

Staplehurst Health Centre

Inspection report

Offens Drive
Staplehurst
Tonbridge
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TN12 0LB

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous rating November 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Staplehurst Health Centre on 1 August 2018, to follow up on breaches of regulations identified at our inspections in November 2017.

At a previous inspection, November 2017, we rated the practice inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services, and good for caring. The practice was placed into special measures.

We issued a warning notice in respect of some of these issues and found arrangements had improved but not significantly so, when we undertook a follow up inspection of the service on 4 April 2018. A further warning notice was therefore served. The practice was not rated as a consequence of our April inspection. The details of these can be found by selecting the 'all reports' link for Staplehurst Health Centre on our website at

We followed up the warning notice as part of this comprehensive inspection.

At this inspection we found:

- The practice's systems, processes and practices did not always keep people safe and safeguarded from abuse.
- Patients were at risk of harm due to medicines management procedures not always being implemented effectively by the practice.

- Improvements had been made to the way in which significant events were being investigated and recorded. However, the practice was unable to demonstrate that they recorded these appropriately, as well as learned from and made improvements when things went wrong.
- It ensured that care and treatment was delivered according to evidence-based guidelines.
- Patients did not always find the appointment system easy to use and reported that they were not able to access care when they needed it.
- The practice had an action plan to improve quality and was in the process of reviewing the timeliness of the care provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice's complaints system was now being operated effectively and was accessible to all patients.
- Governance arrangements were not always effective.
- There was a strong focus on continuous learning and improvement at all levels of the practice.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there are effective systems and procedures to prevent people using the service from being abused.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue with their plan to improve telephone access.
- Continue to monitor and improve timely access to the service.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 adviser and a second CQC inspector.

Background to Staplehurst Health Centre

The registered provider is Malling Health (UK) Limited which is a subsidiary of Integral Medical Holdings (IMH) Limited. The registered manager for this service is Elaine Handover (also the practice manager).

Staplehurst Health Centre is located at Offens Drive, Tonbridge, Staplehurst, Kent, TN12 0LB. The practice has an alternative provider medical services contract with NHS England for delivering primary care services to the local community. The practice website address is

The practice has a registered patient population of approximately 5,487 patients. The practice is located in an area with a lower than average deprivation score.

At the time of inspection, the practice team was made up of four salaried GP (one male and three female). There

are two practice nurses (one male and one female) and one female health care assistant. There was also a practice manager, an assistant practice manager and a team of receptionists and administrators.

The practice is part of NHS West Kent Clinical Commissioning Group. Out of hours care is accessed by contacting NHS111.

Staplehurst Health Centre is registered for the following regulated activities: Maternity and midwifery services, Surgical procedures, Diagnostic and screening procedures, Treatment of disease, disorder or injury and Family planning.

Are services safe?

At a previous inspection on 22 November 2017, we rated the practice inadequate for providing safe services as the arrangements in respect of the proper and safe management of medicines, reporting and learning from incidents, maintenance of equipment for use in an emergency, infection control and prevention procedures were not sufficient.

We issued requirement notices and a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 4 April 2017 but further improvements were still required. A further warning notice was issued and was followed up as part of this comprehensive inspection.

At this inspection we rated the practice as requires improvement for providing safe services.

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

- The practice's system for safeguarding people from abuse were not clear in terms of leadership and accountability.
- The practice's system for reporting and recording significant events had improved but was not always effective.
- Systems and processes for monitoring repeat prescriptions were not always safe.

Safety systems and processes

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

- The practice had implemented a new system to safeguard children and vulnerable adults from abuse. The system had not had time to be fully embedded and leadership and accountability were unclear. Additionally, policies for safeguarding children and adults had not been updated according to the timescale set within the document. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and 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.)

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control, which had improved significantly since our last inspection visit in November 2017.
- The practice had improved its arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, not all repeat prescription collections were being monitored effectively and a patient on certain medicines was not receiving routine monitoring.
- The practice had improved its systems and processes to ensure they reviewed its antibiotic prescribing and took action to support good antimicrobial stewardship in line with local and national guidance.

Track record on safety

The practice did not always have a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements, with the exception of significant event reporting.

Lessons learned and improvements made

The practice was unable to demonstrate that they always learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. However, not all significant events that took place were appropriately investigated and recorded.
- Staff understood their duty to raise concerns and report incidents and near misses. Practice managers supported them when they did so.
- There were not always effective systems for reviewing and investigating when things went wrong. The practice did not always record how they shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

At a previous inspection on 22 November 2017, we rated the practice requires improvement for providing effective services as the arrangements in respect of training for locum staff and care plans for patients with dementia were not sufficient.

We issued requirement notices in respect of these issues and found arrangements had improved.

At this inspection we rated the practice, and all population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are 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.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions did not always have 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. However, they had higher than average exception reporting.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above.
- The practice offered a combined immunisation and baby check appointment.
- 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):

- The practice's uptake for cervical screening was comparable to the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine. For example, before attending university for the first time.
- 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:

Are services effective?

- 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 held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. Significant improvements had been made to the way in which care plans for patients with dementia were being recorded.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- Quality and Outcomes Framework (QOF) results for Staplehurst Health Centre were generally comparable with local and national averages. Where results were below the average, the practice had acted to address these.
- The practice used information about care and treatment to make improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- 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.
- 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.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new and locum staff, which had been significantly improved since our November 2017 inspection. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Are services effective?

- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping 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 in the last 12 months of their lives, 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.
- 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, tackling obesity.

Consent to care and treatment

The practice obtained 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.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

At a previous inspection on 22 November 2017, we rated the practice good for providing caring services .

At this inspection we rated the practice as good for caring.

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.
- The practice's GP patient survey results were comparable to local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand. For example, communication aids and easy read materials were available.
- 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.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were comparable to local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered 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.

Are services responsive to people's needs?

At a previous inspection on 22 November 2017, we rated the practice requires improvement for providing responsive services as the arrangements in respect of timely access to the service were not sufficient.

We issued requirement notices in respect of this issue and found arrangements had improved, however national patient survey results remained lower than local and national averages. For example, 40% of respondents describe their experience of making an appointment as good - Local (CCG) average: 73% National average: 69%

At this inspection we rated the practice , and all of the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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 provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

Concerns found in the responsive domain affected all population groups.

- 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. The GPs accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

Concerns found in the responsive domain affected all population groups.

- Patients with a long-term condition did not always receive an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

Concerns found in the responsive domain affected all population groups.

- 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. Records we looked at confirmed this.
- 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):

Concerns found in the responsive domain affected all population groups.

- 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. For example, extended opening hours.

People whose circumstances make them vulnerable:

Concerns found in the responsive domain affected all population groups.

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including travellers and 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):

Concerns found in the responsive domain affected all population groups.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients did not always have 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.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment.
- Where national GP patient survey results were below average the practice had developed and implemented an action plan to address the findings and improve patient satisfaction. For example, 58% of respondents describe their overall experience of this GP practice as good. Local (CCG) average: 86% National average: 84%.

Listening and learning from concerns and complaints

The practice had made significant improvements in how it took complaints and concerns seriously, as well as responding 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 learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At a previous inspection on 22 November 2017, we rated the practice inadequate for providing well-led services as the governance arrangements were not sufficient.

We issued requirement notices and a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 4 April 2017 but further improvements were still required. A further warning notice was issued.

At this inspection we rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- The practice's processes and systems to support good governance and management were not always effective.
- The practice's processes for managing risks were not always effective.

Leadership capacity and capability

On the day of inspection, the practice management told us they prioritised high quality and compassionate care.

- The practice managers were knowledgeable about issues and priorities relating to the quality of services. They understood the challenges and were addressing them.
- The practice manager, assistant practice manager and salaried GPs were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Practice managers acted on behaviour and performance inconsistent with the vision and values of the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Governance arrangements were not always effective.

- Structures, processes and systems to support good governance and management were not always clearly set out, understood and effective. For example, the system for safeguarding adults and children had not been embedded and leadership and accountability for lead roles were unclear.

Are services well-led?

- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities in respect of infection prevention and control.
- Policies were implemented and were available to all staff. However, some hard copies of these were out of date.

Managing risks, issues and performance

The practice's processes for managing risks, issues and performance were not always effective.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not always effective.
- The practice had processes to manage current and future performance.
- Practice managers had oversight of safety alerts and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. The majority of policies and procedures had been updated to ensure they were effective.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was in the process of being used to help improve performance.

- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews complaints. Learning was shared and used to make improvements.
- Practice managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. The service provider was not ensuring the proper and safe management of medicines. In particular: the monitoring of repeat prescription collection and ensuring all patients on routine medicines received appropriate monitoring and review. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors; were not always effective. The service provider was not ensuring that systems and processes were operated effectively to prevent abuse of service users. In particular: The new system for safeguarding children and adults had not been fully embedded and lines of leadership and accountability were unclear. Not all policies for safeguarding children and adults had not been updated according to the timescale set within the document. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not 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 have been at risk which arose from the carrying on of the regulated activity. In particular: reports and records of all significant events, as well as lessons learnt and shared, were not implemented effectively. Hard copies of policies for safeguarding, chaperoning and whistleblowing had not been updated routinely. The risks associated with repeat prescription collection and the monitoring of patients on certain medicines had failed to be identified by the governance arrangements in place. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
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