Buckland Medical Practice

Inspection report

Buckland Medical Centre
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Dover
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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 location	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive?	Good
Are services well-led?	Inadequate

Overall summary

This practice is rated as Inadequate overall. (Previous inspection 1 December 2015– Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? –Requires improvement

Are services caring? – Requires improvement

Are services responsive? Good

Are services well-led? – Inadequate

As part of our inspection process we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Buckland Medical Practice on 22 May 2018.

At this inspection we found:

- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen.
- The practice did not routinely review the effectiveness and appropriateness of the care it provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The areas where the provider **should** make improvements are:

- Review and improve the system for complaints to help ensure trends are being identified and actioned and that these are escalated as significant events or near misses when appropriate. This should include reviewing complaints from other forums. For example, NHS choices.
- Review and improve the system for identifying and supporting carers to help ensure their needs are being met.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Population group ratings

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

Our inspection team

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

Background to Buckland Medical Practice

Buckland Medical Practice has approximately 4,000 registered patients who are served by two surgeries: Buckland Medical Centre and The Tara. The practice population is close to the national averages. The practice has slightly more older patients (aged over 64 years) and patients with a long-standing health condition than the national average.

The practice has a General Medical Services contract with NHS England to deliver primary medical services to the local community. There was a dispensary at The Tara and the practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice staff consists of three GPs (one male and two female), two practice nurses (female), two health care assistants (female) and two dispensers (female). The GPs and nurses are supported by a practice manager and a team of administration and reception staff.

The practice is open between 8.00am and 6.30pm Monday to Friday. There are no extended hours offered and the practice is closed at the weekend**.** However, the practice has an agreement to offer patients appointments at the Peter Street Surgery in Dover until 7.30pm every Tuesday or the Buckland Hospital Hub in Dover seven days a week.

An out of hour's service is provided by Invicta Health care.

As part of our inspection we visited Buckland Medical Centre, Brookfield Place, Buckland Avenue, Dover, Kent, CT16 2AE and The Tara, The Droveway, St Margaret's Bay, Dover, CT15 6BT where the provider delivers registered activities.

The practice is registered to carry on the following regulated activities: treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery service and surgical procedures.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

Safety systems and processes

The practice did not have clear systems to keep patients safe and safeguarded from abuse.

- The practice did not have effective systems to safeguard children and vulnerable adults from abuse.
- Not all staff had received safeguarding and safety training appropriate to their role.
- Not all staff who acted as chaperones had received a DBS check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did carry out all appropriate staff checks at the time of recruitment. However, the practice did not have a system to ensure the registration of all clinical staff remained up to date.
- The practice's system for managing infection prevention and control was not always effective.
- Healthcare waste was not always disposed of appropriately.
- The practice ensured that equipment was safe and maintained according to manufacturers' instructions.

Risks to patients

The practice's systems did not always adequately assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention in most cases. However, not all members of staff had received training on how to identify and manage patients with severe infections including sepsis, nor did the practice have all the necessary equipment for managing a patient with sepsis.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Most individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way, except for end of life care plans which did include information about where patients might want to spend their last days.
- There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not always minimise risks. For example, the practice could not demonstrate that the cold chain was maintained when medicines were transferred to other locations, including patient's homes. Nor were oxygen cylinder always stored safely.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. However, not all high risk medicines had been adequately reviewed.
- Medicines were dispensed from The Tara. However, arrangements for dispensing medicines did not always keep patients safe. There were a range of standard operating procedures. However, these were not always effectively implemented or audited for compliance. Prescriptions at the Tara were not tracked through the practice. Controlled drugs were not monitored appropriately. Not all medicines were dispensed in the correct manner, nor was there always enough information for dispensing staff. For example, what medicines were suitable for inclusion in a monitored dosage system packs (MDS – is a medication storage device).

Inadequate

Are services safe?

- There was a system for managing Medicines and Healthcare Products Regulatory Agency (MHRA) alerts across the practice and we saw that action had been taken in most cases. However, when we looked at the MHRA folder at the Tara, there was no evidence that any action had been taken regarding two alerts one March 2018 and another in May 2018.

Track record on safety

The practice did not have a good safety record.

- The practice had undertaken risk assessment activities. However, the practice could not demonstrate that there was an action plan or action taken to address some issues identified or that all issues had been identified.
- A legionella risk assessment had been carried out on 21/01/2016 at both locations. There was a list of actions arising from this. The practice was unable to demonstrate these actions had been completed.

Lessons learned and improvements made

The practice did not have an effective system for managing significant events.

- There was a significant event policy. However, this lacked detail.
- The practice did not have process for recording or acting on near misses.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across all population groups

The practice was rated as requires improvement for providing effective services because:

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

Clinicians did not always assess needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, pain tools.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice was unable to demonstrate that staff had access to appropriate tools for assessing the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated requires improvement for effective because:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice did not have a system to follow up outcomes for patients who had received social prescribing to help ensure all aspects of their health and well-being were met.

People with long-term conditions:

This population group was requiring improvement for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

This population group was rated requires improvement for effective because:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in three of the four areas (ranging between 84% to 98%). We discussed the child immunisation programme with the practice and they had acted to address this. They provided us with data up to 01.04.2018 which demonstrated they had achieved the 90% by April 2018.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

This population group was rated requires improvement for effective because:

- The practice had taken a range of actions to improve their uptake for cervical screening and at 79%, their rate was above the clinical commissioning average of 76% and the national average of 72%, but below the coverage target for the national screening programme of 80%. The practice showed us data that was above the national target. This data had not been validated.
- The practices' uptake for breast and bowel cancer screening was in line the national average.

Requires improvement

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because:

- End of life care was not always delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, records did not show where patients would like to spend their last days, nor were multidisciplinary minuted to help ensure that information was effectively shared across the practice.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, poor mental health and carers. However, the practice could not always demonstrate a proactive approach to supporting these patients. For example, carers.

People experiencing poor mental health (including people with dementia):

This population group was rated requires improvement for effective because:

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to local and national averages.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to local and national averages.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 96% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to local and national averages. However, the practice did not have a system to follow up patients with poor mental health who failed to collect their prescriptions. When we checked the prescription box we found two prescriptions dated from February that had not been collected. Staff told us they shredded uncollected prescriptions without taking any further action including checking if any action should be taken with the GP. For example, checking whether that patient was vulnerable or had poor mental health.

Monitoring care and treatment

There was evidence of audit activity. However, the practice did not have a comprehensive programme of quality improvement activity.

- The practice showed us a range of searches with focus on medicine management and in response to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. However, five of the audits were undertaken in 2015 and two did not contain a date.
- The practice did not consider the needs of its patient population when selecting audits, nor was there a systematic approach for quality improvement including dates for re-audit.

Effective staffing

Not all staff had the skills, knowledge and experience to carry out their roles.

- Clinical staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. However, records showed that not all staff, including clinical staff, were up to date with essential training in areas such as information governance and Mental Capacity Act Training.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However, the practice was not able to demonstrate that all dispensary staff received regular training updates specific to their role since completing their initial qualifications.
- The practice did not have a systematic approach for supporting staff development. For example, we spoke with members of staff recently employed by the practice. They told us they had completed some induction activities. However, the practice did not have an induction programme to support new members of staff.
- **Coordinating care and treatment**

Requires improvement

Are services effective?

Staff told us they worked together and with other health and social care professionals to deliver effective care and treatment.

- Staff told us they had recently started hosting multidisciplinary meetings. However, the practice did not keep minutes of these meetings. This meant we were unable to ascertain what action had been taken or if information had been effectively shared across the practice and with other agencies.
- We reviewed care plans for patients and the end of their life and found these did not contain any information about where they would like to spend the final days of their life.

Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. However, the practice did not have an effective system to monitor the outcomes where patients had received social prescribing.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

Consent to care and treatment

The practice did not obtain consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The practice did not monitor the process for seeking consent appropriately. Not all staff we spoke with understood about gaining consent where patient's lacked capacity. The practice had not considered to update and bring their minor surgery consent forms in line with the recent changes in the Law of Consent.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example, access to translation services.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. There was a counselling service at the practice which patients could attend.
- The practice did not have a proactive approach for identifying or supporting carers.
- There was a bereavement information page on the practice website. However, when we spoke with the practice they did not have a consistent approach for supporting the families of recently deceased patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

The practice was rated as good for responsive because:

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

- The practice was open between 8.00am and 6.30pm Monday to Friday. There were no extended hours offered. However, the practice had an agreement to offer patients appointments at the Peter Street Surgery in Dover until 7.30pm every Tuesday. Further appointments were available at the Buckland Hospital Hub in Dover seven days a week.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice told us care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. However, the practice could not demonstrate this as they did not keep records for these meetings.

Older people:

This population group was rated as good for responsive because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and utlilised the local paramedic home visiting service to support its patients.
- The principal GP provided a weekly ward round at a local nursing home to help ensure all the patient's needs were being met.

People with long-term conditions:

This population group was rated as good for responsive because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice told us they had just started to hold regular meetings multidisciplinary meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated as good for responsive because:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

This population group was rated good because:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice is open between 8.00am and 6.30pm Monday to Friday. There are no extended hours offered and the practice is closed at the weekend**.** However, the practice has an agreement to offer patients appointments at the Peter Street Surgery in Dover until 7.30pm every Tuesday or the Hub in Dover seven days a week.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- the practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

People experiencing poor mental health (including people with dementia):

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Good

Are services responsive to people's needs?

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The practice did take complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice was not always clear when complaints should be treated as near misses or significant events. For example, we reviewed a complaint from 07/02/2018 which was a dispensing error that was reported by the patient. Although action had been taken to rectify the situation and conduct a risk assessment, this was not reported as a near miss to help the practice identify trends. Nor had the practice put in place any audit activity after the risk assessment.
- Whilst we saw evidence that complaints were discussed at practice meetings, the practice did not have a system for identifying trends and learning from them.
- The practice had not responded to or included comments on NHS choices in its complaints log or subsequent analysis.

Please refer to the Evidence Tables for further information.

Inadequate

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

The practice was rated as inadequate for well-led because:

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Not all leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. Staff told us both senior GP and the practice manager were visible and approachable. However, not all the management team were clear on their roles and responsibilities. For example, safeguarding.

Vision and strategy

The practice told us their aim was to maintain safe and high-quality care.

- There was a clear vision to provide patients with high quality, compassionate care by working together with their patients, enabling them to make the best of their health resources. All staff were aware of the vision and we saw that this translated into the action of the practice. However, there was a lack of oversight and outcome measures in quality improvement activities, relevant to the patient population, to help ensure the vision and strategy were being met.

Culture

The practice did not have a culture of high-quality sustainable care.

- Staff focused on the needs of patients.
- The practice was unable to demonstrate that there was a system for recording conversations with patients when things went wrong. For example, records showed that not all patients received a written apology, nor we the details of telephone conversation recorded in the significant event log or recording form.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. However, when poor staff morale was discussed at a nurse meeting there was no action plan to address this.
- There were processes for providing all staff with the development they need. However, records showed not all staff were up to date with their appraisals or essential training.
- The practice's mission statement encouraged staff to act with honesty and integrity at all times. However, staff had not received specific equality and diversity training.

Governance arrangements

The practice had a range of governance documents. However, we found that governance arrangements were not always effectively implemented. Nor were roles and responsibilities clearly defined.

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective across the practice. For example, not all staff at the dispensary were following standard operating procedures (SOPs). Whilst there was a range of governance documents available these did not always contain enough detail. For example, safeguarding adults and children.
- Staff were not clear on their roles and accountabilities including in respect of safeguarding.
- Practice leaders had not established proper policies, nor the procedures to monitor policy implementation to help ensure safety across the practice and assure themselves that they were operating as intended.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not always effectively implemented:

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, acting on risks identified in risk assessments such as health and safety and legionella and medicines management.
- There was evidence of clinical audit. However, the practice was unable to demonstrate that it was actively reviewing the needs of its patient population in order to develop a plan of relevant audit and quality improvement activity.
- The practice had plans in place for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Inadequate

Are services well-led?

- Quality and operational information was used to help improve performance. For example, the practice used data from the Quality and Outcomes Framework (QOF) to measure performance and was above local and national averages in some areas of care.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

- The practice had regular meetings with the patient participation group, but did not have a proactive approach to involving patients in improving services.
- Not all areas of feedback from patients', staff and external partners' views and concerns were identified or acted on. For example, feedback from staff during clinical meetings, identifying trends and learning from complaints, including from forums outside the practice. For example, NHS Choices.

Continuous improvement and innovation

The practice was actively involved in a range of local projects. For example, the home visiting service. However, the practice did not have an effective approach to identifying areas for improvement.

- Not all opportunities for improvement were recognised or acted upon. For example, not all issues relating to significant events, infection prevention and control, medicines management and health and safety had been effectively identified or actioned appropriately. Whilst there were governance arrangements to support them, the practice did not always make use of learning from internal and external reviews of incidents and complaints. Learning was not always effectively identified, shared and used to make improvements.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose The registered person had not done all that was reasonably practicable in assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. In Particular:The registered persons failed demonstrate there was an effective system for managing medicines across the practice and dispensary. The registered persons failed demonstrate that all risks were being effectively managed. For example, infection prevention and control, legionella management and significant events.The registered persons did not have tools for patient pain assessment.The registered persons did not have the necessary protocols in place for sepsis management. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person failed to have systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:The registered persons failed demonstrate that patients at their end of their life had their preferences documented.The registered persons failed demonstrate that outcomes from social prescribing were followed up to help ensure it had been effective and meet patient's needs. The registered had not identified that not all staff demonstrated an understanding of the Mental Capacity Act and gained access from family members without

This section is primarily information for the provider

Requirement notices

demonstrating that capacity assessments and due process had been followed. The registered person had not considered to update and bring their minor surgery consent forms in line with the recent changes in the Law of Consent.The registered person had systems or processes in place that were not operating effectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, throughout the governance process. In particular:The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, sepsis identification protocols or equipment, safeguarding, infection prevention and control, legionella, medicine management. Where risks had been identified, not all actions had been completed.The registered person had systems or processes in place that were not operating effectively in that they failed to enable the registered person to maintain such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: The registered person failed to have a system and process record all the recruitment requirements for example references, full employment history, DBS checks and photographic identification. The registered person failed to have a system and process to manage staff training including safeguarding.The registered person failed to have an effective safeguarding system. For example, a named safeguarding lead, and comprehensive policies.The registered persons failed to have comprehensive governance arrangements across the practice.This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person had failed to ensure that persons employed in the provision of regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties. In particular:The

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Requirement notices

registered persons failed to demonstrate there was an induction process for staff.The registered person failed to ensure all members of staff had received sufficient training in areas such as safeguarding, information governance and the Mental Capacity Act.This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person's recruitment procedures did not always ensure that only persons of good character were employed. In particular the register persons failed to demonstrate that all new employees had a full employment history, proof of identity and references.This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations