Dr Zaheer Hussain

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Zaheer Hussain also known as Fulham Cross Medical Centre on 7 October 2014. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, effective, responsive and well led services. It also required improvement for providing services for the Older people, People with long-term conditions, Families, children and young people, Working age people (including those recently retired and students). It was good for providing a caring service.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Records did not demonstrate information about safety was monitored, appropriately reviewed and addressed.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but these were not service specific.
- There were limited records to demonstrate governance and no evidence that the practice held regular governance meetings.
- The practice had not proactively sought feedback from staff or patients.

Summary of findings

The areas where the provider must make improvements are:

- Ensure staff receive training relevant to their job role.
- Demonstrate that staff can respond appropriately to medical emergencies.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Ensure staff who act as a chaperone have an appropriate DBS check.
- Ensure equipment is properly maintained.
- Ensure all aspects of infection control are identified and effectively managed
- Ensure potential risks are identified and where possible eliminated through the use of appropriate risk assessments.
- Ensure women are offered services appropriate to their needs.
- Ensure clinical audits cycles are completed and are used to drive improvements in patient care.

In addition the provider should:

- Ensure all significant events are recorded and demonstrate how learning from significant events have influenced practice and improved patient outcomes.
- Develop a formal procedure to respond to national patient safety alerts.
- Ensure the chaperone policy should provide sufficient detail to enable staff to understand and carry out the role of a chaperone.
- Introduce a back-up checking system to ensure that treatment recommendations and prescription changes made in hospital discharge letters have been responded to in a timely manner.
- Improve patient access and information sharing through the introduction of a website.
- Ensure policies and procedures are service specific.
- Ensure all staff are aware of the practices whistleblowing policy.
- Formalise plans for the future of the practice.

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 as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, there was limited recorded evidence to demonstrate that lessons learned were communicated with all staff and how these lessons had improved patient care. 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 dealing with a medical emergency and appropriate DBS checks for all clinical staff and those non-clinical staff who acted as a chaperone.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or below average for practice's performance for childhood immunisations and cervical screening and found these were below average compared to other practices in the locality. There was no female GP or female practice nurse to support female patients. The practice recognised the need to address this gap in staff skill mix but had not advertised this vacancy for six months prior to our inspection visit. There were no completed two cycle clinical audits to evidence how audit was driving improvement in performance. Multidisciplinary working was taking place but this was generally informal and record keeping was limited.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice comparable to 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 to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

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

Summary of findings

where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. However, there were no recorded complaints in the last 12 months.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. It had a vision and a strategy but there was no record of forward planning. There was a documented leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but these had not been made service specific. We were told governance was day to day but there were limited records to support this. The practice did not proactively seek feedback from patients and had not used the national patient survey to inform and improve practice. The practice had a patient participation group (PPG) with eight patient representatives however the group had not been active for the previous six months. All staff had received regular performance reviews and attended monthly staff meetings.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for safe, effective and well-led. The safe domain affects all population groups therefore the practice is rated as requires improvement for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Rapid access appointments were made available for those with enhanced needs and longer appointments and home visits available when needed. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them such as 'coordinate my care' for those patients in receipt of end of life care. The practice worked with multi-disciplinary teams in the case management of older people including the use of a 'virtual ward' and the falls clinic. It had told vulnerable patients about how to access various support groups and voluntary organisations.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for safe, effective and well-led. The safe domain affects all population groups therefore the practice is rated as requires improvement for the care of people with long-term conditions. There was no practice nurse in post and the lead role in chronic disease management and patients at risk of hospital admission were the responsibility of the principle GP. Longer appointments and home visits were available when needed. The named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had signed up to a enhanced service to introduce care plans for 52 patients with long-term conditions to reduce the number of accident and emergency department admissions.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for safe, effective and well-led. The safe domain affects all population groups therefore the practice is rated as requires improvement for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and patients who had a high number of accident and emergency (A&E) attendances. Immunisation rates for the standard childhood immunisations were lower than the England average for all with the exception of

Summary of findings

Meningitis C in the 12 month age group. Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for safe, effective and well-led. The safe domain affects all population groups therefore the practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. Although the practice offered extended opening hours for appointments from Monday to Friday, the practice was closed for a minimum of three hours each weekday and closed on Saturday and Sundays. Some health promotion advice was offered but there were limited services for female patients. In particular any female patient in need of an intimate examination or cervical smear test who did not wish to be examined by a male GP had to access an alternative practice or secondary health service.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for safe, effective and well-led. The safe domain affects all population groups therefore the practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice used new patient's health checks to screen for health issues including smoking and alcohol. The practice held a register of patients living vulnerable circumstances including those living in temporary accommodation and those with a learning disability. 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 practice is rated as requires improvement for safe, effective and well-led. The safe domain affects all population groups therefore the practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and referred patients to a psychiatrist where appropriate. One of the GPs had a specialist interest in mental and took responsibility for the

screening of those patients who were at risk from depression, such as pregnant women. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.	

Summary of findings

What people who use the service say

We received 17 CQC patient feedback cards and spoke to two patients on the day of our visit. Patients said they felt the practice was clean and accessible. Patients also said they found access to appointments very good and could usually get through on the telephone without delay.

Most patients said they had been coming to the practice for many years and felt the staff were polite and helpful. Most patients said they felt listened to by the GPs most of the time, those that didn't said they sometimes felt the consultation had been rushed. All patients said they understood their treatment options and felt involved in making a decision about their treatment.

Not all patients knew what services were offered by the practice such as the right to a chaperone and telephone consultations. Several patients who had completed our feedback cards stated that the only negative about the service was that they often had to wait beyond their appointment time.

Patients we spoke with were not aware that there had been a patient participation group (PPG) but they had been asked to complete a patient questionnaire. Not all patients were aware that there was a suggestion box in the reception area.

Areas for improvement

Action the service MUST take to improve

- Ensure staff receive training relevant to their job role.
- Demonstrate that staff can respond appropriately to medical emergencies.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Ensure staff who act as a chaperone have an appropriate DBS check.
- Ensure equipment is properly maintained.
- Ensure all aspects of infection control are identified and effectively managed
- Ensure potential risks are identified and where possible eliminated through the use of appropriate risk assessments.
- Ensure women are offered services appropriate to their needs.
- Ensure clinical audits cycles are completed and are used to drive improvements in patient care.

Action the service SHOULD take to improve

- Ensure all significant events are recorded and demonstrate how learning from significant events have influenced practice and improved patient outcomes.
- Develop a formal procedure to respond to national patient safety alerts.
- Ensure the chaperone policy should provide sufficient detail to enable staff to understand and carry out the role of a chaperone.
- Introduce a back-up checking system to ensure that treatment recommendations and prescription changes made in hospital discharge letters have been responded to in a timely manner.
- Improve patient access and information sharing through the introduction of a website.
- Ensure policies and procedures are service specific.
- Ensure all staff are aware of the practices whistleblowing policy.
- Formalise plans for the future of the practice.

Dr Zaheer Hussain

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector.** The team included a GP, a second CQC inspector and a CQC national nurse advisor.

Specialists who take part in the inspection are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Dr Zaheer Hussain

Dr Zaheer Hussain also known as Fulham Cross Medical Centre is a single location practice located in the London Borough of Hammersmith and Fulham which provides a primary medical service (PMS) to approximately 2,200 patients in the Fulham area of West London. This is the only location operated by this provider.

Dr Zaheer Hussain is registered to provide the following regulated activities:

- Maternity and midwifery services
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

The practice is part of a network of 11 single handed and 2 partnership practices with a total of 50,000 patients. The patient population groups served by the practice include a cross-section of socio-economic and ethnic groups. Staff said the majority of patients registered with the practice were from an Australian or East European background.

There is a transient patient population of approximately 40 patients joining and leaving the practice each month. A large number of patients are between the ages of 20 and 35 years.

The practice team was made up of two (male) GPs, a practice manager, an administrator and three part time receptionists.

Appointments were available between 8:30am to 12:30pm and 4pm to 20:30pm on a Monday or Tuesday. 8:30am to 12:30pm and 4pm to 20:30pm on a Wednesday and 9:30am to 12noon and 4pm to 18:30pm on a Friday. Thursdays were open for emergencies only between 8:30am to 13:30pm. The practice manager told us that an out of hours service operated during daytime closure hours which had been agreed with NHS England's local area team (LAT).

Fulham Cross Medical Practice does not provide an out-of-hours service.

Hammersmith and Fulham had the 8th highest population with severe and enduring mental illness known to GPs in the country in 2012/13 (2,452 people). Around a third (29%) of children under 16 in Hammersmith and Fulham were classified as living in poverty in 2011, higher than London (27%) and England (21%). This amounts to over 8,600 children, focused particularly in the north of the borough, particularly in lone parent households.

In 2012, Hammersmith and Fulham had the 5th highest reported acute Sexually Transmitted Infections (STI) rate in England, which highlights that there are significant challenges to be addressed in reducing the impact of poor sexual health locally. Around a third of acute STIs diagnosed were seen in young people aged 15-24. Gay men and African communities are also disproportionately affected. Gay men and African communities remain the

populations most disproportionately affected by HIV locally. Consideration needs to be given to better linkage of HIV prevention services with both mental health and substance misuse services.

Coverage of breast screening in the borough was the 5th lowest in the country, with close to 4 in 10 women (4,800 women) not having had an NHS screening within the last three years. There were significant challenges locally around achieving high screening rates, given high population movement and high private and overseas use (which cannot be counted).

Cervical screening coverage was the lowest in the country for younger women and the 2nd lowest for older women. Cervical screening also suffered from similar challenges to breast screening around population movement and overseas use.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We also liaised with Hammersmith and Fulham Clinical Commissioning Group (CCG), NHS England and Healthwatch.

We carried out an announced visit which took place over one day on 7 October 2014. During our visit we spoke with two GP's, the practice manager, an administrator, two receptionists and spoke with two patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We also reviewed 17 CQC comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

We reviewed safety records and incident reports and minutes of meetings where these were discussed for the last two years. We were told that meetings were held as required in response to significant events, patient safety alerts and incidents. However there was no formal process for the management of patient safety alerts and no records of these being discussed or actioned.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records showed there had been four significant events in the last two years. Records identified the appropriate action to be taken and the proposed learning following each significant event. For example, the practice was unable to contact a patient whose test results were abnormal. The practice discovered the patient had moved without informing them and took appropriate action to remind all patients of their responsibility to inform them of any change in address.

Staff said significant events were discussed as and when they happened however there was no formal record held of these discussions and not all significant events were recorded. We viewed the minutes of one practice meeting where a recorded significant event had been discussed.

Accident and incident management procedures were in place and staff were aware of how to record and report accidents and incidents.

Reliable safety systems and processes including safeguarding

There was a named safeguarding lead for the practice and staff were aware of who this person was.

The practice had a safeguarding vulnerable adults and a child protection policy in place, however the information they contained was general safeguarding information and not practice specific.

Although staff working at the practice demonstrated an appropriate understanding of the indicators of abuse and who to report their concerns to, the policy did not contain this information.

The practice maintained a 'children at risk' register. Clinical staff said they would set up an electronic alert for each child known to be at risk, this also acted as a safeguard on the rare occasions that a locum GP was used by the practice.

We were told that vulnerable adults also had an electronic alert attached to their records to ensure clinical staff were made aware of and reminded of any concerns when they attended an appointment.

Staff were aware of multi-agency working and staff training records evidenced that all staff had completed on line safeguarding vulnerable adults and child protection training in September and October 2014. Clinical staff had completed safeguarding children Level 3 and all non-clinical staff had completed Level 1.

Clinical staff had access to mental capacity assessment guidance, including a checklist and best interest's information. We were told that the practice's computer system flagged up a prompt to request a patient's consent and clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

The practice had a whistleblowing policy but this again was not service specific and referred to the 'director of nursing' as the designated director for whistleblowing and 'approaching a member of the trust board' to raise concerns. Not all staff we spoke with were aware of whistleblowing.

A chaperone policy was in place, but this did not reflect what actually happened in the practice. The policy stated that a chaperone would normally attend inside the curtain and watch the procedure, however staff we spoke with who had acted as a chaperone said they would not directly witness the procedure to maintain the privacy of the patient. Staff who had acted as a chaperone confirmed they had not received any formal training in line with General Medical Council (GMC) guidance. Staff acting as a chaperone did not fully understand the role and responsibilities of the chaperone, including the need to witness the examination and what a normal examination looked like. A notice regarding chaperones was visible on the waiting room noticeboard, though one patient we

spoke to was unaware of the chaperone service. The practice was unable to demonstrate that staff who acted as chaperones had an appropriate Disclosure and Barring Service (DBS) Check.

Medicines management

We checked medicines stored in the treatment room and medicine refrigerator. Medicines were stored correctly and recorded appropriately. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We were told that a pharmaceutical advisor visited the practice monthly and advised the GPs on medication issues, and changes were made as required.

The practice did not hold a stock of travel vaccinations, however patients could request travel vaccinations which would then be prescribed and administered by the GP. At the time of the inspection visit we witnessed the GP making arrangements for the collection of a prescribed vaccination with the local pharmacy on behalf of a patient.

We saw a protocol for repeat prescribing which was dated and showed a review date of December 2014. Staff told us that some repeat prescriptions could be requested in person, by email and fax. We were also told that some repeat prescriptions were taken over the phone. Though we were assured that repeat prescriptions which were requested over the phone were only accepted for patients whose identity could be confirmed, it was noted that there was no audit trail for over the phone repeat prescription requests which carried a small risk. We did observe a patient being asked to confirm their date of birth and first line of their address when collecting a prescription. We were also told by a patient that they had been asked for identification when they had collected a prescription for a family member.

All repeat prescriptions were reviewed and signed by a GP before they were given to the patient. We were told that the practice had a good working relationship with the local pharmacist. We were told that repeat prescriptions were reviewed every six months, though one patient we spoke with said they had received four repeat prescriptions and not been asked in for a review.

There were no controlled drugs held at the practice and the GPs told us that they did not carry any medicines in their doctor's bag. The GPs said patients identified as in need of medicines during a home visit would be issued with a prescription.

Cleanliness and infection control

On the day of the inspection visit the practice was clean, however we noted that the consultation / treatment rooms were cluttered.

Hand cleansing gel was available for use throughout the practice for use by patients and staff. Patients told us they always found the practice to be clean and there were no concerns raised about cleanliness or infection control.

Although there were no detailed cleaning schedules in place. There was a cleaning task tick list which had been completed but this did not include the frequency of the task undertaken. We saw appropriate cleaning materials and fluids. There were no carpets in the practice and all floors were easy to clean. We noted there were no spillage packs available to staff them to help minimise the risk of cross infection and contamination from bodily products.

The practice manager was the identified lead for infection control on a day to day basis. Training records demonstrated that none of the staff, including the identified lead, had received any infection control training.

The practice had undertaken an infection control audit in line with The Health and Social Care Act 2008 Code of Practice on prevention and control of infections and related guidance. This audit was dated 16 September 2014. It identified areas of concern and included remedial actions to minimise the identified risk. Areas for improvement included the replacement of some furniture, hand hygiene and the de-cluttering of work surfaces. We noted the audit did not cover all potential risks such as the lack of spillage packs for staff and the frequency of cleaning tasks missing from the cleaning schedule. The audit identified who was responsible for the remedial action, and included the planned achievement date and the actual date of completion. We noted that all identified problems had been resolved within the planned timescale, however further de-cluttering was required.

On the day of our inspection visit clinical waste was correctly stored and a contract was in place for its

collection and disposal. Sharps bins were available in clinical areas. We noted however that a box of fully discharged out of date flu vaccine syringes from last season, had not been disposed of in the sharps bin.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, the safe disposal of clinical waste and the use of personal protective equipment such as disposable gloves and aprons were available for staff to use. The policy did not offer details of how often the disposable curtains around the examination couch would be replaced. We asked the practice manager who told us they were replaced every two weeks, however there were no records kept to evidence this.

A poster and flow chart were on display to inform staff how to respond to a sharps injury and hand hygiene techniques signage was displayed in both staff and patient toilet areas. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy in place for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings) dated 1 October 2014. The principal GP had undertaken a legionella hazards investigation report on 1 October 2014 which showed no risks, action points or controls measures had been identified. We also saw issues raised in a Thames Water regulations inspection letter dated 30 October 2013 had been rectified.

We were told that both GPs had received hepatitis B immunisation.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Most equipment available for use in the practice was for single use only.

There was no effective system in place for checking equipment was fit for use and equipment which had exceed its use by date was disposed of. We saw several boxes of single use vaginal speculums which had exceeded their expiry date, though we were informed that these were no longer used as the practice had an alternative arrangement in place. Portable electrical equipment displayed stickers indicating the test due date had been July 2014 and the practice manager confirmed that the calibration of relevant equipment; for example weighing scales and the fridge thermometer were also overdue.

Staffing and recruitment

The practice manager told us that the staffing team was stable and all staff had been employed for ten years or more. Recruitment files for the principal GP and non-clinical staff were not available for inspection. We were shown a Disclosure and Barring Service (DBS) check for one of the GPs but these were not available for inspection for all other staff.

We were told that the practice had not had permanent a practice nurse for about 3 years and although the nurse had been replaced temporarily by an agency nurse the practice had struggled to recruit a permanent replacement. The practice manager said the practice nurse post had last been advertised 6 months ago and the practice had since been in discussion with other local GPs to look at the possibility of sharing a nurse part time.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. The practice manager told us that they covered sickness and annual leave for non-clinical staff and the two GPs covered for each other.

There was no female GP at the practice but staff told us this was not a concern for the patients. We were told that female patients were directed to the local primary care gynaecology department or family planning clinic for intimate examinations and cervical smear tests. Most patients we spoke with and those that completed our CQC patient comment cards did not raise this as a concern, though one patient stated that they knew that some Muslim women who attended an alternative practice where a female GP was available.

A recruitment policy was in place, which covered advertisement of a vacant post, shortlisting, interview and post recruitment checks. The practice manager was responsible for the recruitment of non-clinical staff and supported the principal GP with the recruitment of clinical staff.

We saw an induction check list for the receptionist / administrators and locum GPs. These covered the areas

such as the role, structure of the practice, policies and procedures and training. We were told that the practice had developed a locum induction sheet and a one page protocol to inform locums of their referral and prescribing practices.

Training records demonstrated that staff had received some training in the last 12 months. This had not however included mandatory basic life support and role specific training such as infection control.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. All non-clinical staff had received health and safety training.

We were shown the infection control, health and safety and fire risk assessments which had been completed in 2014. These identified possible risks, set actions to reduce risks and target dates for review. We noted however that not all risks had been identified, for example, we saw the wire trailing from the blood pressure machine in the reception waiting area was a potential trip hazard and the height and weight machine had been placed in front of a fire extinguisher, limiting access.

There was no risk assessment for the Control of Substances Hazardous to Health (COSHH) and no written instructions on the use of harmful cleaning products.

Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example the practice had signed up to the unplanned admissions enhanced service to reduce unnecessary admissions to secondary care. The practice had started to undertake personalised care plans for all of the 52 patients it had identified as most at risk.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies but there was insufficient evidence to demonstrate that staff would be able to respond adequately to a medical emergency.

The practice did not have an automated external defibrillator (used to attempt to restart a person's heart in an emergency), a pulse oximeter, a spirometer or access to oxygen. Not all staff asked knew what emergency equipment was held at the practice. Staff said they had risk assessed the need for this equipment but felt it was not needed as the nearest hospital was a five minute drive away. Although staff said they had undertaken a risk assessment this had not been recorded.

We were told that the principal GP checked the emergency medicines and equipment monthly. We looked at the emergency medicine and found that they were in date.

Training records demonstrated that clinical staff working at the practice had last undertaken first aid refresher training on 18 March 2013.

The practice had a fire safety policy and procedure for the protection of staff and patients. There was a designated fire marshal and training records showed that all staff had last received fire safety training on 11 April 2013. Staff demonstrated sufficient knowledge and understanding of the practice procedure. Records showed there had been two fire drills undertaken on different days and at different times of the day during 2014, one of which had included both patients and staff.

A fire risk assessment had last been undertaken on 1 July 2013 and was in need of review.

We were told that there was a staff emergency 'panic' button on the reception desk and an indicator on the telephone which could be used in the event of assistance being required.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners.

We spoke with two patients on the day of our inspection and received 17 CQC patient comment cards. All patients felt the two GPs were knowledgeable and that the care they received was safe.

The practice was part of an 13 practice network set up by the local Clinical Commissioning Group (CCG) to share information, discuss the health issues of the local patient population and set action plans to improve practice and patient care. The network met on a monthly basis with the principal GP acting as the clinical lead.

Although the GPs told us they had an interest in and took the lead in some specialist clinical areas such as mental health, chronic disease and childhood immunisations, there was no practice nurse in post to support the GPs with these specialist clinical areas.

We looked at the latest data available of the practice's performance for childhood immunisations and cervical screening for female patients with poor mental health and found these were below average for practices within the Hammersmith and Fulham CCG. The practice told us that one of the GPs had a particular interest in patients with poor mental health, and that female patients were referred to a local sexual health clinic for cervical screening. The principal GP took the clinical lead for child health and mothers were encouraged to bring their children in for immunizations whenever they attended the practice.

Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making. We were concerned that the practice was not actively recruiting a female GP to enable female patients a choice of same sex care and treatment.

Management, monitoring and improving outcomes for people

The principal GP and practice manager were the identified clinical and non-clinical leads for key areas within the practice, such as infection control, medicines management and safeguarding (child and adult alerts management). There was however minimal evidence available to demonstrate how information was gathered and analysed to ensure action plans were developed to continually improve patient outcomes.

The principal GP told us that they were the appointed clinical lead for the 'Hammersmith and Fulham network' (a group of 13 local GP practices who met to discuss clinical issues and the provision of services for their 50,000 registered patients). The practice used their attendance at the monthly 'network' meetings to gather information for benching marking purposes. Benchmarking is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. We looked at the most recent benchmarking data available for GP practices in Hammersmith and Fulham and found that although the practice was below average for childhood immunisations and cervical screening they were comparable for most other areas in particular the percentage of patients with physical and / or mental health conditions who's notes contain an offer of support and treatment within the preceding 15 months, emergency cancer admissions and patients with diabetes with a record of a foot examination and risk classification within the last 15 months.

We were told by the GPs that they completed one clinical audit every year as part of their revalidation portfolio. The GPs said the most recent clinical audit undertaken had been on ACE inhibitor use (ACE inhibitors are drugs used primarily in the treatment of high blood pressure). This audit however was not made available at the inspection.

We were shown a clinical audit titled 'stroke prevention in atrial fibrillation therapy review'. This was a one cycle audit dated February 2014 which had been undertaken by an external pharmacist in conjunction with the CCG to support the practice to achieve their Quality Outcomes Framework (QOF) targets. Its conclusions and recommendations had been discussed with the practice and authorised interventions for patients were then put in place by the pharmacist undertaking the review. We noted that the provisional re-audit date was set for April 2015.

Effective staffing

Practice staffing included medical, managerial and administrative staff. We were told that there had been no permanent practice nurse in post for the past three years.

Requires improvement

Are services effective?

(for example, treatment is effective)

The GPs acknowledged that this could be challenging for the practice and made wound management, cytology (for cervical screening), urine testing and the removal of sutures more difficult to manage. We were told that the practice was looking into the possibility of sharing a nurse with another practice (within the CCG). In addition there was no female GP but the principal GP said they referred female patients who required an intimate examination to a female GP in a neighbouring practice. Patients told us they were aware that they could access a female GP through another practice.

We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as first aid, information governance, health and safety and safeguarding. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by General Medical Council can the GP continue to practice and remain on the performers list with the NHS England).

We were told by the practice manager that all staff undertook annual appraisals with the practice manager which identified learning needs and personal development areas. This was confirmed by staff.

Working with colleagues and other services

We were told that the principal GP was the clinical lead for the 'Hammersmith and Fulham network' a group of 13 GP practices within the CCG which formed worked together to improve patient outcomes. We were told that the network had recently reviewed their ophthalmology referrals to improve referral practices (ophthalmology is the anatomy, physiology and diseases of the eye) This review had resulted in the commissioning of a community clinic.

The practice worked with, sought advice from and referred patients to other services such as alcohol and substance misuse and mental health services to provide the best outcomes for patients. Although patients were referred there was no formal backup system to follow up on these referrals. One GP however said they personally followed up referrals by asking the patient to telephone them if they had not heard regarding their referral within a specified time.

We were informed that the GPs discussed complex cases informally to assist each other.

Information sharing

The practice used an electronic computer system which was widely used in the NHS to record patient notes and effectively manage care. We were told that the practice received daily letters from the out of hour's service which are scanned onto the computer system.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner.

Administrative systems were in place to ensure GPs were given information regarding patient care and treatment such as hospital discharge summaries in a timely manner. We saw there were about 100 patient test results awaiting a GP's response on the day of our visit. We looked at a random sample of these tests and found no risk to patients, however there was no formal procedure in place for the management of test results. One patient we spoke with told us that the practice said they would telephone them with a blood test result when it came in. After waiting for several weeks, the patient said they telephoned the practice who said the results had been in for four weeks.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties in fulfilling it. The GPs understood the key parts of the legislation and were able to describe how they implemented it in their practice. The GPs gave examples of how a patient's best interests were taken into account if a patient did not have capacity. For example, we were told that if the GP had concerns about capacity regarding a patient with poor mental health, this patient would be referred to a psychiatrist.

Requires improvement

Are services effective?

(for example, treatment is effective)

There were six patients with a learning disability registered with the practice. GPs said these patients were supported to make decisions through the use of care plans which they were involved in agreeing.

The GP told us that the Co-ordinate My Care clinical service was used where needed. This service offered to those patients in receipt of palliative (end of life) care a personalised care plan which recorded their preferences for treatment and decisions for care.

Both GPs demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

The practice did not have a consent policy available for inspection however we were told that GPs were prompted to ensure consent had been given when completing the electronic patient's notes. GPs confirmed a patient's verbal consent such as that required for a vaccination or joint injection was documented on the patient record. The record included details of the relevant risks, benefits and any possible complications.

Health promotion and prevention

The practice manager told us that the practice had signed up to directed enhanced services (DES) for unplanned admissions, phlebotomy, shingles and pneumococcal and influenza vaccinations. The practice had also signed up a DES to introduce care plans for 52 patients with long term conditions to reduce the number of accident and emergency department admissions.

The practice's performance for cervical smear uptake was 17.3% which was 52.3% below others in the CCG and 59.6% below the England average. There was a policy on cervical cytology management which gave an overview of how the practice worked with the local health authority to send appointment letters to eligible women. The practice was however unable to demonstrate that they had informed the local Health Authority of women who did not require screening, such as those who were pregnant and those who had had hysterectomy to prevent a woman from receiving an inappropriate letter. The practice was also unable to demonstrate that they were proactive in the promoting or supporting women in the area of cervical screening, for example by sending a third reminder letter.

In the absence of a practice nurse the GPs took responsibility for the administration of childhood immunisation and said they discussed immunisations and the immunisation schedule with pregnant women before birth. Reminder letters were sent by the practice but general up take up was poor. The GPs said they did not have any formal contact with the locally based health visitor and communication was limited.

The principal GP was responsible for checking all information relating to patient test results which included contacting patients to discuss abnormal results and arrange follow up appointments.

We were told that the practice followed the two week referral guidance as recommended by NICE, ensuring patients who presented with symptoms that could be caused by cancer were seen by a specialist within two weeks.

Some patients we spoke with were not aware that the practice offered services such as telephone consultations and a chaperone service and felt the practice could be more proactive in advertising the services they provided.

We were told that the practice did not have a formal system for calling older patients into the practice for a health check. However a clinical assessment was carried out opportunistically when the patient attended the practice for another reason. A falls risk would also be carried out. We were also told that the GP reviewed patients with long term conditions; however we were not shown any system in place to support this.

We were told that the principal GP carried out annual home visits to the eight housebound patients and six patients with a learning difficulty who were registered with the practice.

The practice used new patient's health checks to screen for health issues including smoking and alcohol.

We were told that the practice offered 'Kick It' (a stop smoking service commissioned by the local council in partnership with the NHS) sessions on Wednesday evenings. Patients could also be referred to a dietician for weight management advice.

Requires improvement

Are services effective?

(for example, treatment is effective)

We were told that general referrals were made through a single point of contact via a community hub. Patients were advised of the expected contact date by the GP. Patients were requested to contact the GP if they had not heard by the expected date so the GP could chase the referral.

Those patients in need of sexual health services were referred to the local sexual health clinic.

The practice did not operate an outreach service to the homeless. We were told that people could register without an address, though the local hospital would also see homeless people. We were told that refugees and those in temporary bed and breakfast accommodation who presented with poor mental health would be seen by a GP.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients we spoke with told us that the practice was caring and respectful and they felt they could talk freely to the GP. We were told that many of the patients are known well to the practice and observed the principal GP greeting a patient in the waiting room by their first name.

CQC patient comment cards we received stated that patients felt the practice was caring and friendly, and treated them with dignity and respect, though one patient had written that they did not always feel listened to.

We were told that the practice had systems in place to ensure patient confidentiality, including a soundproofed booth. One patient we spoke with confirmed that confidentiality and privacy was respected. Staff we spoke with were aware of how to ensure patients confidentiality and were clear about boundaries. However, we saw that the post box for receiving external mail was situated in the disabled toilet. On the day of our inspection visit the lockable door of the post box was open and anyone using the toilet was able to access the contents. This could lead to a breach of confidentiality however staff assured us this was a one off incident.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise these with the practice manager.

The practice did not return the prior notification list to the local health authority to inform them of which female patients were due a cervical smear test. This list ensures the local health authority do not send invitation letters inappropriately, for example; to pregnant women or those who have had a hysterectomy.

Care planning and involvement in decisions about care and treatment

Patients we spoke to stated that the GP clearly explained their treatment to them in a way they could understand.

We were told that there was an indicator on the practice's electronic system to show if a patient had a carer and who was their next of kin.

The principal GP told us that they supported multi-disciplinary care through holistic care planning for older patients. We were also told that the practices electronic system flagged up when an older patient was due a review.

The practice had also signed up a directed enhanced services (DES) to introduce care plans for 52 patients with long term conditions to reduce the number of accident and emergency department admissions.

The practice held a register of patients in receipt of end of life care. We were told that the practice met with the district nurse every three months to discuss the care and treatment for these patients. The practice used 'coordinate my care', a care planning system for patients in receipt of end of life care which shared information between healthcare providers coordinating care and recorded the patient's wishes of how they wished to be cared for.

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 82% of practice respondents said the GP involved them in care decisions which was comparative to national figures).

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Feedback we received on the CQC patient comment cards was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

One of the GPs had a special interest in mental health and screened those patients who were at risk for depression, such as pregnant women. We were told that patients with depression were given three monthly reviews and annual health checks.

Good

Are services caring?

The practice made available information to carers via the 'carer information booklet' produced by the carer primary care navigator service for the Local Authorities Hammersmith & Fulham, Kensington & Chelsea and Westminster. The practice had referred approximately six carers to the 'Carers Network' which provided support to unpaid carers.

We were told that when a patient died the principal GP would telephone close relatives. The practice would also arrange for a condolence card and flowers to be sent to the next of kin.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The electronic patient record system used by the practice flagged up specific issues for patients, such as where a patient had a carer and if a patient was considered vulnerable. We were told that double appointments could be offered for those patients who needed them.

We were told that the practice looked at the NHS choices website for feedback from patients, but they did not respond to patient comments or use the information from the national patient survey to inform and improve the practice. We did observed the practice manager discussing NHS choices comments which they had seen that week with reception staff. Patients we spoke with said they had never been asked to complete a survey or questionnaire. The practice had a patient participation group (PPG) of eight patients however, the group had not been active for the previous six months.

We were told that older people were supported through multi-disciplinary team working. We were told that the practice had signed up to the directed enhanced service (DES) for care planning for older people. One of the GPs told us that they promote holistic care planning among their elderly patients and that the practice was part of the integrated care project which promoted joint working to improve patient outcomes for patients with conditions such as diabetes. We were also told that the practice had used a 'virtual ward' (a system using the systems and staffing of a hospital ward in a person's home) to care for a patient at home who had increased care needs.

We were told by the practice manager that patients with long term conditions such as chronic obstructive pulmonary disease (COPD), coronary heart disease, asthma and diabetes were called in for review by the GP. We noted that the practice did not hold a spirometer for measuring lung function for the section on diseases such as asthma and COPD. Staff told us these tests were carried out at an external respiratory clinic.

We were told that childhood immunisations were carried out by both GPs. Appointments were available throughout the week, including after school appointments. The practice also offered telephone consultations and we were told that two or three were carried out each day.

Tackling inequity and promoting equality

The practice had a general statement in their practice leaflet which informed patients that they promoted equality, however there was no access to a female GP at the practice.

The practice had six patients with a learning disability registered with the practice who we were told were invited in for a health check once a year. We were told that the practice had a significant number of patients who were asylum seekers and presented with problems such as poor mental health and social issues.

The practice had access to online and telephone translation services for those patients whose first language was not English.

The premises and services had been adapted to meet the needs of people with disabilities and were set out over the ground floor.

The practice had a dignity at work policy which covered harassment on the grounds of age, race, sex, sexual orientation, gender reassignment status, disability, religion, philosophical belief or marital status.

Access to the service

The practice had signed up to a local enhanced service (LES) for extended hours. However we noted that the practice leaflet which contained information on consultation showed patients could only get an appointment to see a GP between 8:30am to 12:30pm and 4pm to 20:30pm on a Monday or Tuesday. 8:30am to 12:30 pm and 4pm to 20:30pm on a Wednesday and 9:30am to 12noon and 4pm to 18:30pm on a Friday. Thursdays were open for emergencies only between 8:30am to 13:30pm. The practice manager told us that an out of hours service operated during daytime closure hours which had been agreed with the local area team (LAT).

We noted that information was available on the NHS choices website regarding opening times, but this information was in need of updating. The practice did not have a website at the time of our inspection visit however we noted that one had been set up shortly after.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

When the practice was closed, patients who telephoned were advised of contact numbers for an alternative service by recorded message. The practice information leaflet contained information on the 111 service, out of hours and details of local urgent care centres.

Staff told us that they felt patient access was very good. Patients said that although they could get an appointment within 48 hours, they were not always seen on time and the practice was closed on a Thursday afternoon which could cause difficulties.

Female patients were provided with limited services. Although there was some health promotion advice offered female patients in need of an intimate examination or cervical smear test who did not wish to be examined by a male GP were signposted to alternative practices with a female GP or female practice nurse or other secondary health services.

We were told that the practice had access to a translation service if required.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practice provided toilet facilities including one which could be accessed by patients with a disability.

Listening and learning from concerns and complaints

Staff told us that they had not received many complaints and those they had received were to do with appointment availability and not being seen on time.

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Staff knew how to deal with complaints and there was a designated responsible person who handled all complaints in the practice. We were told that complaints were dealt with as soon as possible to try to prevent them escalating and where appropriate an apology was offered.

People who wanted to make a written complaint were referred to reception staff where they could be helped with completing the relevant form.

There was a small tin on reception for comments, but patients we spoke with were unaware of this and one patient we spoke said did not know how to make a formal complaint.

We were told that complaints were discussed informally in ad hoc staff meetings as and when they were received, however the practice said they had not received any complaints in the last 12 months.

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

We were told that the principal GP would be retiring within the next few years. Although there was no formal plan in place staff had discussed the succession plan for the practice and had identified a GP to potentially take over the practice. The practice manager told us that they hoped they would be able to employ a female GP and practice nurse as part of their along term plans for the practice.

Staff said they felt the practice had a future and hoped they would continue to grow and deliver high quality care and promote good outcomes for patients.

The practice vision and values included being part of a federation of practices within the Clinical Commissioning Group (CCG). We were told the practice manager was a board member of the steering group for this federation and had been involved in setting it up. As part of this federation we were told the practice wanted to offer 24 hour blood pressure monitoring and respiratory services, which would relieve some of the pressure for this service on their own and other practices within the federation.

Governance arrangements

We were told that the principal GP was the lead for governance arrangements, but this had been delegated to the practice manager, who told us that governance of the practice was undertaken on a day to day basis.

The practice had appropriate policies and procedures such as safeguarding vulnerable adults and children, whistleblowing, health and safety, risk assessment and infection control. Although these were seen to be in place, these documents covered the topic in a generalised way and had not been tailored specifically to the practice to ensure they were practical working documents.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead for infection control and safeguarding. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice did not demonstrate that they had an on-going programme of clinical audits which they used to monitor quality and systems to identify where action should be taken.

The practice had arrangements for identifying, recording and managing risks. Some risk assessments had been carried out but these did not identify all possible risks and not all had been subject to regular review. Some areas of risk such as responding to a medical emergency did not have a risk assessment in place.

Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example the practice manager took a non-clinical day to day lead on infection control, Quality Outcomes Framework (QOF) and complaints and the principal GP was the clinical lead for the management of medicines and safeguarding.

The practice manager told us that there is an open and transparent relationship between staff. We spoke with five members of staff and they were all clear about their own roles and responsibilities. Staff told us that they felt valued and supported in their roles. They knew who to go to in the practice with any concerns and were confident in raising issues with the manager or principal GP should they need to.

We were told by the practice manager that although practice meeting took place on a regular basis these were often informal and not always minuted. We looked at the meeting minutes which were available and these showed agenda items, discussions and service planning.

The practice manager was responsible for human resources. We saw a limited number of policies and procedures in place to support staff, most of which were generalised and not service specific. Although some human resource policies were in place such as dignity at work and an induction policy, there were no staff performance procedures available to support staff. Staff we spoke with said they knew where to find policies and procedures and felt supported in their roles.

Are services well-led?

Requires improvement

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

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

The practice had a Patient Participation Group (PPG) of six members however the group had not been active for the previous six months. At the time of our inspection visit the practice did not have their own website however we were told that patients could contact the practice by email. Although we were told that the practice used information from the NHS choices website, there was no evidence to demonstrate how patient experience had developed the practice or improved services. In addition we noted that the practice had not taken the opportunity to respond to patient comments left on the NHS Choices website and had not used the results of the National Patient Survey to inform their services.

We spoke to two patients who attended the practice on the day of our inspection. Comments concerning staff attitude and caring were positive, but some patients were unaware of all of the services offered at the practice and felt the practice should have been more proactive in making these services known. We noted that the comments and suggestions box at reception was small and not easily seen.

Management lead through learning and improvement

We were told that the practice met monthly with GPs from other small practices to discuss complex cases and learn from each other. We saw minutes from these meetings which demonstrated that appropriate information and learning was shared with the staff team. We were told that the practice GPs met once a month to discuss issues, however these meetings were not formally recorded.

The GPs were able to maintain their clinical professional learning and development through training and discussion with other professionals. Non-clinical staff had regular appraisals and had undertaken basic training.

The practice did not demonstrate that they used risk assessments as a learning and improvement tool.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered person had not protected people against the risk of untrained staff. This was a breach of regulation 23 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must ensure staff receive appropriate training as is necessary to enable them to carry out the duties they are employed to perform and where such persons are health care professionals that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role. Regulation 18 (2)(a)(c)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not protected people against the risk of receiving unsafe care and treatment. This was a breach of regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must ensure risks to the health and safety of service users receiving care or treatment are assessed and do all that is reasonably practical to mitigate such risks and ensure that persons providing care or treatment have the competence and skills to do so safely. Regulation 12 (1) (2)(a)(b)(c)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person had not established effective systems or processes to ensure good governance. This was a breach of regulation 10 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must establish and operate effectively systems or processes to enable them to assess, monitor and improve the quality and safety of the services. Identify and mitigate risks relating to the health, safety and welfare of service users. Seek and act on feedback from relevant persons for the purposes of continually evaluating and improving the service. Regulation 17 (1) (2)(a)(b)(e)(f)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the registered person had not protected people against the risk of unsafe employment of staff. This was a breach of regulation 21 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must ensure that all information specified in Schedule 3 is available for clinical staff. Regulation 19 (1)(a) (3)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Requirement notices

We found that the registered person had not protected people against the risk of unsafe or unsuitable use of equipment. This was a breach of regulation 16 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider must ensure all equipment used is properly maintained.

Regulation 15 (1)(e)