

The Practice St Albans

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?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to The Practice St Albans	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Practice St Albans on 25 April 2016. Overall the rating for the practice was rated as requires improvement and the practice was asked to provide us with an action plan to address the areas of concern that were identified during our inspection.

We carried out a second announced comprehensive inspection at The Practice St Albans on 12 December 2016 in order to assess improvements and the outcomes from their action plan. The overall rating for this practice following the second inspection is requires improvement.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- Staff were aware of current evidence based guidance.

- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- The monitoring of fridges used for the storage of medicines and the checking of out of date dressings required strengthening but this did not create a risk to patients.
- Patients said they were treated with compassion and dignity, and staff were supportive and respectful in providing care, involving them in care and decisions about their treatment.
- Performance in the Quality and Outcomes Framework had declined from the previous year but the practice had implemented plans for improvement since the last inspection.
- Patients told us they were usually able to get an appointment with a GP when they needed one, with urgent appointments available on the same day. However, it could take a long time to get through to reception by phone. The practice had implemented an action plan to improve.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and learning from complaints was shared with staff and stakeholders.
- Data from the national GP patient survey reflected mixed views about the services provided. The practice were aware and had implemented improvement plans.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.
- 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.
- Ensure the regular daily monitoring and recording of fridge temperatures at the branch surgery to allow for safe storage of vaccinations.
- Improve arrangements for managing the stock of consumables including the safe disposal of out of date dressings and other expired medical equipment.
- Continue to monitor QOF data in relation to long term conditions and mental health to ensure that the improvements made are being sustained.
- Continue to improve the identification of patients who are carers.
- Continue to monitor and ensure improvement to national GP patient survey in relation to access to appointments.

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

However, there were some areas the provider should make improvement:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- There were comprehensive systems in place to ensure significant events were reported and recorded through an online reporting system. This was centrally managed by the provider and reviews were led by the practice manager.
- Notifiable incidents were sent to relevant authorities, if it was not clear if it should be reported we saw evidence that conversations had occurred to ascertain the relevance. This had been documented in the significant event record.
- The practice had clearly defined processes and practices in place to keep patients safe and safeguarded from abuse.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had policies in place to ensure the safe storage of vaccines; however evidence showed that they were not embedded or monitored as we found that on repeated occasions at the branch surgery there had been gaps of several days in the logging of fridge temperatures, although there was a weekly checking system in place to ensure fridge temperatures were within the required ranges.
- On inspection of the branch surgery it was found that stock management of consumables such as bandages was not effective as several were found to be out of date. This did not present a risk to patients.
- Appropriate recruitment checks had been carried out on recently recruited staff.

Are services effective?

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were slightly below local and national averages. The most recently published results showed the practice had achieved 85.9% of the total number of points available. This was 7.2% below the clinical commissioning group (CCG) average and 9.4% below the national average.
- The management of patients with long term conditions and those suffering from poor mental health as indicated in QOF was below local and national averages and had declined in some areas from the previous year.

Summary of findings

- Additional staff had been recruited to improve the care provided to patients with long term conditions and roles re-aligned to ensure effective monitoring of conditions and individual responsibility for engaging with patients.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an on-going programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Results from the national GP patient survey showed there were a number of areas where patients rated the practice below local and national averages. For example, 77% of patients described their overall experience of this surgery as good compared to the CCG average of 85% and the national average of 85%. However patients we spoke to were more positive about the care they received and the recent changes made.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- The practice had made improvements to the way it supported carers and established a carers champion to lead in signposting local groups and identifying further carers.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement



- Patients told us urgent appointments were available the same day and that reception staff were accommodating to patients' needs, however some patients also told us the experience of getting through to the practice by phone could be frustrating and time consuming.

Summary of findings

- The practice was responding to feedback from patients about the appointment system and contact with the practice by phone and taking steps to improve access arrangements such as running walk-in clinics, however this would take time to influence survey results and patient's experience.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could book some appointments and order repeat prescriptions online.
- 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.
- Services were hosted within the practice to help meet the needs of patients including the smoking cessation and lung MOT clinics.

Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was underpinned by clear business development plans and regular monitoring of areas for improvement and development.
- The practice had worked as a team with regional support from the provider to implement action plans following our previous inspection and used the opportunity to develop roles and assign responsibility to improve oversight.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular business meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice proactively sought feedback from staff and patients, which it acted on.

Good



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 good for the care of older people. The practice is rated as requires improvement for responsive and good for safe, effective, caring and well led in this population group

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Regular multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- Care plans were shared with out of hours' services to ensure care was in line with patients' wishes and assist in clinical decision when the practice was closed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs, which included nurse appointments and flu vaccinations.
- As a result of a significant event the practice had recently completed an audit of patients 75 years and over who had not had a face to face review in the preceding six months. These patients were then contacted via telephone or letter to determine if medicines were being collected or input and support was required.
- A further audit highlighted a reduction in over 75's attending the emergency department, which was attributed to the introduction of a nurse practitioner on site dealing with minor illness and allowing GP's more time to care for older people.

People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for effective and responsive and good for safe, caring and well led in this population group.

Requires improvement



- The outcomes for patients with long-term conditions were found to be below local and national averages for example:
 - Performance for diabetes related indicators was 60.9% which was 21.1% below the CCG average and 29% below the national average and this had declined from the previous year. The exception reporting rate for diabetes indicators was 6.2% which was below the CCG average of 9.9% and the national average of 11.6%.

Summary of findings

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular multidisciplinary meetings were hosted by the practice and community teams had a direct line to the secretarial staff to ensure effective communication.

Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice is rated as requires improvement for responsive and good for safe, effective, caring and well led in this population group

- Systems were in place to identify children at risk. The practice had a child safeguarding lead and staff were aware of who they were.
- 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. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- The practice had listened to patient feedback when organising walk-in sessions and aligned them outside school hours for convenience. Patient feedback on this service was entirely positive and a separate children's waiting area was created to accommodate children at the surgery,
- Immunisation rates were below local averages for all standard childhood immunisations. However we saw that children were called in on a monthly basis as per the immunisation schedule and any parents that refused to attend were offered an appointment to discuss the implications and referred to the health visiting team, if appropriate, for additional support.
- The practice offered a full range of contraception services including coil fitting and implants.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Urgent appointments were available on a daily basis to accommodate children who were unwell in addition to the walk-in sessions.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for responsive and good for safe, effective, caring and well led in this population group

- 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.
- Online facilities were enabled and promoted via the surgery website, on prescription slips and on posters in the surgery. Online services enable working age people to book appointments and request prescriptions without attending the surgery.
- There was 24 hour blood pressure monitoring available.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for responsive and good for safe, effective, caring and well led in this population group

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. At our last inspection (April 2016) we found that only two out of 44 patients had received an annual health check. During this inspection we found plans in place to improve this in a proactive but considerate manner with a total of 12 reviews completed and a further 12 awaiting completion.
- The practice offered longer appointments for patients with a learning disability and for others who required this.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Regular multidisciplinary meetings were hosted by the practice. In addition the practice held regular meetings to discuss patients on their palliative care register.
- A pharmacist had been recruited who reviewed patients on high risk medicines.
- Advice was given to patients for local support groups using the Nottingham City self help guide.
- Patients from a local travelling community were prioritised where possible. The practice told us this was because they had not always accessed health care when appropriate and so opportunistic care was found to be most effective.

Summary of findings

- The practice was a domestic violence aware practice with staff having had IRIS (Identification & Referral to Improve Safety) training, a practice based domestic violence and abuse training support and referral programme.
- A discreet designated support and advice notice board provided literature for men, women, lesbian, gay and transgender patients to access support and services if needed.
- The practice had a nominated carers champion with literature and support available for carers including identification a named carers support worker, annual health checks and seasonal influenza vaccinations.

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). The practice is rated as requires improvement for effective and responsive and good for safe, caring and well led in this population group.

- Performance for mental health related indicators was 87.6% which was 3.5% below the CCG average and 5.2% below the national average. The exception reporting rate for mental health related indicators was 6% which was below the CCG average of 11% and the national average of 11.3%.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 73% which was 12.7% below the local average and 10.8% below the national average. This was achieved with an exception reporting rate of 5.1%, which was in alignment with the CCG average and 1.7% below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. However the number of face to face reviews of patients with dementia had declined from the previous year.
- Due to extensive waiting lists for psychiatry appointments the practice chose to mitigate the risks associated with long waiting times and ensured that patients were seen by a GP prior to any repeat prescriptions and contacted patients who did not attend mental health reviews.
- The practice signed up to take part in the Mental Health Physform Project. This involved inviting 30 patients

Requires improvement



Summary of findings

experiencing mental health problems for a physical health review and a follow up telephone call several months afterwards. At the time of inspection the face to face reviews had been undertaken, with the second review to follow.

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary.

Summary of findings

What people who use the service say

What people who use the practice say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was performing below local and national averages in some areas. A total of 318 survey forms were distributed and 114 were returned. This represented a response rate of 36%, which equated to approximately 1.5% of the practice's registered patients.

Results showed:

- 41% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 65% 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 84% and the national average of 85%.
- 52% 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 77% and the national average of 78%.

- 95% of patients say the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 completed comment cards which were, in the majority, positive about the standard of care received. Patients highlighted the caring and friendly staff and said that receptionists went the extra mile to help and the nurses provided a good level of care. Three comment cards described difficulty in accessing appointments and that it was sometimes difficult to see the same GP at follow up appointments.

We spoke with twelve patients (in addition to three members of the patient participation group) during the inspection. Two patients we spoke with told us there was often difficulty getting through to the practice by phone to make an appointment, however if they were flexible in terms of clinician they would often get an appointment. Others praised the walk in clinics and had used them several times in the three months they had been running. Patients told us they had a good rapport with staff and found them friendly and supportive.

The Practice St Albans

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 advisor, a practice manager specialist adviser, a second CQC inspector, and an expert by experience.

Background to The Practice St Albans

The Practice St Albans is part of a wider group of 42 GP practices registered with the Care Quality Commission (CQC) under the service provider Chilvers & McCrea Limited (part of The Practice Group). The Practice St Albans comprises of a main location and a branch site. On our inspection day, we visited the location registered with the CQC in addition to the branch site.

- The registered address is: Hucknall Lane, Bulwell, Nottingham, NG6 8AQ.
- The branch site is referred to as The Practice Nirmala and is located at: 112 Pedmore Valley, Bestwood Park, Nottingham, NG5 5NN

The Practice St Albans merged with The Practice Nirmala in November 2014 following patient consultation and the proposed closure of Nirmala by NHS England. The combined patient list size is 7,559 and this had been stable within the last 12 months. The Practice St Albans has a general medical services (GMS) contract for delivering primary care services to local communities.

Both surgeries are in areas of high deprivation above the national average. The practice is in the most deprived decile meaning that it has a higher proportion of people

living there who are classed as deprived than other areas. The level of income deprivation effecting children is 39% compared to a CCG average of 25% and a national average of 20%.

The clinical team comprises of:

- One male GP and three regular GP locums
- Two advanced nurse practitioners
- A practice nurse
- A healthcare assistant
- A pharmacist

The clinical team is supported by a full time practice manager, an assistant practice manager, a clinical administrator and a team of secretarial, reception and administrative staff.

The practice opens at both sites from 8am to 6.30pm Monday to Friday except on Thursdays when it closes at 1.30pm. Appointments are available from 8.15am to 12.30pm and 2pm to 6.15pm on average. The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

Why we carried out this inspection

We undertook a comprehensive inspection of The Practice St Albans on 25 April 2016 as part of our new inspection programme. The practice was rated as 'requires improvement' overall and for providing caring, effective, responsive, and well-led services. The concerns which led to these ratings applied across all the population groups we inspected. All of our reports are published at www.cqc.org.uk

Detailed findings

We issued a requirement notice to the provider in respect of good governance, safe care and treatment, and the notification of appropriate incidents to the CQC. We informed the provider that they must provide us with an action plan by 2 September 2016 to inform us how they were going to address the issues of concern. An action plan was received from the practice.

We undertook a further comprehensive inspection of The Practice St Albans on 12 December 2016 to check that the actions had been completed to address the requirement notice, and confirm that the provider was compliant with legal requirements. This inspection was carried out following a period of six months to ensure improvements had been made and to assess whether the practice's ratings could be reviewed.

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 12 December 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager, representatives of the wider corporate management team, and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed their manager of any incidents in addition to completing an online form detailing the events. The incident was initially reviewed centrally before being sent to the practice manager to follow up and review. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system 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).
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and apologies. Affected patients were also told about actions taken to improve processes to prevent the same thing happening again.
- Incidents and significant events were discussed on a regular basis and learning was disseminated across different staffing groups.

There had been 66 safety records, incident reports, safety alerts reported in the previous 12 months, we reviewed five of these and minutes of meetings where these were discussed. This included complaints which had been reviewed as significant events where appropriate. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example the practice had received the results for an incorrect patient from clinical pathology, as a result medicines were prescribed and the mix up had come to light when discussing the condition with the patient. No medicines had been taken at that point and the hospital was contacted to review the error. The event was reviewed in a clinical meeting and the patient's record amended accordingly.

Overview of safety systems and processes

Systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Effective arrangements were in place to safeguard children and vulnerable adults from abuse which

reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a lead GP for child and adult safeguarding and staff were aware of who they were. There was evidence of regular liaison through monthly meetings with the safeguarding administrative lead and community based staff including school nurses and health visitors to discuss children at risk.

- 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 safeguarding level 3. Lead staff were committed to ensuring their knowledge was up to date and training was well monitored to ensure adequate hours and styles of learning had been achieved.
- Patients were advised through notices in the practice and information on the website that they could request a chaperone if required. Nursing and reception staff acted as chaperones. All staff who acted as chaperones had been provided with face to face training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our inspection we observed the practice to be clean and tidy and this aligned with the views of patients. An advanced nurse practitioner was the lead for infection control within the practice. An external audit took place in November 2016 from which an action plan had been developed.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) and patients were recalled to review their medicines when appropriate.
- There was management and procedures for ensuring vaccination and emergency medicines were in date and stored appropriately. However we found at the branch site there were regular gaps in the recording of fridge temperatures when the nurse was not working on particular days, which did not ensure early identification of excessive changes to the temperatures and prompt further investigation. We did find however that the

Are services safe?

practice used a temperature data logger and checked temperatures on a weekly basis and there was no evidence of temperatures being outside of recommended levels.

- During the inspection of the branch site we also found out of date consumable items such as bandages, which had been prescribed to patients historically but had not been disposed of. We asked the practice about this and they said this was an oversight. We were assured that these items were old stock and not stored in such a way that there would be an error and used for patients.
- The practice, in conjunction with the pharmacist, carried out regular medicines audits including high risk medicines, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Following our inspection in April 2016 a system had been introduced to ensure blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed three personnel files for clinical and non-clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire alarm checks. 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 other risk assessments in place to monitor safety of the premises such as legionella.

- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There were robust arrangements in place to ensure there was adequate GP and nursing cover. The practice regularly reviewed historic appointment demand and took account of summer and winter pressures when planning minimum staffing requirements as well as daily checks on capacity against the demand.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation rooms and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. All the medicines we checked were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. In addition to copies held within the practice; copies were also kept off site by key members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 25 April 2016, we rated the practice as requires improvement for providing effective services as some areas required strengthening to enhance patient care. This included annual health reviews for patients with a learning disability. Although there had been some progress further improvements were needed to address this issue.

Effective needs assessment

Clinical staff had access to relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed in clinical meetings and through educational sessions. Copies were also made available through the computer system to ensure part time staff, or those on leave when an update was initially distributed, were kept up to date.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through audits and 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 recently published results showed the practice had achieved 85.9% of the total number of points available. This was 7.2% below the clinical commissioning group (CCG) average and 9.4% below the national average.

This practice's QOF data from 2015/16 showed:

- Performance for diabetes related indicators was 60.9% which was 21.1% below the CCG average and 29% below the national average. However, the exception reporting rate for diabetes indicators was 6.2% which was slightly lower than the CCG average of 9.9% and the national average of 11.6%.

- Performance for indicators related to hypertension was 75.8% which was 20.6% below the CCG average and 21.6% below the national average. The exception reporting rate for hypertension related indicators was 2% which was below the CCG average of 4% and the national averages of 3.9%.
- Performance for mental health related indicators was 87.6% which was 3.5% below the CCG average and 5.2% below the national average. However, exception reporting rates were lower at 6% which was below the CCG average of 11% and the national average of 11.3%.
- Performance for asthma related indicators was 98.8%, which was 1.3% above the CCG average and 1.5% above the national average. This was achieved with an exception reporting rate of 2.6% which was below the CCG and national averages of 7%.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 73% which was 12.7% below the local average and 10.8% below the national average. This was achieved with an exception reporting rate of 5.1%, which was the same as the CCG average and 1.7% below the 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. During the inspection we looked at the rate of exception reporting and found it to be broadly in line with agreed guidance, however there were also instances where patients could have been excepted as every attempt had been made to get the patient in for review with no success. The overall exception reporting rate of 5.8% was below local and national averages of 9.1% and 8.8% respectively.

We discussed clinical performance with the practice and they told us that since the last inspection they had put plans in place to improve their performance in relation to the areas highlighted above. It is acknowledged that the last inspection was in April 2016 and that the 2015/16 data ended as at 31 March 2016. Therefore there is no verified data available to compare the practice performance at December 2016 with the data from 2015/16. The practice was aware of their clinical performance in all areas. The evidence presented to us on the day indicated that the measures they had put in place had improved the monitoring of their patients with long term conditions and mental health.

Are services effective?

(for example, treatment is effective)

- The practice had highlighted diabetes as an area for significant improvement in terms of QOF and patient care. In the short term specialist diabetic nurses attended the surgery on a regular basis, to care for more complex patients. In the long term the practice was supporting the pharmacist to gain a qualification in independent prescribing, specialising in Type II diabetes and an additional practice nurse was due to begin work in January 2017 allowing for further capacity.
- Arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medicines. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder. Following our previous inspection (April 2016) the practice had put in place an action plan to address the low clinical performance in their QOF data. An administrative and clinical team had been formed to monitor the recalls and review of patients with long term conditions and the recruitment of nursing staff had been a priority to ensure the capacity was in place to provide care and treatment for these patients.

At the previous inspection (April 2016) we found only two patients out of 44 with a learning disability had received an annual health check. At this inspection we found a caring approach to improving the uptake of health checks. The practice had taken a long term approach to improving the relationship with patients with a learning disability, most of who resided in a supported living home nearby. Practice staff had made regular short visits to these patients to help engage them in their health checks. This had been undertaken to ensure they built up a rapport and did not overwhelm these patients by completing the health check in one appointment. This had improved the total number of completed health checks to 12 with a further 12 almost completed and some relevant consultation with a majority of patients.

There was evidence of quality improvement including clinical audit.

- There had been four completed audits undertaken in the last 12 months. These covered areas relevant to the

practice's needs and areas for development. A further four had been undertaken to ensure latest guidance was being followed and highlight changes which could be made to practice.

- We reviewed clinical audits where the improvements had been implemented and monitored. For example the practice audited the care patients on methotrexate (a medicine which can be used to prevent joint damage in patients with arthritis) to ensure they were not automatically prescribed the medicine in the long term without relevant monitoring. The initial audit identified 11 patients taking the medicine by the second audit there were no patients on repeat prescriptions for Methotrexate and regular monitoring prior to prescription had been put in place.
- Regular medicines audits were undertaken when updates were received and the CCG and practice pharmacist had worked closely with the practice staff to ensure all changes to medicines were actioned and patients recalled when appropriate.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.
- Additional staff had been recruited to improve the care provided to patients with long term conditions and roles re-aligned to ensure effective monitoring of conditions and individual responsibility for engaging with patients. Oversight of this lay with the practice manager and monthly meetings were in place to manage performance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

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 nurse meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support from regional managers, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Following our inspection in April 2016 a system had been introduced to ensure incoming mail was effectively managed in a timely manner. The management and administrative team had held a meeting to develop a process which would ensure incoming mail was dealt with on the day. A restructure of roles had taken place so staff had defined areas of responsibility and all incoming mail was scanned and immediately sent to the relevant clinician. Following the introduction of the new process administrative staff had rotated around so they have familiarity with all tasks and can cover sickness and leave effectively.

Information needed to plan and deliver care was available to staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Multidisciplinary meetings with other health and social care professionals were held on a monthly basis. These included palliative care meetings and safeguarding children and adult meetings which were attended by all leads.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 77.7%, which was below with the CCG average of 81.3% and the national average of 81.4%. Reminders were offered for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were comparable to local and national averages.

For example, the practice's uptake rate for

- breast cancer screening for females aged 50-70 in the last three years was 72% and this was in alignment with both the CCG and the national averages.

Childhood immunisation rates for the vaccinations given were below CCG averages. For example, childhood immunisation rates (2015/16) for the vaccinations given up to the age of two years of age the average was 83.75%, which was below the 90% standard. For the measles, mumps and rubella (MMR) vaccine, given up to the age of five, the average was 84.2% which was below the CCG average of 90.15%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 25 April 2016 we rated the practice as requires improvement for providing caring services as the service had received some feedback that patients did not always feel listened to, or involved in decisions about their care. The practice also needed to employ a more proactive approach towards the identification of patients with a carer's responsibility, to ensure they received the necessary support. The inspection on 12 December 2016 provided us with assurances that these issues were being addressed.

Kindness, dignity, respect and compassion

We observed during the inspection that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk, in addition to which, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 27 completed comments cards as part of our inspection. The majority of the comment cards were positive about the service provided by the practice. Patients said that staff were polite, understanding and helpful. Patients also said they felt listened to by supportive staff and treated with dignity and respect. Several cards praised the reception and nursing team for going the extra mile to meet their need and deliver excellent care.

We spoke with 12 patients in addition to three members of the patient participation group (PPG). They told us they were happy with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey in July 2016 showed the practice was below average for its satisfaction scores on consultations with GPs. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 73% 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%.

The practice satisfaction scores were mixed in respect of consultations with nurses. For example:

- 95% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Satisfaction scores for interactions with reception staff were below local and national averages:

- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, were made to feel at ease and well supported by all staff, who would do their best to accommodate their needs. They also told us they never felt rushed, and given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

Are services caring?

Results from the national GP patient survey were mixed. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 74% 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%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 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 86% and the national average of 85%.

We discussed all the data relating to 'caring' with the practice and to improve patient satisfaction they had introduced two walk-in clinics (paediatric and adult) and also employed two advanced nurse practitioners and a practice nurse since our last inspection. The next national GP patient survey will not be published until July 2017. We were told that these improvements were having a positive effect.

The practice provided facilities to help patients be involved in decisions about their care. The practice used translation services to ensure effective communication with other patients when required to assist in consultations and communication.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 66 patients as carers which was approximately 1% of the practice list. The practice had information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff.

Since the last inspection, and to improve the identification of carers and the services available to them, a carers champion had been identified and they were in the process of developing plans to engage with community carers networks. They had also introduced a touch screen login at reception that prompted patients to inform the practice if they were a carer, as did the TV screen which also advertised relevant health initiatives and practice information. Carers were offered flu vaccines and health checks in addition to extended appointments and the flexibility of a home visit or telephone consultation, if appropriate, to meet their needs.

Staff told us that if families had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate. Information about support available to patients who had experienced bereavement was provided where required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 25 April 2016 we rated the practice as requires improvement for providing responsive services as the arrangements for GP access were not conducive in creating a positive experience for patients. This was reflected in the national GP patient survey results. These arrangements had improved when we undertook a follow up inspection of the service on 12 December 2016, although we observed that some improvement plans were ongoing, and other changes required longer to become embedded in order to impact significantly on patient experience.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

For example:

- Telephone appointments were available if appropriate to meet the needs of the patient.
- There were longer appointments available with a named clinician for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Phlebotomy appointments were available five days a week.
- Contraceptive coils and implants could be fitted at the practice.
- There were practice hosted clinics available for patients such as a diabetes, baby and lung health clinics.
- Online facilities were enabled and promoted via the surgery website, on prescription slips and posters in the surgery. Online services enable working age people to book appointments and request prescriptions without attending the surgery. A recent report from the CCG reported the practice was the first within the area to achieve the Patient Online Access 10% target.

- There were facilities for patients with a disability including dedicated parking, and accessible toilets. Corridors and doors were accessible to patients using wheelchairs.

Access to the service

Both sites were open from 8am to 6.30pm Monday to Friday with the exception of Thursday when both practices were closed from 1pm. Consulting times from 8.15am until 12.30pm each morning and 2pm to 6.15pm each afternoon, except for Thursday afternoons. Appointments at both sites were available to all patients and could be booked through either reception for convenience.

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

- 71% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 78% and the national average of 76%.
- 41% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 56% of patients described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%.

In response to the poor feedback regarding access and following our previous inspection in April 2016 the provider had taken several steps to improving the availability of appointments and access to the practice. This included:

- Undertaking a trial of remote booking at another site in the providers' network where phone calls were answered remotely and appointments booked when necessary, to alleviate the volume of calls seen at opening times. This trial, if successful would be rolled out later in 2017.
- The inclusion of remote telephone consultations into the appointment system to increase the number of GP appointments by two hours a day. These were seamlessly allocated by receptionists and reviewed if appropriate by a GP at the practice for follow-up in person.
- A children's walk-in clinic had been started in September 2016, run by an advanced nurse practitioner with the aim of increasing capacity to meet demand. As a result of feedback the times were amended to early morning and late afternoon following school, which

Are services responsive to people's needs?

(for example, to feedback?)

maximised the opportunity for attendance. Patients told us during the inspection that the service was highly valued and had in several cases meant patients did not have to attend the local urgent care centre or emergency department for an appointment. An audit of the first two months had shown a 20% decrease in paediatric emergency department attendances over the same period the previous year.

- As a success of the children's walk-in sessions and the addition of a further advanced nurse practitioner the practice were to begin adult walk-in sessions each day to further increase capacity and flexibility in appointments reducing the need to call the practice for an appointment.

In summary we found that the practice had responded to the low satisfaction rates reported in the national GP patient survey by implementing changes; however the long term outcome of these was yet to affect surveys and patient feedback.

From the comment cards we received and the patients we spoke with a majority were satisfied with access to the practice, nevertheless three comment cards and two patients during the inspection told us the levels of satisfaction with access to the practice were poor in terms of getting through the telephone system. However patients told us that generally, they were able to get appointments when they required them if they were flexible in who they saw, and that urgent appointments were always available if needed.

Appointments could be booked online and up to one month in advance if required. A review of the appointments system during the inspection demonstrated that there was a pre bookable appointment available with a GP in seven days' time, an advanced nurse practitioner in six days (however the children's walk-in clinic was also available daily) and a practice nurse appointment the following day. Routine pre-bookable appointments were available four to six weeks in advance. Telephone and home visit appointments were also available.

There were effective arrangements in place to monitor patient access to appointments. The appointment system was designed to enable the practice to plan for and cope with demands caused by summer and winter pressures and additional locum cover assigned accordingly.

Listening and learning from concerns and complaints

The practice systems in place to handle complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including leaflets and website.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged 16 complaints and concerns in the last 12 months including verbal complaints. We reviewed a range of complaints, the practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint. The practice met with complainants where this was required to resolve complaints.

Meetings were held regularly to review complaints and an annual review of all complaints received was undertaken. This enabled the practice and wider provider group to identify any themes or trends, for example five complaints of the fifteen had been in relation to appointment availability and subsequently improvements were sought. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care staff were informed of outcomes.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 25 April 2016 we rated the practice as requires improvement for providing well-led services as internal governance arrangements required strengthening. This included the arrangements for clinical governance and performance management which did not always operate effectively. The inspection on 12 December 2016 showed the practice staff were taking steps towards improvements but some of the improvements were not yet embedded or impacting fully on patient experience.

Vision and strategy

- The provider had a mission statement which included:
 - To be committed to the needs of our Service Users, involve them in decision making about their treatment and care and encourage them to participate fully.
 - To provide a consistently high standard of medical care.
 - To engage other professionals in the care of our patient when appropriate
 - To act with integrity and confidentiality at all times.
- We found that staff were engaged with the aims and values of the practice to deliver high quality, patient care.
- The service had defined aims and objectives to support their registration with the Care Quality Commission.
- The management team met monthly to discuss key business issues and the long term strategy of the practice. Succession planning had been implemented as an additional GP had been recruited as a replacement and an additional practice nurse was due to start in January 2017 to add nursing capacity to the practice in the long term.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy. This outlined the structures and procedures in place:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Clinical and non-clinical staff had lead roles in a range of areas such as diabetes, prescribing, human resources and recalls.

- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- An understanding of the performance of the practice was maintained, during the inspection QOF was seen to be improving, however the final year end results were not available to demonstrate whether the necessary improvements to ensure patients were treated in line with best practice guidelines had been achieved.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify and record risks, and the practice had ensured these were embedded, so risk was mitigated.
- Management meetings were held within the practice. This allowed oversight of governance arrangements within the practice, however we found there was less oversight of the branch site which had caused lapses in temperature monitoring and stock management.
- Although new systems and processes were in place to improve patient satisfaction these had not been shown to affect the patient experience at present, and required further time to influence patient feedback and surveys.

Leadership and culture

The management team within the practice, in conjunction with regional managers from the provider, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us they prioritised safe, high quality and compassionate care. Staff told us management were approachable and always took the time to listen to all members of staff.

- Staff told us they had been involved with changes to systems and processes which were outlined in action plans following our last inspection. This was shown through changes such as managing correspondence, which had included all administrators and staff told us this had been a turning point in moral and teamwork.
- Ownership of key roles had played a significant part in changes made since the last inspection with clerical and clinical staff taking on responsibilities which they

Are services well-led?

Good 

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

oversaw. For example the development of a paediatric walk-in clinic was developed by an advanced nurse practitioner and led to implementation following a successful trial.

- Regular meetings were held within the practice for all staffing groups. In addition to the management meetings, there was a rolling programme of meetings including clinical and wider staff meetings which involved all staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the management within the practice. Staff felt involved in discussions about how to develop the practice and the identifying opportunities to improve the service delivered by the practice was encouraged.

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

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

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.

- Following implementation of the daily children's walk-in sessions, feedback had been actively gathered from patients and session times amended to best suit the children's availability as a result. In addition a survey of three questions conducted in November 2016 had shown that 100% of the 20 respondents found the service convenient, would access again, and recommend to friends and family.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and compliments, concerns and complaints received. The practice was awaiting the latest survey results to see if the changes made had impacted on patients views
- The PPG met twice a year and had recently recruited two new members taking their total to five with a further eight virtual members communicating by email. The PPG and practice were positive about their working relationship and ideas and changes were implemented where appropriate, for example the PPG had suggested a newsletter to assist in communication with patients which was implemented.
- The practice had gathered feedback from staff through meetings, appraisals, staff surveys, a staff suggestion box and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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