

The Uppingham Surgery

Quality Report

**North Gate,
Uppingham,
Leicestershire
LE15 9EG**

Tel: **01572 820406**

Website: **www.uppinghamsurgery.nhs.uk**

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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?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Uppingham Surgery on 29 September 2016. Overall the practice is rated as requires improvement.

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

- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were shared to ensure action was taken to improve safety. However, the practice did not review significant events for themes and trends to maximise learning and mitigate further errors.
- Risks to patients were assessed but these were not always well managed.
- Where medicines were being prescribed by secondary care we saw evidence that the health care professionals in the practice were not always alerted to this
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Comments cards we reviewed told us patients felt 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.
 - Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Review the system for recording, acting on and monitoring significant events, incidents and near misses to include patient impact and outcome, discussion and audit trail.
- Review themes and trends from significant events and complaints to ensure actions are taken in a timely manner.
- Improve governance arrangements systems for assessing and monitoring risks and ensure identified actions are addressed. For example, fire, legionella, summarisation of patient notes.

- Review the system for safety alerts and ensure they are actioned in a timely manner and discussed at clinical meetings.
- Continue to embed a proper and safe system for the management of medicines. For example, medicines prescribed by secondary care.
- Ensure recruitment arrangements include all necessary employment checks for all staff and are in line with Section 3 of the Health and Social Care Act 2008.

In addition the provider should:

- Complete an Infection control action plan to ensure all actions are completed and document cleaning spot checks carried out on a regular basis.
- Ensure blank prescriptions pads and printer stationary are handled in accordance with national guidance.
- Formalise meeting agendas and minutes to ensure they are easy to follow and key areas are discussed on a regular basis and well documented.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- The practice had a system in place for safety alerts. However they needed to review the system to ensure when received that they are acted upon.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, fire and legionella.
- Most of the systems in place for infection prevention and control were effective.
- Where medicines were being prescribed by secondary care we saw evidence that the health care professionals in the practice were not always alerted to this

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The medicines management lead GP conducted regular medicines searches and audited aspects of prescribing, to ensure prescribing was in line with best practice guidelines.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%)
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%).
- Comments cards we reviewed told us 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's computer system alerted GPs if a patient was also a carer. The practice had identified 179 patients as carers (1.6% of the practice list).

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example, the practice now used the GP triage model which meant that all patients who contact the surgery for an appointment were triaged by their own GP if the call was before 12 midday or by the duty doctor until 6pm.
- Comments cards we reviewed told us that patients said 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 quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

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

- The practice had a governance framework in place but the systems and processes in place in regard to significant events, safety alerts, monitoring of risk and staff recruitment were not effective.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



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 was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, many examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- 6% of the patients registered with the practice are over 80 and 1.1% over 90 years of age.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 2.7% of patients who had been assessed as being at risk which was above the required national average of 2%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.5% which was 5.7% above the CCG average and 5.6% above the national average. Exception reporting was 2.7% which was 1.4% below the CCG average and 1.2% below national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 94% which was 6.4% above the CCG average and 4.4% the national average. Exception reporting was 2.4% which was 12.5% below the CCG average and 9.1% below national average.
- The practice had a programme of risk-stratified proactive care planning, with designated doctors for each of the five care homes where patients registered with the practice lived.

Requires improvement



People with long term conditions

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

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, many examples of good practice.

Requires improvement



Summary of findings

- 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 blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 95.5% which was 4.9% above the CCG average and 4.2% above the national average. Exception reporting was 3% which was 2.9% below CCG average and 2.5% below national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 77.3% which was 3.7% above the CCG average and 1.7% above the national average. Exception reporting was 4.1% which was 7.8% below the CCG average and 3.8% below national average.
- Longer appointments and home visits were available when needed.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had an uptake of 68% of those eligible for bowel screening which was above the CCG average of 64% and national average of 58%. The practice had an uptake of 83% of those eligible for breast screening which was the same as the CCG average but above the national average of 72%.
- Patients had a named GP and the practice had a system in place for recalling patients for a structure 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.

Families, children and young people

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

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, many 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.

Requires improvement



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86% which was above the CCG average of 78% 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.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The Practice looked after 700 boarding school pupils of Uppingham School. They provided specific clinics and access to this group of young people to meet the needs demonstrated in the Rutland Healthwatch Young People documentary.

Working age people (including those recently retired and students)

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

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, many examples of good practice.

- 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.
- 95% of patients who responded to the national GP survey said the last appointment they got was convenient. This was above the CCG average of 92% and national average of 92%.
- 78% of patients who responded to the national GP survey feel they don't normally have to wait too long to be seen. This was well above the CCG average of 59% and national average of 58%.

Requires improvement



Summary of findings

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 was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, many 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.
- 77% of patients with a learning disability had received a review in the last 12 months.
- 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 looked after a specialist residential home for people with Prader-Willi Syndrome. For this vulnerable group and their carers the practice provide designated sessions in a safe familiar environment of a branch surgery, as well as a GP annual review at their residence. They had also produced an accessible version of the practice leaflet.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, First contact.
- The practice had a mental health coordinator who sees patients for review through a recall system and they also had drug and alcohol services visit the practice to see patients. They provide advice packs for patients diagnosed with dementia and offer support through the dementia advisor for those going through the diagnostic pathway. The staff at the practice had undergone Dementia Friends training.
- The practice offer guided self-referral to for common mental health problems.
- 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 was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, many examples of good practice.

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is slightly above the CCG average of 83% and national average of 84%.
- 90% of patients who had been diagnosed with depression had their care reviewed in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice held a 'Memory Matters' dementia event in August 2015 which provided advice for people with dementia, carer support and screening memory assessments; it resulted in three new diagnoses and referrals. The practice were recognised for the work they had done and had received a Dementia Champions award.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, Swanswell charity.
- 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 above local and national averages. 219 survey forms were distributed and 123 were returned. This represented 1.12% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 118 comment cards, of which 117 were overwhelmingly positive about the standard of care received. Patients who completed these cards told us that they received excellent care, doctors and staff were prompt, caring, courteous and friendly. Five of these cards had a negative element but no common theme or trend.

Areas for improvement

Action the service **MUST** take to improve

- Review the system for recording, acting on and monitoring significant events, incidents and near misses to include patient impact and outcome, discussion and audit trail.
- Review themes and trends from significant events and complaints to ensure actions are taken in a timely manner.
- Improve governance arrangements systems for assessing and monitoring risks and ensure identified actions are addressed. For example, fire, legionella, summarisation of patient notes.
- Review the system for safety alerts and ensure they are actioned in a timely manner and discussed at clinical meetings.
- Continue to embed a proper and safe system for the management of medicines. For example, medicines prescribed by secondary care.

- Ensure recruitment arrangements include all necessary employment checks for all staff and are in line with Section 3 of the Health and Social Care Act 2008.

Action the service **SHOULD** take to improve

- Complete an Infection control action plan to ensure all actions are completed and document cleaning spot checks carried out on a regular basis.
- Ensure blank prescriptions pads and printer stationary are handled in accordance with national guidance.
- Formalise meeting agendas and minutes to ensure they are easy to follow and key areas are discussed on a regular basis and well documented.

The Uppingham Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a member of the CQC medicines team and a practice manager specialist adviser.

Background to The Uppingham Surgery

The Uppingham Surgery is located on the outskirts of the small market town of Uppingham in Rutland. The practice operates from its main location at Uppingham and three branch surgeries and dispenses from three of these to patients living more than 1.6km from a pharmacy.

It has approximately 11,000 patients and the practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG).

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

At the Uppingham Surgery the service is provided by five GP partners (two female and three male) and three salaried GPs (female), one practice manager, one deputy practice manager, two assistant practice managers, one patient service manager, one nurse manager, two nurses, two health care assistants, two phlebotomists, eight members of the patient service team, two dispensary managers, nine dispensers, one medical secretary, one notes summariser and one maintenance and delivery driver.

The practice is a GP training practice. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.

The practice has one location registered with the Care Quality Commission (CQC) which is

The Uppingham Surgery, Northgate, Uppingham. LE15 9EG

The practice also has three branch surgeries:-

Kings Lane, Barrowden, Oakham, Rutland. LE15 8EF which was open four half days a week.

Kirby Road, Gretton, Corby, Northants. NN17 3DB which was open three half days a week.

The Ketton Centre, High Street, Ketton, Stamford, Lincs. PE9 3RH which was open three half days a week.

The location we inspected on 29 September 2016 was The Uppingham Surgery, Northgate, Uppingham. LE15 9EG and the branch surgery at Kings Lane, Barrowden, Oakham, Rutland. LE15 8EF

The Uppingham practice is open between 8am to 6.15pm Monday to Friday. From 8am to 8.15am and 6pm to 6.30pm patients can contact the surgery via a mobile number which is available on the practice website. After 6.30pm and before 8am patients are advised to contact NHS111.

A range of GP and nurse appointments are available at Uppingham and the three branch surgeries. Each has its own dispensary. The practice had implemented the GP triage model where a GP triages the call and a suitable appointment is made for them or a home visits as required.

The practice offered extended hours at the Uppingham Surgery on Monday 6.30pm to 7.30pm and Tuesday and Wednesday 7.30am to 8.30am. These appointments are for working patients who could not attend during normal opening hours.

Detailed findings

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Northern Doctors. There were arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

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.

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 29 September 2016.

During our visit we:

- Spoke with a range of staff.
- 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

Safe track record and learning

The system in place for reporting and recording of significant events was not clear or consistent.

- 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. A member of staff we spoke with shared an example of where changes had been made to improve patient safety following the administration of an out of date injection.
- 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).
- Lessons were shared to ensure action was taken to improve safety. However, the practice did not review significant events for themes and trends to maximise learning and mitigate further errors. The policy for significant events and incidents required clarification to determine when an incident became a significant event and who the main person was for escalation within the practice. Evidence we reviewed demonstrated that this was not clear and we found two examples of near misses which fitted the criteria as per the practice significant event policy which had not been reported and investigated as significant events. For example, delay in two week referral and an abnormal histology result.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a system in for patient safety alerts. Alerts were received by the practice manager and reviewed by the lead GP. On the day of the inspection we found that the practice could not evidence how they acted upon and followed up on alerts that may affect patient safety.

Overview of safety systems and processes

The practice had 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. The policies 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 safeguarding level 3 and nurses to level 2.
- A notice in the waiting room 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 had 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 control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice employed external cleaners and we were told that they carried out visual spot checks on a regularly basis. We did not see any documentation to confirm that these spot checks took place. There was an infection control protocol in place. Most staff had received up to date training. National guidance had not been followed in relation to sharps bins placed in clinical rooms. Infection control audits had been undertaken and actions were identified. No action plan had been put in place but we saw evidence that action had been taken to address some of the improvements identified as a result.

Are services safe?

- Both blank prescription forms for use in printers and those for hand written prescriptions were stored securely but there was no procedure in place to record the prescriptions received or track them through the practice in accordance with national guidance.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. However where medicines were being prescribed by secondary care we saw evidence that the health care professionals in the practice were not always alerted to this. Since the inspection the practice had completed a full audit of 71 patients on high risk medicines, alerts have been put in place, monitoring of blood results have been checked and a further reaudit will take place in six months' time.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had appointed a GP lead for the dispensary who described having oversight of the practices within the dispensary and was actively involved in reviewing SOPs.
- Staff in the dispensary felt supported and were aware they could take concerns to any member of the clinical team in addition to their line managers.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- There were written procedures in place (SOPs) for the production of prescriptions and dispensing of medicines that were regularly reviewed, we saw that these were not always specific to the practice and the dispensary manager agreed to urgently update these.
- Medicines in the dispensaries were stored securely and were only accessible to authorised staff. Systems were in place to ensure repeat prescriptions were signed before the medicines were dispensed and handed out to patients and all dispensed medicines were second checked by either another dispenser or a clinician. We saw evidence of monthly checks of expiry dates of medicines and all medicines we checked were within their expiry date.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) at the Uppingham surgery. Staff followed appropriate processes in storing and recording these. For example, controlled drugs (CDs) were stored in a controlled drugs cupboard and access to them was restricted with keys being held securely. We saw evidence of stock level checks for CDs although these were not as frequent as specified in their SOP. There were arrangements in place for the destruction of controlled drugs and staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.
- Systems were in place to deal with medicines recalls, and records kept of any actions taken. We saw that errors and near-misses in the dispensary at Uppingham were logged and reviewed appropriately. Staff described changes to processes in the dispensary as a result of these reviews to improve safety for patients. No error log was seen at Barrowden although the dispenser described changes to processes as a result of previous near-misses and an error log was introduced following following our inspection.
- We saw that the dispensary staff alerted GPs when a medication review was due and prescriptions could only be issued once a GP had authorised the prescription. This ensured patients were receiving medicines that remained clinically appropriate for them.
- The dispensary staff were able to offer weekly blister packs for patients who had been assessed by the GPs as being suitable for these, we saw that the process for packing and checking these was robust.
- We reviewed six personnel files and found that there were inconsistencies and gaps in the recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service. After

Are services safe?

the inspection the practice sent us evidence that they had reviewed their recruitment process, obtained photo identification from all staff and obtained references where appropriate.

Monitoring risks to patients

Risks to patients were assessed but not all were well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice had carried out a health and safety risk assessment in 2014 which had been updated on a yearly basis and included slips, trips and falls, lone workers and risks to pregnant mothers.
- The practice carried out regular checks of some of the fire equipment. For example, extinguishers and emergency exits. We saw evidence that the practice had carried out yearly fire drills. A number of staff had been trained as fire wardens.
- The practice had undertaken fire risk assessments for the Uppingham in March 2016 and the three branch surgeries in June 2016. We found that some actions that had been identified had not been implemented. For example, a survey at each of the branch surgeries, which were open for three to four sessions a week. The actions were in relation to emergency lighting and staff identified as fire wardens need to undertake training. Following our inspection the practice sent further information and confirmed that an external contractor had been contacted and would visit all three sites and staff would undertake fire warden training in October 2016.
- 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the legionella risk assessments for

the main practice and the three branch surgeries had been carried out by an external company on 9 June 2016. We found that the risk assessments had not been fully reviewed and although some control measures had been put in place, not all identified actions had been implemented. For example, regular water temperature monitoring, legionella awareness training, maintain water heaters. Following our inspection the practice sent further information and confirmed that water temperature monitoring will be carried out monthly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, bank holidays and extra demand for influenza immunisations.

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.
- The practice had two defibrillators available on the premises and oxygen with adult and children's masks.
- Emergency medicines were held at the practice, and we saw that checks were undertaken to make sure that they were available and within their expiry date. We identified that an item was missing from one of the bags at Uppingham Surgery for use in an emergency and this was rectified immediately. We identified that the branch surgery at Barrowden did not have a list of emergency medicines. Following the inspection the practice provided us with evidence that they had reviewed the emergency medicines across all four sites.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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. For example, autism in adults, palliative care and opioids, stable angina and fertility problems.
- The practice monitored that these guidelines were followed through 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 for 2015/16 were 100% of the total number of points available, with 7.3% exception reporting which was 2.7% below CCG average and 2.5 % below national average. (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).

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 95.5% which was 4.9% above the CCG average and 4.2% above the national average. Exception reporting was 3% which was 2.9% below CCG average and 2.5% below national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was

77.3% which was 3.7% above the CCG average and 1.7% above the national average. Exception reporting was 4.1% which was 7.8% below the CCG average and 3.8% below national average.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.5% which was 5.7% above the CCG average and 5.6% above the national average. Exception reporting was 2.7% which was 1.4% below the CCG average and 1.2% below national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 94% which was 6.4% above the CCG average and 4.4% the national average. Exception reporting was 2.4% which was 12.5% below the CCG average and 9.1% below national average.
- The dementia diagnosis rate was 100% which was 12.9% above the CCG average and 15.4% above the national average. Exception reporting was 42.9% which was 10.7% above the CCG average and 9.6% above national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 97.1% which was 16.5% above the CCG average and 13.3% above the national average. Exception reporting was 2.9% which was 5.1% below the CCG average and 3.9% below national average.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, treatment and detection of atrial fibrillation, antibiotic prescribing associated with C Difficile, an after death audit and a prescribing of hypnotic medicines. The prescribing audit demonstrated a continued reduction in the prescribing of these medicines
- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- The medicines management lead GP conducted regular medicines searches and audited aspects of prescribing, to ensure prescribing was in line with best practice guidelines. The practice had participated in the PINCER

Are services effective?

(for example, treatment is effective)

trial. They used the PINCER audit tool and identified at-risk patients who were being prescribed drugs that were commonly and consistently associated adverse events so that corrective action could be taken to reduce the risk of occurrence of these. From the GPs who took part most had completed all the recommended actions.

- Findings from audits and reviews were used by the practice to improve services. The practice had undertaken a review of the number of home visits carried out. In 2015/16 the number of home visits had reduced and this was due to a new GP triage model, the practice now used, walk in appointments combined with the new building the practice had moved into which had more patient car parking and better transport arrangements from the town centre.

Effective staffing

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, fire safety, health and safety and information governance.
- 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 and cervical screening.
- All members of the dispensary team had gained a dispensing qualification or were undergoing training. The surgery actively supported staff to obtain these qualifications; annual appraisal and competency checks were used as forums to identify training needs. Dispensary staff were involved in the surgery PLT sessions and had completed all mandatory training.
- 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, coaching and mentoring, 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, infection control, 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. Not all staff were up to date with fire safety training. Since the inspection the practice have sent in further information in which all staff had now completed the training.

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 plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had an effective system in place for palliative care monitoring. Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. 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.

Are services effective?

(for example, treatment is effective)

- 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.

Supporting patients to live healthier lives

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, vulnerable patients and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, First contact and the Swanswell charity.
- The practice's uptake for the cervical screening programme was 86% which was above the CCG average of 78% 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had an uptake of 68% of those eligible for bowel screening which was above the CCG average of 64% and national average of 58%. The practice had an uptake of 83% of those eligible for breast screening which was the same as the CCG average but above the national average of 72%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% which was comparable to the CCG average of 95% to 98% and five year olds from 90% to 100% which was comparable to the CCG average of 95% to 98%.
- 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.

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.

117 out of 118 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They highlighted that staff responded compassionately when they needed help and provided support when required. Comment cards aligned with these views.

Results from the July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards we received 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.

Results from the July 2016 national GP patient survey showed patients responded positively to most questions about their involvement in planning and making decisions about their care and treatment. Most results were in line with local and national averages. For example:

- 82% of patients 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%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice website contained relevant and easily accessible information.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 179 patients as carers (1.6% of the practice list). We were told by the practice that they are an integral part of the local community with good relationships with the local authority and voluntary organisations. Comments cards we reviewed aligned with these views. They had jointly organised patient and carer events to provide information and support for patients, including those not registered at the practice.

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

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.

- The practice now used the GP triage model which meant that all patients who contact the surgery for an appointment were triaged by their own GP if the call was before 12 midday or by the duty doctor until 6pm.
- Open access appointments along with pre-booked appointments were available every weekday.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There was wheelchair access, a hearing loop and disabled toilet facilities on the ground floor. A lift was available to the first floor.
- The practice held a 'Memory Matters' dementia event in August 2015 which provided advice for people with dementia, carer support and screening memory assessments. It resulted in new diagnoses and referrals. The practice were recognised for the work they had done and had received a Dementia Champions award.
- In February 2016 the practice held a Cancer Awareness Day in conjunction with Macmillan, local voluntary organisations and acute trusts.

Access to the service

The Uppingham practice was open between 8am to 6.15pm Monday to Friday. From 8am to 8.15am and 6pm to 6.30pm patients could contact the surgery via a mobile number which is available on the practice website. After 6.30pm and before 8am patients were advised to contact NHS111.

A range of GP and nurse appointments were available at Uppingham and the three branch surgeries. Each has its own dispensary. The practice had implemented the GP triage model where a GP triages the call and a suitable appointment is made for them or a home visits as required.

We saw from the practice information book that they offered extended hours at the Uppingham Surgery on Monday 6.30pm to 7.30pm and Tuesday and Wednesday 7.30am to 8.30am. These appointments were for working patients who could not attend during normal opening hours. When we reviewed the practice website there was no information on extended hours.

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.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

Comments cards we reviewed were complementary about the referral process to secondary care.

People 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.

All GPs triage calls for appointments until 12 midday and the on call duty doctor from 12-6pm. 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 an effective 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.

Are services responsive to people's needs? (for example, to feedback?)

- 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. For example, patient information leaflets.

The practice had 17 complaints in the last 12 months. We looked at two of these complaints and found they had been dealt with in a timely way with openness and transparency.

Lessons were learnt from individual concerns and complaints and actions were taken as a result to improve the quality of care but we did not see any evidence of analysis and discussion of themes and trends although staff we spoke with told us complaints were discussed regularly at monthly practice learning days.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to provide the highest standards of primary care for all their patients delivered in a caring, compassionate and friendly environment.

- The practice had a mission statement 'we care about your wellbeing' which was displayed on the practice website, in the waiting areas and staff knew and understood the values.
- The practice had strategy and supporting business plans in place which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework in place but some systems and processes in place were not effective.

- 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice did not have a clear or consistent system in place for significant events or patient safety alerts.
- The practice was not doing all that was reasonably practicable to mitigate risks to patients, for example, fire and legionella.
- There were some outstanding issues in regard to infection prevention and control. For example, a review of the actions from the January 2016 infection control audit, documentation of cleaning spot checks and completion of infection control training for all GPs who work at the practice.
- Not all the required checks had been obtained prior to staff commencing employment at the practice.
- The practice had a system in place for the summarisation of paper records for new patients who registered with the practice. However we found on the

day of the inspection that the practice had a backlog of 300 sets of records. 172 sets of patient records had been received in September 2016 following registration of pupils at Uppingham School. After the inspection the practice sent us an action plan which told us they had increased the hours of a member of staff and would complete the backlog of 300 sets of patient notes by the end of December 2016.

The provider assured us following our visit that they would address these issues and put immediate procedures in place to manage the risks. We have since been sent evidence to show that improvements were being made. These actions had not had time to be implemented yet or not had time to be embedded but demonstrated that the practice had awareness of the need for change. We have noted the information and it will be reflected once we carry out a follow up inspection at the practice.

Leadership and culture

On the day of inspection the partners in the practice 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.

The provider 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

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.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys, comments on NHS Choices, complaints review and Friends and Family Test, they invited the East Leicestershire and Rutland CCG Listening Booth to the patient events and received an independent report.
- The PPG met on a quarterly basis and submitted proposals for improvements to the practice management team. For example, an event to identify further carers to be held in 2017.
- The practice described the PPG as a valuable resource which provided a platform for patient feedback which is then given to the practice. The PPG also participated in patient events.
- We were told and we saw that patient feedback was important to the practice.
- The practice showed us two cycles of a dispensary patient satisfaction survey and we saw that scores had improved following segregation of the dispensing hatch in the waiting area. We also saw another audit relating to internal dispensary organisation that had resulted in changes in processes, the impact of these had not yet been reaudited.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, improvements in the telephone system to reduce patient complaints.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, working collaboratively with the Rutland Medical Group in managing patients who reside in care homes. Hosting events for Dementia and Diabetes where external organisations provide advice and support to patients and carers.

The practice is a GP training practice. On the day of the inspection the practice had three GP registrars. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.

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>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>19 (1) - The registered person did not have a system in place to demonstrate that potential employees were:-</p> <p>a) of good character,</p> <p>(b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, which are necessary for the work to be performed by them.</p> <p>(c) be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.</p> <p>19 (3) – the following information must be available in relation to each such person employed –</p> <p>1. – the information specified in Schedule 3, and</p> <p>2. Such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 19)(1),(3) of the Health and Social Care Act 2008 (Regulated Activities Regulations