check.** **This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment**