Pedmore Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pedmore Medical Practice on 30 November 2016. This inspection was carried out further to our previous comprehensive inspection at Pedmore Medical Practice which took place on 22 October 2015.

As a result of our previous comprehensive inspection, breaches of legal requirements were found and the practice was rated as requires improvement overall with an Inadequate rating for providing safe services. This was because we identified some areas where the provider must make improvements and an area where the provider should improve. The practice completed an action plan to outline what they would do to meet legal requirements in relation Regulation 12: safe care and treatment HSCA (RA) Regulations 2014. This inspection was conducted to see if improvements had been made in line with the practices action plan.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pedmore Medical Practice on our website at www.cqc.org.uk.

Overall the practice is rated as requires improvement. Our key findings across all the areas we inspected were as follows:

- There were effective systems in place for reporting incidents, as well as comments and complaints received from patients.
- During our inspection we saw that staff were friendly and helpful and treated patients with kindness and respect. Patients we spoke with during our inspection told us they were satisfied with the care and treatment they received.
- We identified that in some areas patients were not up to date with medication reviews. This was mostly across areas such as dementia, mental health and

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learning disability care. Staff assured us that they were working on a recall system in order to ensure patients were up to date with reviews and were also developing care plans where needed.

- The practice was based in a three story building with purpose built consulting and treatment rooms on the ground and first floor of the building. We noticed a ramp was in place to allow for wheelchair and pushchair users to enter and exit the practice however there was no lift in place to support people with mobility difficulties. The practice advised that staff would move between consulting rooms to suit patient needs and that reception staff were advised to book appointments in to suit patient preferences.
- Since our previous inspection in October 2015 the practice had completed a equality assessment which was supported by a practice protocol. Records indicated that the practice had looked in to installing a stair lift previously however this was unable to take place due to major building changes that would have been required for the work.
- During our most recent inspection we noted improvement with regards to risk management. However, we noted some areas where governance arrangements were not as effective. This included gaps in record keeping of fridge temperatures, cleaning of medical equipment and gaps in systems for monitoring emergency medicines and prescription stationery. We also noted that although risk management had improved, the practice had not formally assessed risks associated with portable heaters which were situated in patient and staff areas.
- We saw that policies and documented protocols were well organised and available as hard copies and also on the practices intranet. Although the practice had a protocol for repeat prescribing, we received inconsistent information from staff when discussing the process for prescribing and monitoring certain high risk medicines.
- Members of the management team explained that the practice no longer had a patient participation group (PPG). Staff we spoke with advised that they would like to get a PPG back up and running however we did not receive evidence or formal plans in place to support this.
- We noted that all staff spoke positively about working at the practice and that they came across as part of a close, committed and very dedicated team. Staff we spoke with demonstrated a commitment to providing a high quality service to patients.

The areas where the provider must make improvements are:

- Continue to work through recall systems and ensure that care plans are continually completed in line with patients needs. Ensure that medication reviews are always part of patient's care and treatment assessments as required.
- Improve governance arrangements and ensure adequate record keeping is in place to reflect systems for monitoring the cold chain, cleaning of medical equipment, checking of emergency medicines and assessing risks associated with safety of equipment; such as portable heaters.

The areas where the provider should make improvements are:

- Continue to identify carers in order to provide further support where needed.
- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Implement and engage with a patient participation group (PPG) to ensure consistent feedback from patients.
- Ensure a process is in place for the tracking of prescription stationery.
- Ensure that protocols are effectively embedded to support safe and effective systems for prescribing high risk medicines.

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 remains as requires improvement for providing safe services.

- There were effective systems in place for reporting incidents, as well as comments and complaints received from patients. Staff shared learning by reflecting on significant events and complaints during monthly practice meetings and minutes of meetings were circulated to staff in the practice who could not attend.
- During our previous inspection we found that there were no formal risk assessments in place to manage risks associated infection control, health, safety and fire. As part of our most recent inspection we saw formal risk assessments in place to support the management of fire risk and risks associated with infection control.
- During our previous inspection we found that the practice had not formally assessed risk in the absence of disclosure and barring checks (DBS checks) for members of the reception team that chaperoned. We saw that DBS checks were in place for all members of staff during our most recent inspection, this included DBS checks for staff who chaperoned.
- During our previous inspection we found that the practice had not completed any infection control audits to identify and act on any areas for improvement. During our most recent inspection we saw records of a comprehensive infection control audit with actions to improve in place.
- However, we identified some areas where governance arrangements effective enough to support safe services. For instance there were gaps in systems for monitoring the cold chain, emergency medicines and prescription stationery.
- The practice had a protocol for repeat prescribing, however during our inspection we received mixed feedback from staff when discussing the process for prescribing and monitoring certain high risk medicines.

Are services effective?

Requires improvement

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

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- Multi-disciplinary team (MDT) meetings took place on a monthly basis with regular representation from other health and social care services.
- We identified that in some areas patients were not up to date with medication reviews. Staff assured us that they were working on a recall system in order to ensure patients were up to date with reviews and wer developing care plans where needed. Minutes of a recent practice meeting supported these plans.
- Members of the management team explained that they had identified some coding problems in the practice and furthermore advised that they were aware of the areas where performance was below average; this was mostly across areas such as dementia, mental health and learning disability care. Staff we spoke with explained that they had started working through the registers to recall patients in for relevant reviews and care planning.
- We saw records of completed prescribing audits that demonstrated improvements.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

Good

The practice is rated as good for providing caring services.

- During our inspection we saw that staff were friendly and helpful and treated patients with kindness and respect.
- Patients we spoke with during our inspection told us they were satisfied with the care provided by the practice. Completed comment cards and patients said their dignity and privacy was respected and staff were described as friendly, caring and helpful.
- The practice's computer system alerted GPs if a patient was also a carer and 1% of the practices list had been identified as carers. The practice had implemented some measures to try to identify and support more carers and to offer them support; this included a carer's board to encourage carers to seek support from the practice and a carers pack containing helpful information.
- The practice supported patients by referring them to a number of support groups, onsite counselling services and further support organisations. The practice also worked with the local

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Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice shared examples where patients had been referred to the scheme and experienced positive outcomes as a result.

- The practice received positive responses from the national GP patient's survey (published in July 2016) across many aspects of care and treatment.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice was based in a three story building with purpose built consulting and treatment rooms on the ground and first floor of the building. We noticed a ramp was in place to allow for wheelchair and pushchair users to enter and exit the practice however there was no lift in place to support people with mobility difficulties. The practice advised that staff would move between consulting rooms to suit patient needs and that reception staff were advised to book appointments in to suit patient preferences.
- Since our previous inspection in October 2015 the practice had completed a equality assessment which was supported by a practice protocol. Records indicated that the practice had looked in to installing a stair lift previously however this was unable to take place due to major building changes that would have been required for the work.
- The practice operated a walk in and wait service four days a week. This guaranteed that patients could see a GP the same day if attending the surgery before 10.30am. The practice offered extended hours on a Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Patients whose circumstances may make them vulnerable were flagged on the practices computer system. This included flags in place to notify staff of patients with visual and/or hearing impairments and flags in place to ensure staff booked patients with mobility difficulties in for appointments on the ground floor.

Are services well-led?

Requires improvement

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

- During our most recent inspection we noted improvement with regards to risk management. However, we noted some areas

where governance arrangements were not as effective. This included gaps in record keeping of fridge temperatures, cleaning of medical equipment and gaps in systems for monitoring emergency medicines and prescription stationery. We also noted that although risk management had improved, the practice had not formally assessed risks associated with portable heaters which were situated in patient and staff areas.

- We saw that policies and documented protocols were well organised and available as hard copies and also on the practices intranet. Although the practice had a protocol for repeat prescribing, we received mixed feedback from staff when discussing the process for prescribing and monitoring certain high risk medicines.
- Due to different shift patterns not all staff were able to attend monthly practice meetings therefore the practice put plans in place to hold a new practice meeting from the new year, starting in 2017. Members of the management team explained that the meeting would take place approximately every six weeks with the aim of having all staff attend where possible.
- Members of the management team explained that the practice no longer had a patient participation group (PPG). Staff we spoke with advised that they would like to get a PPG back up and running however we did not receive evidence or formal plans in place to support 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

Requires improvement

The practice is rated as requires improvement for the care of older people.

- The practice is rated as requires improvement for providing safe, effective services and well led services; this affects all six population groups.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All these patients had a named GP and were offered a structured annual review to check that their health and medicines needs were being met.
- The practice had some systems in place to identify and assess patients who were at high risk of admission to hospital.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Elderly patients and patients with mobility difficulties were booked in for appointments on the ground floor to avoid having to use the stairs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

- The practice is rated as requires improvement for providing safe, effective services and well led services; this affects all six population groups.
- The practice offered a range of clinical services which included care for long term conditions. We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. We saw that discussions took place to assess and plan ongoing care and treatment for the practices patients with long term conditions.
- Up until October 2015, the practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good

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practice. Partial QOF performance (between March 2015 and October 2015) for overall diabetes related indicators was 71%, compared to the CCG average of 86% and national average of 89%.

- Staff we spoke with explained that they had started working through the registers to recall patients in, progress had been made across some long term condition registers and diabetic patients, patients with asthma and patients with COPD had all been called in and were up to date with reviews.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people.

- The practice is rated as requires improvement for providing safe, effective services and well led services; this affects all six population groups.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 84% to 100% compared to the CCG averages which ranged from 74% to 98%.
- The practice's uptake for the cervical screening programme was 100% with 0% exception reporting, compared to the CCG average of 77% and national averages of 81%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

- The practice is rated as requires improvement for providing safe, effective services and well led services; this affects all six population groups.
- The practice offered extended hours on a Wednesday evening until 7.30pm for working age patients who could not attend during normal opening hours.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group. Staff we spoke with explained that they encouraged

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patients to attend national cancer screening programmes through general education during consultations and by providing them with resources such as screening information, links to websites and leaflets.
- Practice data highlighted that they identified and offered smoking cessation advice and support to 65% of their patients and 1% had successfully stopped smoking.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice is rated as requires improvement for providing safe, effective services and well led services; this affects all six population groups.
- We saw that vulnerable patients were discussed and reviewed regularly as part of the practices multidisciplinary team meetings. Data provided by the practice highlighted that some of these patients were not always up to date with their medication reviews; however we saw that there were plans in place to improve this.
- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Patients whose circumstances may make them vulnerable were flagged on the practices computer system. This included flags in place to notify staff of patients with visual and/or hearing impairments and flags in place to ensure staff booked patients with mobility difficulties in for appointments on the ground floor.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- The practice is rated as requires improvement for providing safe, effective services and well led services; this affects all six population groups.
- The practice regularly worked with other health and social care organisations in the case management of people experiencing

poor mental health, including those with dementia. The practice supported patients by referring them to a number of support groups, and onsite counselling services and further support organisations.

- Up until October 2015, the practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice.
- Partial QOF performance (between March 2015 and October 2015) for mental health related indicators was 46%, compared to the CCG average of 74% and national average of 92%. There were 54 patients on the practices mental health register. Practice data highlighted that 83% of these patients received medication reviews where eligible within a 12 month period.
- Partial QOF data showed that appropriate diagnosis rates for patients identified with dementia were 22%, compared to the CCG average of 81% and national average of 96%. There were 35 patients on the practices register for dementia. Practice data highlighted that 48% of these patients had care plans in place and 97% received medication reviews where eligible within a 12 month period.

Summary of findings

What people who use the service say

The practice received 111 responses from the national GP patient survey published in July 2016, 254 surveys were sent out; this was a response rate of 44%. The results showed the practice received mostly positive responses across areas of the survey. For example:

- 96% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 88% described the overall experience of the practice as good compared to the CCG and national average of 85%.
- 86% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Service users completed 33 CQC comment cards. We spoke with five patients on the day of our inspection. Patients we spoke with and completed comment cards gave positive feedback with regards to the care and treatment patients received. Completed comment cards highlighted that patients were happy with the service as they could always see a GP due to the walk in and wait option. However other patients we spoke with during our inspection expressed that they would like to have more of a balance between walk in and wait and bookable appointments.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Continue to work through recall systems and ensure that care plans are continually completed in line with patients needs. Ensure that medication reviews are always part of patient's care and treatment assessments as required.
- Improve governance arrangements and ensure adequate record keeping is in place to reflect systems for monitoring the cold chain, cleaning of medical equipment, checking of emergency medicines and assessing risks associated with safety of equipment; such as portable heaters.

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Continue to identify carers in order to provide further support where needed.
- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Implement and engage with a patient participation group (PPG) to ensure consistent feedback from patients.
- Ensure a process is in place for the tracking of prescription stationery.
- Ensure that protocols are effectively embedded to support safe and effective systems for prescribing high risk medicines.

Pedmore Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.**The team included a GP specialist adviser and a second CQC inspector.

Background to Pedmore Medical Practice

Pedmore Medical Practice is a long established practice located in the Stourbridge area of Dudley. There are approximately 3,885 patients of various ages registered at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes three GP partners; one male and two female, two practice nurses and a healthcare assistant. The GP partners and the practice manager form the practice management team and they are supported by a small team of three receptionists who all cover reception and administration duties.

The practice is open between 8am and 6:30pm during weekdays except for Wednesdays when the practice offers extended hours until 7:30pm. The practice operates a walk-in appointment system where patients are able to ring on the day and walk in and wait for appointments with a GP. Attendance for walk in appointments run from 8am until 10:30am and consultations can run through to 1:30pm on these days. Pre-bookable appointments are available from 2:20pm to 6pm during weekdays and on Wednesdays pre-bookable only appointments are offered, these run from 8:30am until 7:30pm. Pre-bookable appointments can also be booked up to six weeks in advance. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

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

We carried out an announced comprehensive inspection at Pedmore Medical Practice on 30 November 2016. This inspection was carried out further to our previous comprehensive inspection at Pedmore Medical Practice which took place on 22 October 2015. As a result of our previous comprehensive inspection, breaches of legal requirements were found and the practice was rated as requires improvement overall with an Inadequate rating for providing safe services. This was because we identified some areas where the provider must make improvements and an area where the provider should improve. The practice completed an action plan to outline what they would do to meet legal requirements in relation Regulation 12: safe care and treatment HSCA (RA) Regulations 2014. This inspection was conducted to see if improvements had been made in line with the practices action plan.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 30 November 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Up until October 2015, the practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. 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.

The practice participated in the QOF opt out scheme from 1 October 2015 to 31 March 2016 and began piloting the local Dudley Quality Outcomes For Health Framework from April 2016. This is a local framework which replaced QOF for Dudley practices that opted in to pilot the local quality framework.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

- There were systems in place to monitor safety and the practice used a range of information to identify risks and improve patient safety.
- There were effective processes for reporting incidents, patient safety alerts, comments and complaints received from patients.
- Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.

Staff talked us through the process they followed when recording and reporting significant events. The practice had records of five significant events that had occurred since October 2015. Significant event records were well organised, clearly documented and continually monitored. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded due to a delayed appointment with the health care assistant. As a learning point, staff were reminded on the importance of following specific steps on the system to ensure tasks were always followed up. We saw that the event was handled with openness and transparency, with an apology and an appointment offered to the patient as a priority.

Staff shared learning by reflecting on significant events and complaints during a joint monthly practice and multidisciplinary (MDT) meeting. Due to different shift patterns not all staff were able to attend the monthly meetings, such as members of the non-clinical team. However, minutes of meetings were circulated to all staff in the practice and staff we spoke with confirmed this.

Safety alerts were disseminated by the practice manager; we saw that records were kept to monitor this process and to support actions taken. We discussed examples of specific alerts that were appropriately disseminated and acted on in the practice. For example, we saw records to confirm that the practice had checked their emergency medicines in relation to a specific medicine recall from the Medicines and Healthcare products Regulatory Agency.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. The GP attended regular safeguarding meetings and provided reports where necessary for other agencies. All practice staff had received child and adult safeguarding training relevant to their role (level three). The practice engaged with the local health visitor on a regular basis to discuss specific care needs for families and children.
- Notices were displayed to advise patients that a chaperone service was available if required. The practices nurses and health care assistant would act as chaperones, as well as members of the reception team when needed. During our previous inspection we found that the practice had not formally assessed risk in the absence of disclosure and barring checks (DBS checks) for members of the reception team that chaperoned. (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). We saw that disclosure and barring (DBS) checks were in place for all members of staff during our most recent inspection, this included DBS checks for staff who chaperoned. Staff had also received chaperone training.
- We viewed three staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body. The practice used locum GPs from an agency twice a week and to provide cover when required. We saw records to support that the appropriate recruitment checks were completed for the locum GPs.
- One of the practice nurses was the infection control lead, staff had received up to date infection control training and the training was also incorporated into the induction programme for new staff members. During our previous inspection we found that the practice had not completed any infection control audits to identify and act on any areas for improvement. During our most recent inspection we saw records of a comprehensive infection control audit completed in July 2016. Audit records highlighted that the practice had completed actions identified by the infection control audit; this

included introducing a more vigorous cleaning programme for clinical rooms. We saw that this was also supported by cleaning spot checks undertaken by the practice manager and records were in place to support this.

- We observed the premises to be visibly clean and tidy. We saw completed cleaning records and cleaning specifications within the practice. Although cleaning of clinical rooms was recorded we noted that records did not reflect the cleaning of specific medical equipment. Staff we spoke with confirmed that equipment was cleaned frequently. Shortly after our inspection the provider highlighted that cleaning of specific medical equipment was outlined in the infection control policy and we saw evidence that this was incorporated in to the policy. However, during our inspection we noted that records were not kept to reflect the cleaning of specific medical equipment when cleaned, in line with best practice guidelines. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- We saw calibration records to ensure that clinical equipment was checked and working properly. We saw that the vaccination fridges were secure and that vaccinations were appropriately stored within the recommended temperature range. Records were kept to record and monitor temperatures in line with national guidance however we noted some gaps in monitoring fridge temperatures. For instance, five separate occasions where fridge temperatures were not recorded for two of the fridges, we noted that this was mostly when the practice nurse did not work. We noticed that for another of the practices vaccination fridges there was a gap in temperature records, this was over a period of three working days in November 2016. On discussing this with staff we were assured that the process of monitoring temperatures would be reiterated with relevant staff to ensure that temperatures were monitored and records were maintained during each working day. We noted that the temperatures recorded were within the recommended range.
- The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and although there was a system in place which tracked and monitored the use of some prescription pads such as those used by the locum GPs, we noted that the system did not incorporate the prescription pads used for home visits and for prescription stationery in printers. We discussed this with a member of the management team during our inspection who assured us that they would adapt their current system to include all prescription stationery.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. However, we found variations in the practices process for monitoring patients on high risk medication.During our inspection, we found that the practice was unable to provide assurance that the relevant monitoring such as blood test results had been taken into consideration prior to prescribing high risk medicines; this was for two cases we reviewed during our inspection. When we discussed this with clinical staff we received mixed feedback. For instance, one GP advised that the practice was informed by secondary care of any abnormal results and relied on secondary care to share this information. Whereas another GP explained that they always accessed test results prior to prescribing specific high risk medicines.
- Shortly after our inspection took place the provider clarified the process followed in practice to monitor patients on high risk medicines. In addition this, we received assurance to demonstrate that an effective monitoring process was taking place. For example, additional evidence submitted by the provider highlighted that 17 patients on a specific high risk medicine were up to date with relevant monitoring.
- We saw evidence that the practice nurses had received appropriate training to administer vaccines. We saw evidence to support that the practice nurses administered vaccines using patient group directions (PGDs). (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Monitoring risks to patients

Requires improvement

Are services safe?

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

The practice was based in a large three story building with consulting and treatment rooms on the ground and first floor. There was no lift in place to support people with mobility difficulties and there were a number of narrow doorways and long narrow corridors in the building. During our previous inspection we found that although staff were aware of potential challenges they faced with the premises, risk had not formally been assessed. Although we received assurance that staff managed risks associated with the premises there were gaps in evidence to support this. For instance, there were no formal risk assessments in place to manage risks associated infection control, health, safety and fire.

During our most recent inspection we noted improvement in this area. For example:

- There were appointed safety leads in place who managed areas such as health and fire safety. There was a health and safety policy and we saw comprehensive risk assessments covering fire risk and risks associated with infection control including the control of substances hazardous to health and legionella.
- The practice had embedded an annual risk assessment programme to ensure that in addition to assessing risk based on need, an annual assessment would be conducted. Many of the risk assessments we saw had been carried out shortly after our inspection in 2015 and at periods during 2016.
- Where identified, we saw that actions associated with risk assessments were completed and also regularly monitored. For instance, water temperatures were monitored and recorded in line with recommendations from the practices legionella risk assessments. Additionally, the practice manager had signed up to complete legionella disease training in November 2016 and we saw evidence to support this.
- We also saw records to show that regular fire alarm tests, planned and unannounced fire drills took place. Furthermore, staff had completed fire training and we saw certificates in place to support this.

However, during our inspection we noted that the practice used portable heaters in some areas; such as some office and consulting rooms. Although records were in place to confirm that the heaters were tested, the practice had not assessed risks associated with the portable heaters which were situated in both staff and patient areas.

Arrangements to deal with emergencies and major incidents

- There was a system in all the treatment rooms which alerted staff to any emergency in the practice.
- 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 and staff we spoke with were aware of how to access the plan.
- The practice kept most of there emergency medicines, a defibrillator and oxygen with adult and children's masks on the first floor of the premises. There was also an additional oxygen cylinder on the ground floor. Although staff we spoke with were aware of where the practices emergency medicines were located, we found that locations and record keeping for emergency medicines were disjointed in areas. For example, emergency medicines used to treat suspected bacterial meningitis was kept in a separate room away from the other emergency medicines.
- Records demonstrated that the emergency equipment was regularly checked and that most of the emergency medicines were checked to ensure they were in date. However, records for monitoring emergency medicines did not include the practices medicines to treat suspected bacterial meningitis and hypoglycaemia (low blood glucose levels). All emergency medicines we checked were in date. Staff we spoke with assured us that they would review their emergency medicine arrangements and ensure that records reflected all emergency medicines in the practice.
- There was a first aid kit and accident book available. Records showed that staff had received training in basic life support.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice usually carried out assessments and treatment using evidence based guidance, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission and those patients who were at high risk of hospital admission were also discussed during the practices multidisciplinary team (MDT) meetings.

However we found that in some areas patient's needs were not always assessed in line with relevant and current evidence based guidance and standards. For example, we identified that in some areas patients were not up to date with medication reviews. We discussed this with members of the management team during the inspection, staff assured us that they were working on a recall system in order to ensure patients were up to date with reviews and also care plans where needed.

Additionally, we saw minutes of a practice meeting held in November 2016 where plans to work through the recall system were discussed with staff, we saw that a programme of recalls was due to begin over the following three months; this included carers assessments and advanced care planning with use of the new local quality template.

Management, monitoring and improving outcomes for people

Up until October 2015, the practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. During our inspection we noted that the practice was actively using the Dudley clinical commissioning groups long term condition framework which replaced QOF for Dudley practices that opted in to pilot the local quality framework from October 2015 and from April 2016; this practice opted out of QOF in October 2015 and began piloting the local framework in April 2016.

Partial QOF results from 2015/16 were 74% of the total number of points available, with 5% exception reporting.

Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 87%, compared to the CCG average of 92% and national average of 97%.
- Partial performance for mental health related indicators was 46%, compared to the CCG average of 74% and national average of 92%.
- Partial QOF data showed that appropriate diagnosis rates for patients identified with dementia were 22%, compared to the CCG average of 81% and national average of 96%.

·Partial performance for overall diabetes related indicators was 71%, compared to the CCG average of 86% and national average of 89%.

Members of the management team explained that they had identified some coding problems in the practice and advised that they were aware of the areas where performance was below average; this was mostly across areas such as dementia, mental health and learning disability care. Staff we spoke with explained that they had started working through the registers to recall patients in, progress had been made across some long term condition registers and diabetic patients, patients with asthma and patients with COPD had all been called in and were up to date with reviews. The practice had plans to work through recall systems to ensure that all other patient groups were up to date with care plans and medication reviews. Practice data highlighted that:

- There were 54 patients on the practices mental health register. Practice data highlighted that 83% of these patients received medication reviews where eligible within a 12 month period.
- There were 35 patients on the practices register for dementia. Practice data highlighted that 48% of these patients had care plans in place and 97% received medication reviews where eligible within a 12 month period.

Requires improvement

Are services effective?

(for example, treatment is effective)

- There were 23 patients registered at the practice with a learning disability. Practice data highlighted that 48% of these patients had care plans in place and 65% received medication reviews where eligible within a 12 month period.
- The practice had identified 109 patients from vulnerable groups; this included homeless patients and patients with drug and alcohol dependencies; these were included in the practice register for vulnerable patients. Practice data highlighted that 22% of these patients received medication reviews where eligible within a 12 month period and 11% of these patients had a care plan in place.

The practice worked closely with a pharmacist from the Clinical Commissioning Group (CCG). The CCG pharmacist attended the practice each week and assisted the practice with medicine audits and monitored prescribing levels. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics. We saw records of completed prescribing audits where the practice reviewed prescribing of anticoagulants, prescribing for patients with asthma and prescribing of specific medication used for conditions such as anxiety and insomnia. Audits highlighted that medication reviews had improved for patients on specific medication and that prescribing guidelines were adhered to. However we were aware that the practice did utilise an effective audit programme as we saw examples of completed audits which demonstrated improvements during our previous inspection. Examples included completed audits on prescribing of medicines used to treatasthma and a medication audit for patients with Osteoporosis. We also saw prescribing audits on New Oral Anticoagulants (NOACs) and an audit on specific hypnotic medicines (hypnotic medicines cause sleep or a partial loss of consciousness).

Effective staffing

- The clinical team had a mixture of enhanced skills and were trained to lead on areas such as minor surgery, chronic disease and long term condition management.
- The practice had supported staff members through various education avenues and training courses. For example, nurses were supported to attend updates on immunisations and cervical screening. Non-clinical staff were supported with their training needs also, for instance staff we spoke with explained how the practice arranged training on areas such as medical terminology and conflict resolution.
- Staff received regular reviews, appraisals and regular supervision. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses.
- We saw the induction programme for newly appointed members of staff, this covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.

Multi-disciplinary team (MDT) meetings took place on a monthly basis with regular representation from other health and social care services; we saw minutes of MDT meetings to support this.

- We saw that some vulnerable patients were discussed and reviewed regularly as part of the practices multidisciplinary team meetings. This included some patients with a learning disability, patients diagnosed with dementia and patients experiencing poor mental health.
- We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included regularly reviewing the practices palliative care patients and patients receiving end of life care.
- However, during our inspection members of the management team explained that they had identified some coding problems in the practice; this was mostly

Requires improvement

Are services effective?

(for example, treatment is effective)

across areas such as dementia, mental health and learning disability care. Therefore not all patients were effectively coded for discussion and review at the practices MDT meetings.

Consent to care and treatment

Patients' consent to care and treatment was sought 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.

Supporting patients to live healthier lives

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 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- Practice data highlighted that they identified and offered smoking cessation advice and support to 65% of their patients and 1% had successfully stopped smoking.
- 2015/16 childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 84% to 100% compared to the CCG averages which ranged from 74% to 98%.

Staff we spoke with explained that they were trying to encourage patients to attend national cancer screening programmes through general education during consultations and by providing them with resources such as screening information, links to websites and leaflets.

- The practice's uptake for the cervical screening programme was 100% with 0% exception reporting, compared to the CCG average of 77% and national averages of 81%.
- The practice operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Breast cancer screening rates for 2014/15 were at 72% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 54% compared to the CCG and national averages of 57%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that members of staff were friendly, respectful and helpful to patients both attending at the reception desk and on the telephone. Staff advised that a private area was available if patients wanted to discuss sensitive issues or appeared distressed. We saw that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

The practice received positive responses from the national GP patient's survey across aspects of care and treatment, results published in July 2016 highlighted that:

- 95% of the respondents said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 95% of the respondents said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 99% of the respondents said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 94% of the respondents 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 91%.
- 96% of the respondents patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 95% of the respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

We spoke with five patients on the day of our inspection. They told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as caring and helpful.

We received 33 completed CQC comment cards, we noted that two cards commented on manner of staff however all of the other cards described positive care and treatment and staff were described as friendly and caring.

Care planning and involvement in decisions about care and treatment

Patients we spoke with during our inspection told us that that the GPs communicated effectively, taking time to explain care, treatment and medication options with them. Results from the national GP patient survey highlighted positive responses with regards to questions about patients involvement in planning and making decisions about their care and treatment, for example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 81% 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 82%.

Patient and 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 also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them. Patients were also offered a consultation at a flexible time and at a location to meet their needs and by giving them advice on how to find a support service.

The practice's computer system alerted GPs if a patient was also a carer and there were 33 patients on the practices register for carers; this was 1% of the practice list. Staff we spoke with advised that they were continuously working on identifying cares to offer them support. We saw that the practices new registration form asked new patients if they were a carer, there was a carers pack and a carers protocol in place and the practice applied reminders to their patient record system to ensure that staff were aware of carers in order to offer them support where needed. The practice

Good

Are services caring?

offered annual reviews and flu vaccinations for anyone who was a carer. We also noticed that the practice had a carers board in place which contained supportive information for carers and signpost information to external organisations.

The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances. The practice shared a monthly report to demonstrate how as of October 2016 13 patients had benefitted from the scheme. We saw how patients went on to receive further support such as bereavement support and counselling support, as well as onward referrals to other health and social care services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was based in a three story building with purpose built consulting and treatment rooms on the ground and first floor of the building. We noticed a ramp was in place to allow for wheelchair and pushchair users to enter and exit the practice however there was no lift in place to support people with mobility difficulties. The practice advised that staff would move between consulting rooms to suit patient needs and that reception staff were advised to book appointments in to suit patient preferences. For example, elderly patients and patients with mobility difficulties were booked in for appointments on the ground floor to avoid having to use the stairs. Staff advised that they would always offer support and make adjustments where possible, we saw an instance where staff supported a patient with mobility difficulties during our inspection.

Two waiting rooms were available on the ground and first floors. Waiting rooms and corridors were large enough to accommodate patients with wheelchairs and pushchairs. However, we noticed that doorways and corridors on the ground floor were relatively narrow. We saw that the ground floor consulting rooms were accessible for patients with mobility difficulties.

We noticed that the waiting room situated on the first floor was located away from reception on the ground floor, with no way of staff being aware of situations in the waiting room; such as a patient deteriorating. Staff explained that patients who appeared to be very unwell were asked to sit in the seating area opposite the reception desk and clinicians were immediately called where needed.

Since our previous inspection in October 2015 the practice had completed a equality assessment which was supported by a practice protocol. Records indicated that the practice had looked in to installing a stair lift previously however this was unable to take place due to major building changes that would have been required for the work. Reception staff confirmed that they always booked patients in on the ground floor where needed. We saw that notices were in place to inform patients that they could be seen on the ground floor if needed.

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

- The practice operated a walk in and wait service four days a week. This guaranteed that patients could see a GP the same day if attending the surgery before 10:30am.
- Appointments could be booked over the telephone, face to face and online. The practice offered text messaging reminders for appointments to remind patients of their appointments.
- The practice offered extended hours on a Wednesday evening until 7.30pm for working age patients who could not attend during normal opening hours.
- There were longer appointments available at flexible times for patients where needed. This included for patients with a learning disability, for carers and for patients experiencing poor mental health.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Patients whose circumstances may make them vulnerable were flagged on the practices computer system. This included flags in place to notify staff of patients with visual and/or hearing impairments and flags in place to ensure staff booked patients with mobility difficulties in for appointments on the ground floor.

Access to the service

The practice was open between 8am and 6:30pm during weekdays except for Wednesdays when the practice offered extended hours until 7:30pm. The practice operated a walk-in appointment system where patients could ring on the day and walk in and wait for appointments with the GP. Attendance for walk in appointments were from 8am until 10:30am and consultations ran through to 1:30pm on these days. Pre-bookable appointments were available from 2:20pm to 6pm during weekdays, on Wednesdays pre-bookable only appointments were offered and these

Good

Are services responsive to people's needs?

(for example, to feedback?)

ran from 8:30am until 7:30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2016 highlighted mostly positive responses regarding access:

- 96% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

The practice operated a walk in and wait service; staff explained that because patients could walk in and wait for a guaranteed appointment this impacted on their national GP patient survey results. For instance:

- 48% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 64% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

Completed comment cards highlighted that patients were happy with the service as they could always see a GP due to the walk in and wait option. Some patients we spoke with during our inspection and completed comment cards highlighted that whilst walk in and wait times could vary, patients were happy to wait. However other patients we spoke with during our inspection expressed that they would like to have more of a balance between walk in and wait and bookable appointments, as some patients highlighted that waiting to be seen could be problematic when considering work and family commitments.

Listening and learning from concerns and complaints

The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements and that there was a designated responsible person who handled all complaints in the practice.

Staff expressed that they very rarely received complaints and that patients rarely raised concerns in the practice. Patients we spoke with during our inspection also advised that they hadn't needed to make a complaint. We saw that one complaint had been received during the last 12 months. The complaint had been investigated, responded to and closed in a timely manner and responses demonstrated openness and transparency. The complaint was also discussed and reflected on during the practice meeting which followed.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to provide high quality and effective care to patients. We spoke with five members of staff during our inspection; staff we spoke with demonstrated a commitment to providing a high quality service to patients. We noted that all staff spoke positively about working at the practice and that they came across as part of a close, committed and very dedicated team.

Governance arrangements

There was a clear staffing structure in place, staff had defined roles and there were lead roles across a number of areas such as safeguarding, infection control, health and fire safety and human resources. We saw that policies and documented protocols were well organised and available as hard copies and also on the practices intranet.

Due to different shift patterns not all staff were able to attend monthly practice meetings therefore the practice put plans in place to hold a new practice meeting from the new year, starting in 2017. Members of the management team explained that the meeting would take place approximately every six weeks with the aim of having all staff attend where possible. In the meantime we saw that minutes of monthly meetings were circulated to all staff in the practice and staff we spoke with confirmed this.

During our most recent inspection we noted improvement with regards to risk management. For example, during our previous inspection we found that there were no formal risk assessments in place to manage risks associated infection control, health, safety and fire. As part of our most recent inspection we saw formal risk assessments in place to support the management of fire risk and risks associated with infection control. However, during our inspection we noted that the practice had not assessed risks associated with the portable heaters which were situated in staff and patient areas. Furthermore, we noted that governance process was in place in some areas, however, in other areas governance arrangements were not as effective. For example:

- Records were not always kept to reflect that all emergency medicines were checked. Cleaning records were in place however they did not reflect the cleaning of specific medical equipment.
- Although there was a system in place to monitor the use of prescription pads used by the locum GPs only, the system didn't include other prescription stationery.
- Although the practice had a protocol for repeat prescribing, we received mixed feedbackinconsistent information from staff when discussing the process for prescribing and monitoring certain high risk medicines.
- We noted gaps in record keeping of fridge temperatures to support effective monitoring of the cold chain.

There was scope to ensure that the practice had a comprehensive understanding of its own performance through improved use of data. The practice understood that it needed to maximise the functionality of its computer system in order that the practice could run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.

Leadership, openness and transparency

The three GP partners and the practice manager formed the management team at the practice. The clinical team included two practice nurses and a health care assistant. The practice was supported by a non-clinical team of three staff members who covered reception, administration and secretarial duties.

The management team encouraged a culture of openness and honesty. The team were visible in the practice and staff told us that they always took the time to listen to all members of staff. Staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice engaged with other practices through attending external meetings and educational events. For example, GPs attended local education events and the practice manager often engaged with local practices by attending monthly Dudley Practice Manager Alliance (DPMA) meetings. Practice nurses were able to network with local nurses by attending quarterly nurse education and training updates facilitated by the CCG.

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

Members of the management team explained that the practice no longer had a patient participation group (PPG) as they had struggled to remain engaged an active in

Are services well-led?

Requires improvement

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

driving improvements at the practice. Staff we spoke with advised that they would like to get a PPG back up and running however we did not receive evidence or formal plans in place to support this. We also noticed that there were no PPG notices in the practice to encourage members to join and establish an active group.

The practice analysed the results from their NHS Family and Friends test from October 2015 to July 2016. Records of the analysis highlighted that patients felt positively about their care, with appointment waiting times being highlighted as the only area to focus on. In response to this the practice carried out a survey and asked patients if they would prefer an open surgery where they could walk in and wait or a surgery where they needed to make an appointment. We saw that out of the 39 respondents, 95% noted that they preferred an open surgery and 5% noted that they preferred an appointment only surgery. The practice developed an action plan in relation to the survey; we saw that as an action point staff were reminded to inform patients of waiting times and offer a bookable appointment if preferred. The survey analysis was also circulated in practice and shared with staff to inform them of the positive feedback they received throughout the survey.

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 17 HSCA (RA) Regulations 2014 Good governance Care plans weren't always completed in line with patients needs and in areas, patients were overdue their medication reviews. Governance arrangements were weak in areas as adequate record keeping was not always in place to reflect systems for monitoring the cold chain, cleaning of medical equipment, checking of emergency medicines. Additionally, risks associated with portable heaters had not been formally assessed.