

Widbrook 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?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection of Widbrook Medical Practice on 1 December 2015. At that time evidence showed the practice was not meeting regulations and was rated as inadequate. It was subsequently placed into special measures and the practice sent us an action plan setting out what they would do to meet the regulations.

We carried out a second comprehensive inspection at Widbrook Medical Practice on 11 October 2016. This comprehensive inspection was undertaken to check whether the practice had completed the actions they told us they would take to comply with regulations.

We have revised the practice's overall rating based on our findings and they are now rated as requires improvement. We found the practice had made some improvement in some areas.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However the recording of lessons learnt and actions taken following investigations of significant events and incidents were not always clear.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. The safeguarding policies had been revised since our last visit.
- Since our last inspection the practice had introduced new systems for sharing learning from audits and some had been discussed at staff meetings. However, in some cases these discussions were not recorded in the minutes of the meetings.
- The practice was comparable for its satisfaction scores on consultations with GPs and nurses. 36% of patients said they could get through easily to the practice by phone, this was an 7% improvement on what we found in December 2015.
- Patients told us that they found it difficult to get appointments when they needed them.

Summary of findings

- Appointments could be booked up to two weeks in advance using the on-line system or ten days in advance by phone or in person. However, on the day of the inspection the practice told us there were no bookable appointments available.
- Since our last inspection, the practice had introduced a new system to review complaints and share any lessons were learnt. However, the system was not effective as complaints from patients were not always investigated or responded to appropriately and an apology was not always given.
- Some of the governance structures did not allow for the easy retrieval of information and some of the policies and procedures were not always followed.
- In the action plan they sent us the following our last inspection, the practice said they would carry out a number of actions and confirmed these actions had been completed. However, during this inspection the practice accepted that some had not been done, some could not be evidenced and we found some had not been completed adequately.

The areas where the provider must make improvement are:

- Ensure all medical equipment, including vaccine fridges and weighing scales are serviced and calibrated in line with manufacturer's recommendations, and second thermometers used in the vaccine fridges meet the requirements set out in the guidance.
- Ensure emergency medicines are routinely checked and that they are in date and fit to use.
- Ensure external clinical waste bins are secure.
- Ensure their systems and processes are fit for purpose, and that they are able to access all necessary information when it is required.
- Ensure all staff have received infection control training appropriate for their role.
- Ensure policies and procedures are followed and that the practice has a good understanding of their management information.
- Ensure minutes of meetings adequately and clearly reflect what is discussed particularly in relation to lessons learnt and actions agreed.

- Ensure they keep all records up to date and store management information in a way that is easily accessible to all authorised staff.

The areas where the provider should make improvement are:

- Continue to improve how they use audit to improve services.
- Ensure that translation services are adequately advertised.
- Ensure infection control audits include an action plan to address any findings.
- Ensure staff protocols include information on the practices' responsibilities towards staff.
- Review their process for identifying carers who may need additional support.
- Continue to review and take appropriate action on feedback from patients on the difficulties in booking an appointment.

This service will remain in special measures. Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give patients who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

When we inspected the practice in December 2015 we identified a number of issues affecting the delivery of safe services to patients. The practice was rated as inadequate for the provision of safe services to their patients. Since then the practice had worked with external advisors on an improvement plan to address the issues that gave rise to the breach of regulations. At this inspection we found the practice had made some progress in achieving their improvement plan.

The practice is now rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, the recording of lessons learnt and actions taken following investigations of significant events and incidents were not always clearly documented.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The policies had been revised since our last visit and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was an infection control protocol in place and only one member of staff had received up to date training. Annual infection control audits were undertaken.
- We saw a vaccine storage audit which identified that the second fridge thermometers did not measure the maximum and minimum temperature but no action had been taken.
- The practice had not calibrated the fridge thermometers, weighing scales or the pulse oximeter in line with manufacturers recommendations.
- When we checked the emergency medicines we found five ampoules of one medicine that was out of date.

Requires improvement



Are services effective?

When we inspected the practice in December 2015 we identified a number of issues affecting the delivery of effective services to patients. The practice was rated as requires improvement for the provision of effective services to their patients. Since then the

Requires improvement



Summary of findings

practice had worked with external advisors on an improvement plan to address the issues that gave rise to the breach of regulations. At this inspection we found the practice had made some progress in achieving their improvement plan.

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Since our last inspection the practice had introduced new system for sharing learning from audits and some had been discussed at staff meetings.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could not evidence that all staff had received infection control training appropriate for their role.

Are services caring?

When we inspected the practice in December 2015, the practice was rated as good for the provision of caring services to their patients. At this inspection we found the practice had not made significant improvements in relation to access to services.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example, 91% of patients said the GP was good at listening to them compared to the clinical commissioning group average of 92% and the national average of 89%. This was an improvement from December 2015 when 88% of patients said the GP was good at listening to them.

Requires improvement



Summary of findings

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%. This was an improvement from December 2015 when 81% of patients said the last GP they spoke to was good at treating them with care and concern.
- The practice had identified 25 patients as carers (0.4% of the practice list). It is estimated that about 10% of patients in England and Wales may be carers.

Are services responsive to people's needs?

When we inspected the practice in December 2015, we identified a number of issues affecting the delivery of responsive services to patients. The practice was rated as Inadequate for the provision of responsive services to their patients. Since then the practice had worked with external advisors on an improvement plan to address the issues that gave rise to the breach of regulations. At this inspection we found the practice had made some progress in achieving their improvement plan.

The practice is now rated as requires improvement for providing responsive services.

- Appointments could be booked up to two weeks in advance using the on-line system or ten days in advance by phone or in person. However, on the day of the inspection the practice told us there were no bookable appointments available for the next two weeks and patients told us that they found it difficult to get appointments when they needed them.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 36% of patients said they could get through easily to the practice by phone compared to the national average of 73%. This was an 8% improvement on what we found in December 2015. The practice were currently negotiating with three telephone system suppliers and hoped to purchase a new system shortly which would help address some of the issues experienced by patients.
- Since our last inspection in December 2015, the practice had introduced a new system to review complaints and share any lessons were learnt. However, the system was not effective and in some cases the records were unclear about what learning had been identified or whether the learning had been shared with all appropriate staff.

Requires improvement



Summary of findings

Are services well-led?

When we inspected the practice in December 2015, we identified a significant number of issues affecting the delivery of well-led services to patients. The practice was rated as inadequate for the provision of well-led services to their patients. The practice had worked with external advisors on an improvement plan to address the issues that gave rise to the breach of regulations. At this inspection we found the practice had not made significant progress in achieving their improvement plan in relation to being well-led.

The practice is rated as inadequate for being well-led.

- The practice had a governance framework which included having structures and procedures in place to support the delivery of the strategy and good quality care. However, some of the governance structures did not allow for the easy retrieval of information and on our inspection the practice had difficulty finding or accessing some information.
- Record keeping was not clear and detailed enough. For example, minutes of meetings where incidents, significant events and audits were discussed did not always record discussion that had occurred and were sometimes unclear as to what actions have been taken and what learning had been shared with staff.
- The management processes were not effective enough to ensure that policies and procedures were followed and that they had a good understanding of their management information. For example, in the action plan they sent us following our last inspection in December 2015, the practice said they would carry out a number of actions and later confirmed these actions had been completed. However, during this inspection the practice accepted that some had not been done, some could not be evidenced and we found some not been completed adequately.

Inadequate



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for safe, effective, caring and responsive, and inadequate for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A GP undertook weekly visits to local nursing homes where the practice had large numbers of registered patients.
- The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2014, who were currently treated with an appropriate bone-sparing agent (in the period 04/2014 to 03/2015) was 100% compared to a national average of 93%. This was the same as we found on our inspection in December 2015.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider is rated as requires improvement for safe, effective, caring and responsive, and inadequate for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 99% compared to the national average of 89%. The exception reporting rate was 12% compared to the clinical commissioning group average of 14% and national average of 11%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Requires improvement



Summary of findings

- Longer appointments and home visits were available when needed.
- All patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- 84% of patients with learning difficulties had received an annual health check in the last 12 months.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for safe, effective, caring and responsive, and inadequate for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the clinical commissioning group average of 85% and the national average of 82%.
- The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as Inadequate for the care of working age people (including those recently retired and students). The provider is rated as requires improvement for safe, effective, caring and responsive, and inadequate for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group..

However, there were examples of good practice.

Requires improvement



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Routine appointments could be booked up to two weeks in advance using the on-line system or ten days in advance by phone or in person. On the day of our inspection there were no bookable routine appointments available for the next two weeks.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for safe, effective, caring and responsive, and inadequate for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

Requires improvement



Summary of findings

The provider is rated as requires improvement for safe, effective, caring and responsive, and inadequate for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group..

However, there were examples of good practice.

- Performance for mental health related indicators was similar to the national average. For example, 91% of patients with a psychosis had their alcohol consumption recorded in the preceding 12 months compared to the clinical commissioning group average of 93% and national average of 90%.
- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is the same as the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below the national averages. Two hundred and forty-eight survey forms were distributed and 129 were returned. This represented 2.3% of the practice's patient list.

- 36% of patients found it easy to get through to this practice by phone compared to the national average of 73%. This was an improvement from December 2015 when 29% of patients found it easy to get through to the practice by phone.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%. This was lower than in December 2015 when 70% of patients were able to get an appointment to see or speak to someone the last time they tried.

- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received although one commented on difficulties getting an appointment. People said they received excellent care from the GP and all staff were friendly, caring and approachable.

Widbrook 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, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Widbrook Medical Practice

Widbrook Medical Practice is a GP practice located in the Wiltshire town of Trowbridge. It is one of the practices within the Wiltshire Clinical Commissioning Group and has approximately 5,700 patients. The practice building is purpose built with all patient services located on the ground floor which include; four consulting rooms, four treatments rooms, a self-check in appointment system and a toilet with access for people with disabilities.

The area the practice serves has relatively low numbers of people from different cultural backgrounds although the practice has recognised an increased number of Polish and Moroccan people registering at the practice. The practice has a slightly higher than average population between 40 and 60 years old. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the third least deprivation decile (although it is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is 80 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively.

The practice provides a number of services and clinics for its patients including: childhood immunisations, family planning, minor surgery and wound care, and a range of health lifestyle management and advice services including: smoking cessation, asthma management, diabetes management and travel health.

The practice has a total of three GPs. Two are full time (one male and one female) and one part-time (male). There are three part-time practice nurses, a practice manager, and a reception and administration team of team of nine.

The practice is open from 8.30am to 6.30pm Monday to Friday. Appointments with a GP are from 9am to 12.30pm and 3.15pm to 6.30pm Monday to Friday. Extended hours surgeries are offered from 6.30pm to 7.30pm on Tuesday and 7.30am to 8.00am on Thursdays. Appointments can be booked over the telephone, on line or in person at the surgery.

There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, on the website and in the practice information leaflet. The practice has opted out of providing out of hours services to their patients. The out of hours service is accessed by calling NHS 111 and is provided by Medvivo.

The practice has a General Medical services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from:

Widbrook Surgery, 72 Wingfield Road, Trowbridge, Wiltshire, BA14 9EN.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008, on 1 December 2015, as part of our regulatory functions. The inspection found that the practice was not meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. Consequently the practice was placed into special measures.

This second comprehensive inspection, carried out on 11 October 2016, was undertaken to assess the progress the practice had made to meet the regulations and to provide an updated rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff including two GPs, one nurse, the practice manager and four members of the admin and reception team.
- Spoke with 13 patients who used the service, including four members of the patients' participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

When we inspected the practice in December 2015 we identified a significant number of issues affecting the delivery of safe services to patients. The practice was rated as inadequate for the provision of safe services to their patients. Since then the practice had worked with NHS England on an improvement plan to address the issues that gave rise to the breach of regulations. At this inspection we found the practice had made significant progress in achieving their improvement plan.

Safe track record and learning

On our previous inspection in December 2015 we found there was no policy or procedure setting out how significant events should be managed, and reviews and investigations were not thorough enough and lessons learnt not communicated widely enough. On this inspection we found there had been improvements in these areas.

There was a system in place for reporting and recording significant events. We saw that:

- There was a policy setting out how significant events should be managed and reviewed.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out an analysis of the significant events, although some of the records were unclear. For example, the practice recorded some significant events as well as recording the meeting where they were discussed, but the managers were unable to open or access some of these records on the day of our inspection.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice, although the actions taken were sometimes unclear. For example, when a locum GP noticed that some blood test results had not been looked into in a timely manner, this

was treated as a significant event and investigated. The records show this was investigated and possible solutions were discussed. However there was no record of what learning the practice had taken from this and it was unclear what actions were being taken to stop this happening again. We looked at the current situation with their test results and found they were all up-to-date.

Overview of safety systems and processes

On our previous inspection in December 2015 we found the safeguarding policy was incomplete, staff had not been appropriately trained in safeguarding, not all clinical staff who acted as chaperones had been trained or received a disclosure and barring service (DBS) check, and the arrangements for looking after vaccines, the security of prescription pads, and infection control were not adequate. On this inspection we found there had been improvements in these areas.

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. They had been revised since our last visit and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection

Are services safe?

control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. However, the external clinical waste bins were not secured in place to prevent them being wheeled away. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken.

- With the exception of vaccines, the arrangements for managing medicines, including emergency medicines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.
- Since our last inspection the practice had improved their system for managing the vaccines stored in the three specialist vaccine fridges. They were recording the maximum and minimum temperatures twice daily when the practice was open and staff knew what to do if the temperature went out of range. However, the practice was unable to provide evidence that the vaccine fridges had been checked or calibrated and the additional thermometers they had purchased since the last inspection were not fit for the purpose. They did not record maximum and minimum temperatures. There was no evidence they had been calibrated and on the day of inspection were showing temperatures ranges different to the fridge thermometers of between 0.70C and 2.00C. We saw a vaccine storage audit which identified the second thermometers were not maximum and minimum thermometers but no action had been taken.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

On our previous inspection in December 2015 we found some risk assessments had not been undertaken and patient records were kept in an open plan area. On this inspection we found there had been improvements in these areas.

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and most clinical equipment was checked to ensure it was working properly. However, the practice was unable to demonstrate that the fridges thermometers, weighing scales or the pulse oximeter had been checked and calibrated in accordance with manufacturer's guidance.
- All patients' paper records were stored in a secure and locked room on the first floor of the practice building. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents, although there were some medicines retained beyond their use by date.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked the medicines and found five ampules of one medicine that was out of date since the end of September 2016.
- On the day of the inspection the practice did not have an adequate comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had not been updated or reviewed since 2009. However, the next day the practice sent us an updated plan which included emergency contact numbers for staff, suppliers and other agencies.

On our previous inspection in December 2015 we found the fire safety policy was out of date, staff told us they had not received training and there had not been an evacuation of the building. On this inspection we found these issues had been resolved.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in December 2015 we identified a number of issues affecting the delivery of effective services to patients. The practice was rated as requires improvement for the provision of effective services to their patients. The practice had worked with external advisors on an improvement plan to address the issues that gave rise to the breach of regulations. However, at this inspection we found the practice had made progress but not sufficient to be rated Good. They were unable to demonstrate that the changes that had been implemented were sustainable.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available. There exception reporting was lower than average at 8% compared to the clinical commissioning group (CCG) average of 11% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 04/2014 to 3/2015:

- Performance for diabetes related indicators was similar to the national average. For example, 98% of patients

with diabetes on the register had an influenza immunisation in the period August 2014 to March 2015, compared to the CCG average of 96% and national average of 94%.

- Performance for mental health related indicators was similar to the national average. For example, 91% of patients with a psychosis had their alcohol consumption recorded in the preceding 12 months compared to the CCG average of 93% and national average of 90%.

On our previous inspection in December 2015 the practice was unable to evidence learning from quality reviews or audit. On this inspection we found there had been improvements in these areas and there was some evidence of quality improvement activities, including clinical audit.

- There had been three clinical audits undertaken in the last two years, two of these were in the process of being repeated to see if improvements identified following the previous audit were being implemented and improving outcomes for patients.
- There had been improvements since our last inspection in how audits were planned and how learning was shared. For example they had introduced a shared folder on the computer system for all audits and we were told some had been discussed at staff meetings.

Effective staffing

On our previous inspection in December 2015 we found there was no system for ensuring induction training was delivered and no system for recording what training staff had attended. Staff had not received infection control training relevant to their role. On this inspection we found there had been some improvements in these areas.

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw they had a system for checking the programme was being followed.

Are services effective?

(for example, treatment is effective)

- Other than for infection control, the practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

However,

- The staff protocol regarding hepatitis-B lacked information on the practice's responsibilities towards staff, their policy on providing hepatitis-B vaccines for staff, and the staff members responsibilities regarding their hepatitis –B status. However, records showed all staff had received a hepatitis B vaccination.
- We found some training records were not up to date and the practice had difficulty accessing information.
- In our report of the inspection in December 2015 we noted that staff had not received infection control training relevant to the role. In the action plan sent to us following their inspection, the practice told us the training updates had been booked to take place in June 2016. On this inspection we found that only the newly appointed infection control lead nurse had attended this training. On this inspection we found that only the newly appointed infection control lead nurse had attended this training. The practice was unable to evidence that all clinical staff have received infection control training appropriate for their role.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- The practice was able to refer patients to in-house psychological therapists and counsellors who were not directly employed by the practice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 85% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 78% of women aged 50 to 70 had been screened for breast cancer in the last three years compared

to the CCG average of 77% and national average of 72%. 62% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 63% and national average of 58%.

With the exceptions of the meningitis C and pneumococcal vaccines for which no data was available at the time of inspection, childhood immunisation rates for the vaccinations given were better than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% compared to the CCG average range of 94% to 97%, and five year olds from 93% to 99% compared to the CCG average range of 90% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed so they could offer them a private room to discuss their needs.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced, although one also said it was very difficult to get an appointment. Patients said they received excellent care from the GP and all staff were friendly, caring and approachable.

We spoke with 13 patients during the inspection. They said getting through to the practice by phone was difficult and it was hard to make an appointment. Four of the patients we spoke said when they needed to make an appointment they did so in person, making sure they were waiting outside the practice for the doors to open at 8.30am, as this was the only way they could get an appointment. One said the reception staff were more approachable. Most said they received excellent care from the GPs although one said they were unsympathetic.

We spoke with four members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice although they said the telephone system, getting appointments and confidentiality at reception were areas of concern.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group

(CCG) average of 92% and the national average of 89%. This was an improvement from December 2015 when 88% of patients said the GP was good at listening to them.

- 90% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%. This was an improvement from December 2015 when 81% of patients said the last GP they spoke to was good at treating them with care and concern.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%. This was an improvement from December 2015 when 91% of patients said the last nurse who spoke to was good at treating them with care and concern.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%. This was an improvement from December 2015 when 66% of patients said they found receptionists at the practice helpful.

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG

Are services caring?

average of 90% and the national average of 86%. This was an improvement from December 2015 when 84% of patients said the last GP they saw was good at explaining tests and treatments.

- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care which was well above the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, however there were no notices in the reception areas informing patients this service was available. We saw the self check-in screen on the reception desk was available in English, Polish and Arabic.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (0.44% of the practice list). It is estimated that about 10% of patients in England and Wales may be carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice in December 2015 we identified a number of issues affecting the delivery of responsive services to patients. The practice was rated as inadequate for the provision of responsive services to their patients. Since then the practice had worked with external advisors on an improvement plan to address the issues that gave rise to the breach of regulations. At this inspection we found the practice had made some progress in achieving their improvement plan.

Responding to and meeting people's needs

- The practice offered extended hours surgeries from 6.30pm to 7.30pm on Tuesday and 7.30am to 8.00am on Thursdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Emergency same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- 84% of patients with learning difficulties had received an annual health check in the last 12 months.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

On our previous inspection in December 2015 feedback from patients said they found it hard to get through to the surgery by phone and to make an appointment. The practice was aware of this but did not have an action plan to address the issue. On this inspection we found there had been improvements in these areas.

The practice had carried out two patients surveys and had subsequently increased the number of appointments

available online. They were currently negotiating with three telephone system suppliers and hoped to purchase a new system shortly which would help address some of the issues experienced by patients.

The practice was open from 8.30am to 6.30pm Monday to Friday. Appointments with a GP were from 9am to 12.30pm and 3.15pm to 6.30pm Monday to Friday. Extended hours surgeries were offered from 6.30pm to 7.30pm on Tuesday and 7.30am to 8.00am on Thursdays. Appointments could be booked over the telephone, on line or in person at the surgery. Appointments could be booked up to two weeks in advance using the on-line system or ten days in advance by phone or in person, when availability permitted. Urgent appointments were also available for patients that needed them.

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

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 36% of patients said they could get through easily to the practice by phone compared to the national average of 73%. This was a 7% improvement on what we found in December 2015.

On the day of the inspection patients told us that they found it difficult to get appointments when they needed them. Four of the patients we spoke with said when they needed to make an appointment they did so in person, making sure they were waiting outside the practice for the doors to open at 8.30am, as this was the only way they could get an appointment. The patients we spoke to said they had not noticed any improvement or changes in the appointment and telephone system in the last six months. We asked the practice when the next bookable appointment with any GP was and were told there were no bookable appointments available at that time for the following two weeks. We were told the GPs would always see patients who needed an urgent appointment on the day. The practice was in the process of trying to improve telephone access to appointments.

The practice had a system in place to assess:

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

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

On our previous inspection in December 2015 we found the complaint leaflet for patients was out of date, there was no evidence that reviews or summaries of complaints were undertaken, and the practice did not have a system to share learning from complaints with practice staff. On this inspection we found there had been some improvements in these areas.

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- We saw that since our last inspection the practice had introduced a new system to review complaints and share any lessons were learnt.

However,

- The new complaint system was not effective and in some cases the records were unclear what learning had been identified or whether the learning had been shared with all appropriate staff, as they were unable the information.

Are services well-led?

Inadequate 

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

Our findings

When we inspected the practice in December 2015 we identified a number of issues affecting the delivery of well-led services to patients. The practice was rated as inadequate for the provision of well-led services to their patients. The practice had worked with external advisors on an improvement plan to address the issues that gave rise to the breach of regulations. At this inspection we found the practice had not made significant progress in achieving their improvement plan in relation to being well-led.

Vision and strategy

Since our last inspection the practice had agreed to merge with two other local practices in July 2017. Although we were told no legal formalities had been completed yet, we saw arrangements were well advanced, including a public meeting in the local community centre to discuss the planned merger with the other practices that had been attended by over 200 patients from the three practices. We were told one of the partners was set to retire at the end of October 2016 and two partners from the other practices were due to become partners at Widbrook Medical Practice to provide addition support and cover until the merge was formalised.

Governance arrangements

On our previous inspection in December 2015 we found governance arrangements were unclear and some documentation was out of date or inappropriate. On this inspection we found the practice had a governance framework which included having structures and procedures in place to support the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.

However, the management processes were not implemented adequately enough to ensure that policies and procedures were followed and the practice

management lacked an adequate understanding of their management information. Significant issues that threaten the delivery of safe and effective care were not identified or adequately managed.

- In the action plan they sent us the following our last inspection, the practice said they would carry out a number of actions and later confirmed these actions had been completed. However, at this inspection the practice accepted that some of these actions had not been completed, some could not be evidenced and we found some not been completed adequately. For example, monthly audits to monitor their progress in completing the action plan, monthly safeguarding audits and providing staff infection control training but only one staff member had received it.
- We found the record keeping was sometimes not adequate. For example, minutes of meetings where incidents, significant events and audits were discussed did not always record the discussion that had occurred and were sometimes unclear as to what actions have been taken and what learning had been shared with staff. We were told recent hand washing and fire drill audits had been discussed in a practice meeting but had not been recorded in the minutes.
- On the day of our inspection the practice had difficulty finding or accessing some information. For example, the practice had embedded some electronic files into other electronic records, but were unable to open or access these records on the day of our inspection. This was not due to any system failure but a lack knowledge or skill.
- Issues with the vaccine fridge thermometer were identified during a routine audit but no further action was taken.
- We checked the medicines and found five ampoules of one medicine that was out of date since the end of September 2016.
- On the day of the inspection the practice did not have an adequate comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- The practice did not have effective systems or processes in place to maintain an oversight of all training undertaken by staff; for example, we were told all reception staff had received infection control training but the practice training records did not reflect this.

Leadership and culture

Are services well-led?

Inadequate 

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

The management team did not have the necessary experience, knowledge, capacity or capability to lead effectively. We saw evidence that they did not have adequate skills to use the management systems effectively and they did not have adequate knowledge of their information. For example, prior to our inspection the practice told us they had completed all the actions set out in their action plan, however on inspection they agreed that some had not been.

The provider did comply with the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). They were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. However, these systems were not always used correctly and we saw examples where the provider did not give full information to patients in regard of complaints.

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted there had been an away day for all staff to discuss the proposed merger.
- Staff told us there was a strong team spirit throughout the whole practice and we saw evidence to support this.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

On our previous inspection in December 2015 we found the practice was not adequately engaging with people who use the service or responding to feedback. On this inspection we found there had been some improvements in these areas.

- Since our previous inspection the practice carried out two patients surveys in partnership with the PPG looking at the issues around appointments and the telephone system. As a result of this the practice increased the number of appointments available online. This did not make a significant difference to the problem and the practice had made a decision to buy a new telephone system. They had received quotes from suppliers and were hoping to make a decision shortly.
- The PPG members we spoke with told us they used to meet regularly as a group but more recently all communication had been done by email. They felt that feedback from the practice could be more consistent. For example, they had discussed confidentiality at the reception desk but were not aware if anything had been done to improve this. One member of the PPG told us they had seen some general improvement at the practice since the last CQC inspection.
- There had recently been a public meeting in the local community centre to discuss the planned merger with two other practices that have been attended by over 200 patients from the three practices.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice told us they were focused improving services by completing the action plan drafted with support from NHS England following our last inspection and the planned merger two other local practices, which they felt would help them improve their service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Not all medical equipment such as the vaccine fridges and weighing scales were calibrated in accordance with manufacturer's guidance.• The second thermometer used in the vaccine fridges did not meet the requirements set out in the guidance.• Some emergency medicines were out of date.• The external clinical waste bins were not secure. <p>This was in breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice systems and processes were not operated effectively to ensure compliance with the requirements of Good Governance• The practice was not able to access all necessary information when it was required.• The practice did not follow up on issues identified by internal audit.• Minutes of meetings did not clearly reflect what was discussed particularly in relation to lessons learnt and actions agreed.• The management structures and processes did not ensure that all staff were trained to carry out the infection control policies and procedures appropriate for their role. <p>This was in breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>