

St Martins Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Martins Medical Centre on 23 February 2016. The practice was rated as requires improvement for providing safe, effective, and well-led services, and good for providing caring and responsive services. Overall the practice was rated as requires improvement. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for St Martins Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive follow up inspection on 24 October 2017 to check for improvements since our previous inspection. The practice is now rated as requires improvement for safe and well-led services, and good for providing effective, caring, and responsive services. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed but were not well managed. The practice needed to improve the processes for monitoring patients taking warfarin; uncollected repeat prescriptions; responding to emergencies; infection prevention and control; and monitoring fridge temperatures.
- The practice was equipped to treat patients and meet their needs. However, there were premises-related concerns contributing to poor maintenance of the building that required improvement.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Results from the national GP patient survey (July 2017) showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Some feedback from patients we spoke with and Care Quality Commission comment cards highlighted difficulties with making an appointment. Urgent appointments were available the same day.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvements are:

- Maintain appropriate standards of hygiene for premises and equipment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Review the systems for: checking uncollected blank prescriptions; recording and acting on safety alerts; and the storage of blank prescriptions in consulting rooms.
- Review ways to improve patient satisfaction with making an appointment and the punctuality of appointments.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written or verbal apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. The practice needed to improve the processes for: monitoring patients taking warfarin; uncollected repeat prescriptions; responding to emergencies; infection prevention and control; and monitoring fridge temperatures.
- There were premises-related concerns contributing to poor maintenance and infection prevention and control processes.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Uptake rates for national screening programmes were comparable to the national average. For example, childhood vaccinations and cervical screening.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients we spoke with provided positive feedback. Patients reported being treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey (July 2017) showed patients rated the practice similar to local and national averages for several aspects of care.
- Information for patients about the services available was accessible. For example, in leaflets, posters and on the website.
- The practice held a register for patients identified as carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Two out of three patients we spoke with said they had difficulties getting through to the practice on the phone, and five out of 20 Care Quality Commission comment cards we received described difficulties in booking an appointment. The practice were made aware of this and had started looking into improving telephone access to the service.
- The practice were equipped to treat patients and meet their needs. However, there were premises-related concerns contributing to poor maintenance of the building.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and patients.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

Requires improvement



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- However, there were systemic weaknesses in governance systems. For example, ineffective monitoring of procedures for: infection prevention and control; emergency medicines; monitoring patients on warfarin; uncollected repeat prescriptions; and monitoring fridge temperatures.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- Clinicians who were skilled in specialist areas used their expertise to offer additional services to patients. For example, in the management of diabetes.
- The partners were actively pursuing options for improving the main practice to accommodate the growing list size and to aid their vision in becoming a training practice.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice also worked with community healthcare teams to support the patient at home.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, patients could be referred to the care connection team where their health and social needs were assessed and further support arranged.
- The practice was part of a local network of GP practices working together to provide greater access to care. The network offered an over 65 weekend doctor service for patients at risk of being admitted into hospital whilst their GP practice was closed.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

Requires improvement



Summary of findings

- Clinical staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available (CCG average 96%, national average 95%). Unpublished and unverified data from the QOF 2016/17 showed results had improved to 98% of the total number of points available.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients also had access to a 24 hour blood pressure monitoring service provided by another practice in their GP network.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Data from 2015/16 showed immunisation uptake rates for the standard childhood immunisations were comparable to the CCG and national averages. For example, rates for the vaccines given to under two year olds averaged 87% compared to the national standard of 90%. Uptake for five year olds ranged from 88% to 95% (CCG 85% to 94%; national 88% to 94%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments with a GP or nurse from 18:30 to 19:30 on Monday evening, and 07:00 to 08:00 on Thursday morning.
- The practice could remotely book appointments for patients to access the local primary care 'hub' in the evenings and at weekends.
- The practice offered online services to book appointments and order repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice planned to offer a Saturday flu clinic to meet patient demand.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including patients who were housebound, vulnerable, and those who were at high risk due to their conditions.

Requires improvement



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients living with dementia. In 2015/16, 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, compared to the CCG average of 81% and the national average 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example in 2015/16, 94% of patients with a diagnosed psychosis had a comprehensive care plan in their records compared to the CCG average of 91% and national average of 89%.
- The practice had assessments and some systems to follow up patients who may be at risk of experiencing poor mental health.

Requires improvement



Summary of findings

However, the process for reviewing uncollected repeat prescriptions required review to ensure prescriptions were collected in a timely manner for patients experiencing poor mental health.

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing in line with local and national averages for several aspects of care. Two hundred and sixty one survey forms were distributed and 102 were returned. This represented 2% of the practice's patient list.

- 83% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with CCG average of 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards, 12 of which were positive and eight which were partially positive about the standard of care received. The partially positive comments referred to the punctuality and booking of appointments, the waiting area and the attitude of staff.

We spoke with three patients during the inspection and received feedback from a member of the patient participation group. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Maintain appropriate standards of hygiene for premises and equipment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- Review the systems for: checking uncollected blank prescriptions; recording and acting on safety alerts; and the storage of blank prescriptions in consulting rooms.
- Review ways to improve patient satisfaction with making an appointment and the punctuality of appointments.

St Martins Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to St Martins Medical Centre

St Martins Medical Centre provides NHS primary medical services to approximately 5,900 patients living in the surrounding areas of Ruislip and Ickenham. The service is provided from two locations: the main practice is at 21 Eastcote Road, Ruislip, HA4 8BE, and a branch practice is located at 108 Aylsham Drive, Ickenham, UB10 8UD. The commute between the two locations is approximately 20 minutes by public transport. The branch surgery was not visited as part of this inspection. The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice team consists of two partners (a male GP and a non-clinical partner), three salaried GPs (one female currently on leave, and two male) and four regular locum GPs (three female, one male) providing 22 clinical sessions collectively. The GPs are supported by a nurse practitioner (30 hours, currently on leave); a practice nurse (37.5 hours); a health care assistant (20 hours); a practice pharmacist (24 hours); a business manager/non-clinical partner (12 hours); a practice manager (37.5 hours); a physician associate student (7.5 hours); and six receptionists / administrators.

The main practice and branch practice are located on the ground floor of residential properties. The main practice has three consulting rooms and a treatment room. The branch practice has two consulting rooms and a treatment room. Both premises are accessible by wheelchair.

The main practice is open every weekday from 08:30 to 18:30. Appointments are available from 09:00 to 12:00 and 16:00 to 18:00. Extended opening hours are available from 18:30 to 19:30 on Monday evening, and 07:00 to 08:00 on Thursday morning.

The branch practice is open every weekday morning from 08:30 to 13:00, and from 15:30 to 18:30 on Monday, Wednesday and Friday. Appointments are available from 09:00 to 12:00 every weekday morning, and from 16:00 to 18:00 on Monday, Wednesday and Friday.

Appointments can be booked in advance over the phone, online, or in person. When the practice is closed, patients are advised to use the local out-of-hours provider or are booked an appointment at the local primary care service 'hub'. From 08:00 to 08:30 telephone calls are directed to the out-of-hours provider who would contact the GPs in emergency cases.

The practice population is characterised by low levels of income deprivation and above average life expectancy compared to the England average. The practice age distribution is comparable to the England average.

The practice service is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning services; surgical procedures; and maternity and midwifery services.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of St Martins Medical Centre on 23 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well-led services, and was rated as requires improvement overall.

We issued requirement notices to the provider in respect of safe care and treatment, good governance, fit and proper persons employed, and staffing. The provider sent us an action plan. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for St Martins Medical Centre on our website at www.cqc.org.uk.

We undertook an announced comprehensive follow-up inspection of St Martins Medical Centre on 24 October 2017. This inspection was carried out to check for improvements since our previous inspection.

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 24 October 2017. During our visit we:

- Spoke with a range of staff including the GP partners, a salaried GP, practice nurse, practice manager, and two receptionists / administrators.
- Spoke with three patients who used the service and a member of the patient participation group.
- Spoke with the care connection team comprising of a guided care matron, care coordinator, and well-being support officer.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Visited the main practice location.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 23 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment, recording significant events, staff training, health and safety, fire safety and infection prevention and control were not implemented well enough to ensure patients were kept safe.

We found these arrangements had improved when we undertook a follow up inspection of the service on 24 October 2017. However we identified some further shortfalls in providing safe services. Therefore the practice remains rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- Staff could describe recent safety alerts and we saw evidence that they were acted on. However, there was no formal system to record safety alerts received and their outcomes.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incorrect attachment was sent with an electronic urgent referral. The error was identified by the

referral team, who notified the practice the same day, and the correct document was sent. The incident was reviewed and staff identified there was no failsafe system for urgent referrals. As a result of the incident the practice created a system to record and manage urgent referrals sent by fax and email. Learning was shared at a practice meeting.

Overview of safety systems and process

The practice had systems, processes and practices that helped to keep patients safe and safeguarded from abuse.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurse were trained to child protection or child safeguarding level three, the health care assistant to level two, and non-clinical staff level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The standards for infection prevention and control in the practice required improvement.

- We were told maintenance of the practice was challenging and had been delayed as the practice were awaiting approval to undergo extensive refurbishment for the whole building.
- The practice made use of an external cleaning company and cleaning schedules were in place.
- An external infection prevention and control audit was undertaken in August 2017. This highlighted concerns and urgent actions, some of which related to the premises. Although some of the findings had been

Are services safe?

addressed, they were not implemented well enough. For example, the practice had created a schedule of cleaning and decontaminating medical equipment however only one clinical staff member was completing this record. We also noted cleaning equipment in the cleaner's cupboard was not stored appropriately as per advice given in the audit. We saw evidence that action was taken to address improvements identified as a result where possible but some remained outstanding. The practice explained their awareness of the concerns but were limited in being able to address some of them until the building refurbishment was approved.

- We observed areas accessible to patients were tidy but found various concerns relating to cleanliness. For example, the seat in the patient toilet was cracked and unfit for purpose, the benches in the waiting room were worn and not washable, chairs in the consulting rooms could not be wiped clean, and there was a large area of mould in one of the staff toilets. The practice told us they would look into these issues as a matter of urgency and would replace the patient toilet seat and the seating in the waiting room and consulting rooms.
- A practice nurse and health care assistant were the infection prevention and control (IPC) clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). However, the systems to address some risks were not implemented well enough.

- There were processes and a protocol for handling repeat prescriptions, however this did not include the prescribing of high risk medicines. We found a repeat prescription for warfarin (a medicine that stops blood clotting) had been issued without any records of a recent blood test. This was not in line with current national guidelines which recommend blood test monitoring at least every three months. We made the practice aware of this and were told they would review their protocols for monitoring patients taking warfarin. They planned to involve the practice pharmacist in warfarin monitoring going forward. Other records we reviewed showed patients taking high risk medicines were reviewed in line with national guidelines.

- Repeat prescriptions were signed before being dispensed to patients and there was a process to ensure this occurred. Reception staff carried out monthly checks of uncollected repeat prescriptions, coded this on the practice system and destroyed the prescription. However, this process required review to ensure prescriptions were collected in a timely manner, particularly for vulnerable patients and those with complex health needs.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored before they were distributed through the practice and there were systems to monitor their use. However, the secure storage of blank prescriptions in consulting rooms required review.
- We were told the medicine fridge temperatures were checked daily by the nursing team. However, the records we reviewed showed there were gaps each week for the last two months where temperature checks had not been recorded. Staff told us the checks had been completed but there had been a failure to document this. We also noted the fridge did not have an independent thermometer to cross-check the accuracy of the temperature reading. Staff had documented the action taken when the fridge temperature was not within the recommended range.
- One of the nurses (currently on leave) had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

Are services safe?

- There was a health and safety policy available.
 - The practice had an up to date fire risk assessment and carried out fire drills. The practice had smoke alarms and there was evidence these were tested weekly. There were designated fire marshals and in the event of the smoke alarms being activated staff would use a whistle to alert patients and other staff to evacuate the building. The practice planned to install a fire alarm system during the refurbishment.
 - Electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
 - The practice had a variety of other risk assessments to monitor safety of the premises such as infection prevention and control, and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
 - There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- Arrangements to deal with emergencies and major incidents**

The practice had some arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were checked monthly and a record of this was kept.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, this was not comprehensive supply and there was no risk assessment to identify medicines that were not suitable for the practice to stock. For example, there were no antibiotics, antiemetics (for nausea and vomiting), or analgesics. Following our inspection we were informed that the practice had updated their emergency medicine stock. We were told there was a system in place to check that medicines were in date, however there were no records to confirm this. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 23 February 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of urgent referrals, clinical audits, and staff training and appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 24 October 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. Clinical exception reporting was 4% which was below the CCG average of 8% and national average of 10% (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in

whom the last blood pressure reading was 140/80 mmHg or less was 82% compared to the CCG average of 78% and the national average of 78%. Exception reporting was 4% compared to the CCG average of 10% and the national average of 12%.

- Performance for mental health and dementia related indicators was similar to the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 89% compared to the CCG average of 81% and the national average 84%. Exception reporting for mental health related indicators was 2% (CCG 8%; national 11%), and dementia related indicators 2% (CCG and national average 13%).

Unpublished data from the QOF 2016/17 showed results were 98% of the total number of points available, with a 6% clinical exception rate.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years. Both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, one audit looked at the management of 20 patients with diabetes. The results from the audit showed the practice was not meeting the NICE standards at 100%. Specific criteria included: structured education at the time of diagnosis (results 5%); dietary and lifestyle advice (results 60%); and relevant blood tests at specified intervals until stable (results 41%). The practice took action by appointing a lead for diabetes, training relevant staff, offering a weekly diabetic clinic, and educating patients to manage their condition effectively. Results from the re-audit showed improvement of the specific criteria to 80%, 100% and 80% respectively. The practice planned to re-audit in six months.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff employed for over a year had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, mental capacity act, chaperoning, infection prevention and control, and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff were remunerated when completing online training outside of their contracted working hours.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from 2015/16 showed uptake rates were comparable to the CCG and national averages. For example, rates for the vaccines given to under two year olds averaged 87% compared to the national standard of 90%. Uptake for five year olds ranged from 88% to 95% (CCG 85% to 94%; national 88% to 94%).

Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme for 2015/16 was 76%, which was similar to the CCG average of 77% and the national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems 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. Uptake rates for screening from 2015/16 were comparable to CCG and national averages. For example:

- Females, 50-70, screened for breast cancer in the last 36 months was 77% compared to the CCG average of 69% and the national average of 73%.
- Persons, 60-69, screened for bowel cancer within six months of invitation was 49% compared to the CCG average of 48% and the national average of 56%.

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 23 February 2016, we rated the practice as good for providing caring services.

When we undertook a comprehensive follow up inspection on 24 October 2017 we found the practice was providing caring services and therefore remains good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Twelve of the 20 patient Care Quality Commission comment cards we received were positive and eight were partially positive about the service experienced. Patients said they felt the practice offered a professional service and staff were helpful, caring and treated them with dignity and respect. The partially positive comments referred to the punctuality and booking of appointments, the waiting area and the attitude of staff.

We spoke with three patients and received feedback from a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2017 showed patients felt they were treated with compassion, dignity and respect. Results were in line with local and national averages. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 86%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The practice had reviewed the most recent results from the national GP patient survey and analysed areas for improvement. An action plan had been created with a log of the changes implemented. For example, reception staff now sent an internal message to alert clinicians if patients were waiting longer than 20 minutes.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

Results from the national GP patient survey 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 79% 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 with the CCG average of 74% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw a notice in the reception area informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area and told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 185 patients as carers (3% of the practice list). They used this register to improve care for carers. For example, carers were offered annual health checks and the flu vaccination. A carer's protocol, which contained information for staff to direct carers to the various avenues of support available to them, was available at reception on request.

Staff told us that if families had experienced bereavement, their usual GP may contact them or the practice sent a bereavement letter with advice on how to find a support service. This was followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 23 February 2016, we rated the practice as good for providing responsive services.

When we undertook a comprehensive follow up inspection on 24 October 2017 we found the practice was providing responsive services and therefore remains good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The main practice offered extended hours on a Monday evening from 18:30 to 19:30 and Thursday morning from 07:00 to 08:00 for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, patients whose first language was not English and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice were part of the North Hillingdon Care Connection Team (CCT), comprised of two other GP practices, and community healthcare professionals such as guided care nurses and care coordinators. The CCT met with the lead GP on a weekly basis to identify patients who would benefit from coordinated support, with the overall aim of keeping people out of hospital

and providing the care they needed in the community and their own homes. The CCT also worked closely with a well-being officer who contributed to the health and social care of elderly patients.

- The practice was part of the MetroHealth network; a group of 16 GP practices in North Hillingdon working together to provide greater access to care. The network offered an over 65 weekend doctor service for patients at risk of being admitted into hospital whilst their GP practice was closed. Patients also had access to a 24 hour blood pressure monitoring service provided by one of the practices in the network.

Access to the service

The main practice was open every weekday from 08:30 to 18:30. Appointments were available from 09:00 to 12:00 and 16:00 to 18:00. Extended opening hours were available from 18:30 to 19:30 on Monday evening, and 07:00 to 08:00 on Thursday morning. The branch practice was open every weekday morning from 08:30 to 13:00, and from 15:30 to 18:30 on Monday, Wednesday and Friday. Appointments were available from 09:00 to 12:00 every weekday morning, and from 16:00 to 18:00 on Monday, Wednesday and Friday. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared with the CCG average of 68% and the national average of 71%.
- 90% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 84%.
- 81% of patients said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 66% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, two patients mentioned difficulties getting through to the practice on the phone and five out of the 20 Care Quality Commission comment cards we received described difficulties in booking an appointment. We made the practice aware of this and following our inspection saw evidence that they were looking into improving telephone access to the practice. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a poster displayed in the waiting area and a complaints form was accessible to patients at the reception desk.

We looked at two out of four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient was booked in for a flu vaccine when they did not meet the criteria to receive the vaccine from their GP. The practice acknowledged that this was an error as the receptionist was unclear of the flu vaccine guidelines and eligibility, and the patient was given an apology. The incident was discussed at a practice meeting and staff were reminded to check with a clinician if they were unsure of a patient's eligibility to receive the vaccine to prevent any future reoccurrence.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 23 February 2016, we rated the practice as requires improvement for providing well-led services as the overarching governance structure did not support the delivery of the strategy, staff were unclear about the leadership arrangements and felt unsupported, and arrangements for identifying, recording and managing risks were not adequate.

We found these arrangements had improved when we undertook a follow up inspection of the service on 24 October 2017. However we identified some further shortfalls in providing well-led services. Therefore the practice remains as requires improvement for providing well-led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- A patient's charter that supported the practice's vision was displayed in the waiting area.
- The practice had a clear strategy which reflected the vision and values, however there was no supporting business plan to deliver it.
- The practice's vision included expanding the premises to become a training practice for both GPs and nurses.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, there were weaknesses in some governance systems.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, diabetes, prescribing, safeguarding, infection prevention and control, information governance, commissioning, and the Quality and Outcomes Framework (QOF). The practice pharmacist had been in post for one month and we were told their role was being tailored to meet the needs of the practice population.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of clinical audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks. However, there were systemic weaknesses in governance systems relating to infection prevention and control, emergency medicines, monitoring patients on warfarin, uncollected repeat prescriptions, and monitoring fridge temperatures.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

There had been a recent change in partnership and the practice was now led by a clinical partner (the lead GP) and a non-clinical partner (the business manager). On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice. The practice had appointed a new practice manager in July 2017. The management team told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems 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 partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal or written apology.

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

- The practice held a range of multi-disciplinary meetings to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

Are services well-led?

Requires improvement 

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- the NHS Friends and Family test (FFT), complaints and compliments received. However, responses to the FFT in 2017 was very low (six responses within 10 months). We were told this was due to data not being submitted as a result of changes in management and staff structure at the practice. The practice planned to address this now there was a stable management team in place.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the appointment system had changed to allow more same day appointments. Patients were also consulted on the redevelopment plans for the premises. The survey was carried out by the PPG and 101 out of 102 patients 'agreed' or 'strongly agreed' with the proposals (one patient responded 'neither agree or disagree').

Continuous improvement

- There was a focus on continuous learning and improvement within the practice. The partners had explored options for improving the main premises to accommodate the growing list size and to aid their vision in becoming a training practice. The practice had been granted part funding to extend and refurbish the premises, however the planning proposals had been rejected. The practice were due to meet with the local planning team to identify the scope of building work permitted and planned to resubmit their plans for extending and refurbishing the premises.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to ensure that all premises and equipment used by the service were suitable for the purpose for which they are being used. In particular:</p> <ul style="list-style-type: none">• The practice schedule for cleaning and decontaminating medical equipment was not being completed by all clinical staff.• The toilet seat in the patient toilet was not fit for purpose.• The benches in the waiting room were worn and not washable.• Chairs in the consulting rooms could not be wiped clean.• There was a large area of mould in one of the staff toilets. <p>This was in breach of Regulation 15(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively. In particular:</p> <ul style="list-style-type: none">• Records for monitoring fridge temperatures were not consistently kept.

This section is primarily information for the provider

Requirement notices

- There was no risk assessment to identify medicines that were not suitable for the practice to stock.
- The processes for monitoring patients taking warfarin were inconsistent.

This was in breach of Regulation 17(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.