Dr Ankur Chopra

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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Dr Chopra's practice was inspected in October 2015. It was rated inadequate for safe and well-led services. The practice was rated as requires improvement in effective and as good in caring and responsive. As a result the practice was placed into special measures and warning notices were issued. In March 2016 we carried out a focussed inspection of the areas covered by the warning notices and found that they had not been met. As a result a condition was imposed on the practice to ensure there was sufficient, effective and co-ordinated management support for the practice to achieve compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to sustain that compliance.

A further inspection was carried out on 6 July 2016 to assess whether the practice had improved and resolved the issues leading to breaches of the regulations. The practice was again rated as inadequate overall and for safe and well-led services, requires improvement for responsive services and good for effective and caring services. Further enforcement action was proposed, but following the provision of evidence and written representations from the practice it was agreed that a further comprehensive inspection would take place to assess whether the practice had made sufficient improvement before proceeding with the enforcement action.

We carried out an announced comprehensive inspection at Dr Ankur Chopra on 1 February 2017. Overall the practice is rated as requires improvement.

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

- Improvements had been made in several areas including, training, security and infection control.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There were systems in place for the handling of significant events and complaints. However in some instances, reviews and mitigating actions were not always fully analysed or carried out.
- Most risks to patients were assessed and well managed, with the exception of those relating to some general health and safety issues and medicines management.
- Data showed patient outcomes were generally high compared to the national average.

Summary of findings

- Audits had been carried out and we saw evidence that audits were driving improvements to patient outcomes.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand.
- Complaints processes were not always followed through in a timely manner.
- The management team had been re-structured with the addition of a business manager.
  - The revised management team had made several policy and procedural improvements since the last inspection however it was still too early to ascertain whether the changes had become embedded and sustained.
  - Despite being in special measures since February 2016 and the imposition of enforcement action there are still breaches of the regulations relating to the governance of the practice requiring further enforcement.

The areas where the provider must make improvements are:

- To ensure that all significant events are investigated and analysed thoroughly enough to support improvement.
- To ensure systems are in place and followed to ensure that all complaints are responded to and investigated fully and in a timely manner.
- To ensure that systems are in place and adhered to to identify all risks to health and safety and mitigate against them.
- To ensure systems are in place to effectively monitor the audit trail and expiry dates of dressings and medicines stored in stock cupboards.

In addition the provider should:

- Format care plans in such a way that hard copies can always be produced.
- Consider keeping a log of verbal complaints that were resolved informally.
- To put systems in place to ensure the integrity of medicines stored in fridges not monitored by the provider.
- Ensure that effective communication and processes are in place so that staff feel appreciated and that their contribution to the practice is valued.

This service was placed in special measures in February 2016 and remains in special measures. Insufficient improvements have been made such that there remains a rating of inadequate in the well-led domain. We have taken further enforcement action in line with our policies. 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 six months, and if there is not enough improvement we will move to close the service, or to vary the provider's registration to remove this location, or cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Incidents were recorded and actioned and lessons learnt were communicated to staff and other interested parties. However, in some instances, reviews and actions were not always fully analysed.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Most risks to patients were assessed and well managed, with the exception of some relating to general health and safety issues and some medicines management issues.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated as good 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 and discussed new alerts and guidance at appropriate meetings.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- We found that care plans in the patients' notes were very detailed, but the format used by one clinician did not easily allow for the production of hard copies.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example the practice were part of a pilot scheme run by the local clinical commissioning group (CCG) to promote the Year of Care initiative aimed at empowering patients with diabetes to take more control of the management of their condition.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised although opportunities to learn from complaints were not always followed through.

Are services well-led?

Inadequate

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

- The practice had a clear aim to deliver excellent care across the local community and staff were aware of this and their responsibilities in relation to it. There was a clear new leadership structure and staff felt supported by the new management but did not always feel appreciated by the provider.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The management team had put improved arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However some risks had not

Summary of findings

been identified and the changes had not become entirely embedded at the time of the inspection. Additionally on some occasions reviews and investigations were not thorough enough or the policies were not applied correctly to support improvement.

- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and managing complaints and this information was shared with staff to ensure appropriate action was taken.
- Despite being in special measures since February 2016 and the imposition of enforcement action there were still breaches of the regulations identified relating to the governance of the practice requiring further enforcement.
- The policy and process changes had been recently introduced and it was too early to ascertain whether the changes would become embedded and sustained.

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 provider was rated as requires improvement for safety and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out a comprehensive annual medical and social review of all patients over the age of 75 years.
- The practice worked closely with the family members of those patients who live alone, as well as the community matron, district nurse team and adult social care to ensure that risks to this population group were identified and resolved at an early stage.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less (an indicator of diabetic control) was 87% compared with the clinical commissioning group (CCG) average of 80% and national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 91% (CCG average 81%, national average 78%).
- Longer appointments and home visits were available when needed.
- All these patients 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.

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- The practice had employed a Data Quality and Service Performance Analyst in part to ensure a reliable annual review recall process of patients with long term.
- The practice worked closely with the diabetic team at their local hospital and had nursing staff trained to initiate insulin therapy.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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 or fail to attend appointments. Immunisation rates were relatively high for all standard childhood immunisations.
- We saw that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 77% (CCG average 75%, national average 74%)
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Referrals could be made to the benefits advisory service where indicated.
- The practice ensured that children would always be seen 'on the day' if necessary.
- Teenagers where appropriate were signposted to age appropriate counselling and sexual health services including self-test chlamydia packs.
- The advanced nurse practitioner (ANP) was trained in family planning and sexual health and the practice offered enhanced services in these areas.
- We saw positive examples of joint working with midwives and health visitors specifically the safeguarding lead met with the health visitor team every two weeks.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

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.
- Patients could order repeat prescriptions and communicate with the practice via email and all staff had access to the surgery email which was checked and actioned regularly.
- Telephone consultations were available.
- Appointments were offered from 7.30am at one of the two sites four days a week.

People whose circumstances may make them vulnerable

Requires improvement 

The provider was rated as requires improvement for safety and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments at the beginning and end of surgeries for patients with a learning disability.
- The practice regularly worked with other health care professionals and carers in the case management of vulnerable patients. This included reviewing patients in familiar surroundings if appropriate.
- There was a close working relationship with local palliative care teams and the lead clinicians would provide their personal telephone numbers to patients receiving palliative care and their carers where appropriate.
- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The provider was rated as requires improvement for safety and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG average (82%) and national average (84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (CCG average 86%, national average 89%)
- Longer appointments were available to patients with mental health problems.
- Nurses were trained to recognise mental health issues and encouraged patients to seek an appointment with the GP if they had concerns. Such issues would be discussed at practice clinical meetings.
- In house counselling was available.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016 The results showed the practice was performing in line with or above local and national averages. 224 survey forms were distributed and 115 were returned. This represented 3% of the practice's patient list.

- 96% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and national average of 73%.
- 91% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and national average of 76%.
- 96% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%).
- 92% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and 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. All of the 54 patient Care Quality Commission comment cards we received had positive comments about the service experienced although three of these were mixed. Patients said they felt the practice offered an excellent service and staff were professional, helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected although one member did have a concern regarding a specific practice procedure. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Dr Ankur Chopra

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 second CQC inspector, a practice manager specialist adviser and a CQC pharmacist specialist.

Background to Dr Ankur Chopra

Dr Ankur Chopra offers general medical services to people living in Hastings. There are 3972 registered patients. Approximately 2300 patients come from rural areas, the rest are urban and the practice covers both deprived and affluent areas. Dr Chopra is registered as an individual provider. He is supported by an advanced nurse practitioner, two nurses, a phlebotomist and a team of receptionists and administration staff. There was no permanent practice manager in post at the time of our inspection as the previous manager had retired. However, the practice had promoted a member of the team to the role of acting practice manager and were awaiting the outcome of the CQC inspection before advertising the permanent post. Additionally the practice were working with two other local practices with a view to forming a partnership. A business manager had been employed by the three practices and they were currently responsible for overseeing improvements in the non-clinical governance of Dr Chopra's practice.

The practice was open between 8.30am to 6.30pm Monday to Thursday and 8.30am to 5.00pm on Fridays. The practice worked with a neighbouring practice to ensure reciprocal arrangements for cover on site for emergencies between 8.00am and 6.30pm on a daily basis. Early morning appointments were available from 7.30am at Roebuck House on a Tuesday and at Guestling Surgery on Monday, Wednesday and Friday. The practice closes for lunch between 1pm and 2pm each day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

The patient population included a 2% lower proportion of children when compared with the local average and slightly more (1.4%) patients over the age of 75 than the national average. The practice had 12% less patients with a long standing health condition than the local average and lower than average unemployment.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

Roebuck House, High Street, Hastings, East Sussex, TN34 3EY

A branch surgery is located at:

Guestling Surgery, Chapel Lane, Guestling, Hastings, TN35 4HN

Outside normal surgery hours patients could access care from an Out of Hours provider IC24.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

Dr Chopra's practice was inspected in October 2015. It was rated inadequate in safe and well-led services. The practice was rated as requires improvement in effective and as good in caring and responsive. As a result the practice was placed into special measures and warning notices were issued. In March 2016 we carried out a focussed inspection of the areas covered by the warning notices and found that they had not been met. As a result a condition was imposed on the practice to ensure there was sufficient, effective and co-ordinated management support for the practice to achieve compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to sustain that compliance.

A further inspection was carried out on 6 July 2016 to assess whether the practice had improved and resolved the issues leading to breaches of the regulations. The practice was again rated as inadequate overall and for safe and well-led services, requires improvement for responsive services and good for effective and caring services. Further enforcement action was proposed, but following the provision of evidence and written representations from the practice it was agreed that a further comprehensive inspection would take place to assess whether the practice had made sufficient improvement before proceeding with the enforcement action.

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 1 February 2017. During our visit we:

- Spoke with a range of staff including the GP an advanced nurse practitioner, a practice nurse, administrative, dispensary and reception staff. We also spoke to the acting practice manager, the business manager and with four patients who used the service.
- Observed how patients were being cared for.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

At the previous inspection in July 2016 we saw that there were no effective processes for analysing, recording, acting on, monitoring and learning from significant events, incidents, near misses and complaints. There were also no effective processes in place within the practice for the recording of notifiable incidents under the duty of candour.

At this inspection we found that there was a system in place for reporting and recording significant events.

- 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 and in the staff file. The practice had a policy that 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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. However, although the practice carried out an analysis of the significant events, issues and actions necessary were not always fully identified and the new procedures were not yet fully embedded. For example, during a recent internal fire risk assessment at Guestling Surgery the key from the rear (fire exit) door was found to be missing as well as other potential hazards being present. A significant event was raised and timescales, actions, follow ups and responsibilities assigned and we saw evidence that the issue was addressed at the next team meeting. These actions included planning a full fire risk assessment by an external company. However, when we inspected the practice the back door key had been found, but was loose in the keyhole, so the potential for it to be lost again had not been reduced. We also saw that there was one dispensing significant event that had been raised and dealt with by the dispensing team at Guestling Surgery, but not flagged up and recorded or discussed as a general significant event across both surgeries.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- At the previous inspection in July 2016 it was found that not all nursing staff had been trained to child safeguarding level two. At this inspection we found that 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 and posters with contact numbers were available in reception. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the clinicians was the lead member of staff for safeguarding of vulnerable adults and children. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. The safeguarding lead met with the health visitor team every two weeks to discuss any child safeguarding concerns. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We were told of examples of safeguarding concerns that had arisen and were correctly managed by staff. All clinical staff were trained to child protection or child safeguarding level three.
- A notice in the waiting room and clinical 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. At our last inspection in July 2016 there were issues at the Guestling surgery with a visible lack of cleanliness. On this occasion significant improvements had been made. Specifically, the waiting area carpets had been replaced with a washable

flooring and a new cleaning contractor had been employed. Spillage kits were available and there were signs on the door of the room where they were stored. We observed the premises to be clean and tidy. The practice nurse who was the infection control clinical lead liaised with the local infection prevention teams to keep up to date with best practice and had undertaken additional training appropriate to her role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We also saw that evidence that all staff that required them had had the appropriate checks for immunity to hepatitis B.

- The arrangements for managing medicines (obtaining, prescribing, recording, handling, storing and security) including emergency medicines and oxygen did not always keep safe although there had been improvements made since the inspection in July 2016. At the last inspection there were security issues identified that had now been resolved. Specifically there was now a bolt on the door connecting Guestling Surgery with an attached residential property allowing the practice to secure it from their side. There was also a keypad lock on the dispensary door. These measures kept people's personal information secure and prevented unauthorised access to medicines. All patient group directions (PGDs) were now correctly signed and authorised. All medicine and vaccine refrigerators just owned by Dr Chopra at both the main practice and the Guestling branch surgery had their minimum and maximum temperatures checked and recorded daily. However, one fridge which was jointly owned with, but monitored by, another provider at Roebuck House, and contained some vaccines belonging to Dr Chopra was found to have temperatures recorded which were outside the recommended range of two degrees centigrade to eight degrees centigrade, a number of times over at least two months, with no record of action taken. Members of Dr Chopra's team were subsequently involved in a meeting held urgently by the practices at which the vaccines were quarantined whilst an investigation took place and an action plan was formulated. In Roebuck surgery we also found that dressings previously dispensed for patients by local community pharmacies were kept in stock cupboards, we had found a similar issue when we inspected the practice in July 2016. The practice did say that they had informed all staff that this should not happen. We also saw that one stock inhaler in a clinical room was out of date.

- 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 (CCG) 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice received and acted upon medicines safety alerts and recalls.

- The practice was a dispensing practice. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. The practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines) and these were reviewed annually.

- Dispensing errors and near misses (dispensing errors which do not reach a patient) at Guestling were recorded, investigated and relevant learning shared with staff. However, we found that one record of a dispensing significant event from Guestling was not on record at Roebuck surgery as a significant event.
- Arrangements for controlled drugs (medicines which are more liable to misuse and so need closer monitoring) were appropriate. Staff showed us records for ordering, receipt, supply and disposal of controlled drugs. These records met legal requirements.

- At the previous inspection we found that not all staff had had the appropriate recruitment checks prior to commencing in post and that when staff roles had changed these changes weren't reflected in the documents and contracts held. On this occasion we reviewed four 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. There had been no changes in staff roles.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available at each surgery with a poster which identified local health and safety representatives. The practice had fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A risk assessment of general health and safety issues had been carried out in October 2016 and ten out of eleven issues had been actioned and the eleventh was under review. However, the practice had not identified all the possible risks to health and safety through the use of this process. For example, there was a sudden step down when passing through one door in to a corridor usually used by staff at Roebuck Surgery and whilst we were at the practice somebody tripped at that point .The practice did not maintain a process for systematically reviewing general health and safety risks in the practice. There were maintenance logs at each surgery for staff to add issues that required action.
- 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. Administration and reception staff said that they would cover one another during staff absence, but that they felt short staffed at these times. There was no GP or advanced nurse practitioner (ANP) at Roebuck Surgery on a Friday afternoon, but staff could contact the GP by phone, the ANP could see patients at Guestling and there was a GP in the building with another practice who would cover in an emergency.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- 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 behind the reception desk.
- 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.
- At the previous inspection an emergency medicine required to mitigate risk during the implementation of certain clinical procedures was not available. On this occasion we saw that all the expected emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and stored securely.
- At the previous inspection the staff were unable to locate the business continuity plan. On this occasion we saw that 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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.
- Clinicians received notification of NICE guidelines by email and had links to them via the practice intranet and staff told us that local and NICE guidelines were discussed at two weekly clinical meetings.
- Medicines & Healthcare products Regulatory Agency (MHRA) alerts were faxed to the surgery and signed by clinicians to say that they had seen them and actioned by the practice manager, advanced nurse practitioner or GP as appropriate. Relevant alerts were discussed at clinical meetings.
- NICE guidelines were used to establish best practice when developing care for patients with stroke and chronic lung disease. These were then audited to establish where improvements had occurred and where further improvements could be made.

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% of the total number of points available. Clinical exception reporting at 5% was generally lower than clinical commissioning group (CCG) average of 10% and national average of 10%. Overall exception reporting was also lower (Practice 3%, CCG 6%, national 6%). (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 a positive outlier for QOF in two clinical targets:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 91% (CCG average 81%, national average 78%).
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 100% (CCG average 82%, national average 84%).

Data from 2015 to 2016 showed:

Performance for diabetes related indicators was better than the local and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 87% (CCG average 80%, national average 78%)

Performance for mental health related indicators was better than the local and national average For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (CCG average 86%, national average 89%)

At the previous inspection the provider was asked to carry out clinical audits including re-audits to ensure improvements have been achieved based on areas of risk and necessary improvements identified within the practice.

At this inspection we found that there was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, All of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, accreditation and peer review.
- Findings were used by the practice to improve services. For example, findings indicated that more clinical time needed to be allocated both to the initial assessment and annual follow up of patients with chronic lung disease.

Good

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as: The practice ensured that patients with diabetes had an in depth care plan and were empowered to take control of their condition. A two way relationship was encouraged regarding decisions about medication and treatment.

Effective staffing

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

- At the previous inspection in July 2016 we found that there was no structured induction process in place and recorded for new staff. At this inspection we found that the practice had developed 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. At the previous inspection none of the three newly employed staff whose records we examined had a completed or partially completed induction record on file. On this occasion we saw that the practice had recently employed a new staff member who had been through a thorough induction process and had a completed induction record in their file.
- 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 such as training in the diabetes protocol.
- 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.
- At the previous inspection we found that not all staff had completed mandatory training in line with their roles in a regular and timely manner and that training logs were not clear and up to date. On this occasion we found that there was a clear training log available and that all staff with the exception of the most recently recruited had completed mandatory training. The training included: safeguarding, fire safety awareness, basic life support and information governance. The new staff member was working towards completion of their training in a timely manner. Staff had access to and made use of e-learning training modules and in-house training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to an online training suite and all except the most recently employed staff had completed mandatory training. In some areas face to face training had also been employed. All staff had received an appraisal within the last 12 months.

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, care plans, medical records and investigation and test results. We found that care plans in the patients' notes were very detailed, but the format used by one clinician did not easily allow for the production of hard copies.

- 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. Multi-disciplinary team (MDT) 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.

Good

Are services effective?

(for example, treatment is effective)

- 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.

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 and weight management, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 75% and the national average of 74%. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, for childhood vaccinations for children under two years old, the practice were above standard in three sub-indicators and below standard in one (overall practice score out of 10 was nine, national average nine point one.) Immunisation rates for the vaccinations given to five year olds ranged from 92% to 98% (CCG average 87% to 93%, national average 88% to 94%).

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.

Good

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 they could offer them a private room to discuss their needs.

All of the 54 patient Care Quality Commission comment cards we received had positive comments about the service experienced although three of these were mixed. Patients said they felt the practice offered an excellent service and staff were professional, helpful, caring and treated them with dignity and respect. Other issues raised by those that returned mixed comments were concerns about repeat prescriptions and that members of staff had been rude or short with them.

We spoke with six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected although one member did have a concern regarding a specific practice procedure. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 97% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

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. We also saw that care plans were personalised. We found that care plans in the patients' notes were very detailed, but the format used by one clinician did not easily allow for the production of hard copies.

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:

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

Good

Are services caring?

- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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. We saw contact numbers for six translation services including two for those patients who were hard of hearing.
- Two staff were proficient in sign language.
- A hearing loop was available at reception at both sites.
- Patient notes were annotated and an alert put on them if the patient had additional needs.
- Staff had undertaken equality and diversity training.

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 113 patients as carers (three per cent of the practice list). A patient folder in the waiting room contained written information to direct carers to the various avenues of support available. At the last inspection in July 2016 we advised that the practice should ensure that information for carers was accessible including the use of links through the practice website. On this occasion we saw that there was a carers' page on the website which contained links to various carers' advice and support sites.

Staff told us that if families had suffered bereavement, their GP contacted them and offered an appointment if required. The practice sent condolence cards when appropriate. There was bereavement advice available in the patient's folder in the waiting rooms. A board in the practice office informed all staff of the names of patients that had recently died.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice were part of a pilot scheme run by the local clinical commissioning group (CCG) to promote the Year of Care initiative aimed at empowering patients with diabetes to take more control of the management of their condition.

- The practice offered extended surgery hours from 7.30am at Roebuck House on a Wednesday and at Guestling Surgery on Monday, Tuesday and Friday. Appointments including nurse appointments were available until 6.30pm on a Thursday.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had use of a lift.
- Two staff members were able to use sign language.

Access to the service

The practice was open between 8.30am to 6.30pm Monday to Thursday and 8.30am to 5.00pm on Fridays. The practice worked with a neighbouring practice to ensure reciprocal arrangements for cover on site for emergencies between 8.00am and 6.30pm on a daily basis. Early morning appointments were available from 7.30am at Roebuck House on a Wednesday and at Guestling Surgery on Monday, Tuesday and Friday. The practice closed for lunch between 1pm and 2pm each day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, 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 comparable to local and national averages.

- 84% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

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.

There were three laminated flow charts behind reception at each surgery describing the questions that staff should ask and the action they should take in response to requests for a home visit, a telephone appointment and an emergency telephone call. Any significant concerns indicated that the receptionist should interrupt the GP or call an ambulance immediately.

The GP and Advanced Nurse Practitioner (ANP) would be informed of the details for the visit request and would phone the patient back before visiting.

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

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, leaflets were available in the waiting room and help with making a complaint was available on the website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

At our previous inspection we found that complaints were not satisfactorily handled.

On this occasion we looked at two complaints received in the last 12 months and found that they were dealt with openness and transparency. However the process of dealing with complaints was not always seamless. For example one of the complaints had been responded to within the three days laid down in the policy and then followed up with a letter requesting more information. At the time of the inspection though, the patient had not replied and the practice had not followed up with a reminder letter or started the investigation (four weeks later). Complaints were a standard agenda item for staff and clinical meetings so that lessons could be learnt and action taken as a result to improve the quality of care. The practice were aware that they only received a small number formal complaints and had proposed that staff record any verbal informal complaints so that they may learn from them and identify trends that might otherwise go unnoticed.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a vision to deliver excellent patient care across the community.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans for the future. The practice were planning to form a partnership of four partners with two other local surgeries. We were told that these plans would be actioned once the practice had achieved the improvements requested by CQC. Some elements of the plan were already in place, for instance the business manager also had responsibility for aspects of management at the two other surgeries.

Governance arrangements

At the previous inspection in July 2016 we found that although the practice had begun to develop an overarching governance framework to support good quality care, much of this structure was not properly embedded within the practice and it was unclear how the practice intended to do this as there was not the leadership capacity to deliver all improvements.

However on this occasion following the appointment of a business manager shortly after the last inspection, changes had been introduced, the practice had an improved overarching governance framework which supported delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was now a clear staffing structure and that staff were aware of their own roles and responsibilities. This consisted of, in addition to the GP, a business manager who was now handling the administrative and managerial side of the practice and an acting practice manager. (We were told that the substantive post would be advertised once the practice had achieved the improvements requested by CQC.) Additionally the advanced nurse practitioner and practice nurse had undertaken further training and extended their roles in respect of safeguarding and infection control respectively.
- Practice specific policies were implemented and were available to all staff on the practice computer system.
- An understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.

At the previous inspection it was found that the practice needed to ensure that formal governance arrangements were effective. Including systems for assessing and monitoring risks and the quality of the service provision. On this occasion we saw that there were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions as well as managing complaints. However, when there were unintended or unexpected safety incidents or complaints we saw evidence that on some occasions reviews and investigations were not thorough enough or the policies were not applied correctly to support improvement.

- For example a dispensing issue was raised as a dispensing significant event, but not flagged up and recorded or discussed as a general significant event across both surgeries. This meant that learning opportunities were lost. Also a significant event around a lost fire exit key was raised, discussed and some positive action taken around fire safety, but ultimately nothing was put in place to mitigate against the key being misplaced again.
- A list of potential general health and safety risks had been identified and actioned in October 2016 and maintenance logs placed in each surgery for staff to identify further issues. However there was no on-going systematic process to ensure that all risks were identified and actioned in a timely manner. For instance a door that was regularly used but normally kept shut at Roebuck Surgery, opened to a sudden step down in to a corridor. There was no warning of this, it had not been identified as a hazard and somebody did trip on the day of the inspection.
- We saw one complaint where the complaints had been responded to within the three days laid down in the policy and then followed up with a letter requesting more information. At the time of the inspection though the patient had not replied and the practice had not followed up with a reminder letter or started the

Are services well-led?

Inadequate

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

investigation based on the information they had to hand as they were waiting for additional information (four weeks later). This risked slowing down the complaints procedure.

- However despite being in special measures since February 2016 and the imposition of enforcement action, there were still breaches of the regulations identified relating to the governance of the practice requiring further enforcement.
- Additionally the policy and process changes were recent and it was still too early to ascertain whether the changes would become embedded and sustained.

Leadership and culture

At the previous inspection we had found that leadership roles were not always clearly defined. At this inspection following a re-structuring and appointment of the business manager, staff had a good understanding of the management structure as well as their own roles within the team.

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the new management team were approachable, supportive and always took the time to listen to all members of staff, although they did not always feel appreciated.

The team was aware of and had systems in place to ensure compliance with the requirements of 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).This included support training for all staff on communicating with patients about notifiable safety incidents. The revised management encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

There was now a clear leadership structure in place.

- Staff told us and we saw evidence that the practice held regular team meetings as well as regular clinical and multi-disciplinary team meetings.
- Staff told us that since the business manager had been appointed that there was a more 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. The practice did occasionally hold some staff social events.
- Staff said they felt respected, valued and supported, particularly by the revised management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- At the previous inspection it was found that the patient participation group (PPG) had raised some issues about cleanliness and maintenance which had not been fully addressed and they felt that communication within the practice could be improved.
- On this occasion we found the practice had responded to all of the issues raised by the PPG and had posted their response and action plan on the practice website. The issues had been resolved. The practice had continued to gather feedback from patients through the patient participation group (PPG) in particular through a survey they were carrying out at the time of the inspection. The practice also had a suggestion box at both surgeries.
- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff 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. Staff told us they had recently felt more involved and engaged to improve how the practice was run and that communication had improved.

Continuous improvement

Are services well-led?

Inadequate

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

There was a new focus on continuous learning and improvement within the practice. Staff training and monitoring had improved with all staff having completed mandatory training and infection control training and implementation had also improved. The practice team were involved in local pilot schemes to improve outcomes for patients in the area such as the Year of Care initiative aimed at empowering patients with diabetes to take more control of the management of their condition.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014 Good governance** **The provider failed to assess, monitor and improve the quality and safety of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.** **Specifically the provider did not thoroughly assess and monitor all significant events and complaints or assess, monitor and mitigate all potential health and safety risks within the practice. They did not have systems in place to effectively monitor the audit trail and expiry dates of dressings and medicines stored in stock cupboards.** **This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**