

The Mosslands Medical Practice

Inspection report

Irlam Medical Centre
Macdonald Road, Irlam
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Greater Manchester
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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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous rating September 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at The Mosslands Medical Practice on 13 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had systems that needed improving to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes, but learning was not always shared across the practice.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Some patients told us they found it difficult getting through to someone on the phone and this was corroborated by the national GP patient survey results.

- There were no processes in place to provide all staff with the development they needed and training was out of date for some staff members.
- Some practice policies were not regularly reviewed and the service did not have policies in place for processes such as acting on patient safety alerts.
- Identified risks had not always been acted on, for example there were actions still to be completed from the fire risk assessment.

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.

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

- The practice should keep a log of all blank prescriptions.
- The practice should consider having whole practice meetings.
- The practice should have a cleaning schedule in place for clinical rooms.
- Incidents that are documented should reference which patients are affected.
- The practice should review their scores for patients getting through to someone on the telephone.

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

Please refer to the detailed report and the evidence tables for further information.

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to The Mosslands Medical Practice

The Mosslands Medical Practice provides primary care services to 9135 patients. The practice delivers services under a Primary Medical Services (PMS) contract.

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures, family planning and treatment of disease, disorder and injury.

Regulated activities are delivered from the following address:

Irlam Medical Centre, Macdonald Road, Irlam, Manchester M44 5LH

As part of the inspection, we visited the branch surgery located at: Longfield Lodge Surgery, Liverpool Road, Cadishead, M44 5DX.

There are three partner GPs (two male and one female), two salaried GPs (both female) and an assistant practitioner. They are supported by a nursing and administrative team.

The age profile of the practice population mostly consists of patients aged from 15-44. Information taken from Public Health England placed the area in which the practice was in the third most deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have greater need for health services.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided by NHS 111.

Are services safe?

We rated the practice as requires improvement for providing safe services.

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

- Not all staff had up to date basic life support training.
- The service had not completed all the actions from the fire risk assessment.
- The practice did not keep a log of all blank prescriptions.
- There was an administration staff member employed without a reference.
- We found an out of date oxygen cylinder and the practice did not have a risk assessment in place for what emergency medicines to keep in stock.
- Not all staff had received infection control training, and a cleaning schedule was not in place.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse but some staff did not have up to date safeguarding training.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Some staff members (clinical and non-clinical) did not have up-to-date safeguarding training. The practice was aware of this and planned to provide training to staff which we saw evidence of. Staff members knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Some staff who acted as chaperones were not trained for their role and some staff acting as chaperones had not received a Disclosure and Barring Service or had a risk assessment in place (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, 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. However, we found one administration staff member did not have a reference in place.
- Improvements were needed to managing infection prevention and control. Administration staff had not

received training in handling clinical specimens but could correctly describe how to handle clinical specimens, and some administration staff were unsure who the infection control lead was. A cleaning schedule was not in place for the cleaning within surgeries.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- The practice kept a log for blank prescription pads, but did not keep a log of blank prescriptions kept in the printers.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety except for being equipped to deal with medical emergencies.

- 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 not equipped to deal with medical emergencies. There was no risk assessment in place to decide what medical emergency medicines should be kept, and we found an oxygen cylinder that had expired. Not all staff members had up to date basic life support training, and one staff member was unable to describe the correct procedure for dealing with someone having a seizure.
- 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.
- The practice had systems for sharing information with other agencies to enable them to deliver safe care and

Are services safe?

treatment but we found there was a lack of information sharing within the practice, around a lack of team meetings that included both clinical and administration staff.

- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, emergency medicines and equipment, minimised risks.
- Staff prescribed and 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.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues. However, the practice had not completed all the actions recommended in their fire risk assessment.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong but the practice needed to improve on sharing lessons learned across the practice. Incidents were not always discussed across the whole team and some incidents were discussed informally.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts, but there was no formal system in place to deal with medicine and patient safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

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

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

- Training was not kept up to date within the practice.
- Not all staff members had received an appraisal.

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

Older people:

- 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.
- 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 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.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could 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 above average compared to local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- 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 78%, which was below the 80% coverage target for the national screening programme but higher than the CCG and national average.
- 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:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers 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):

Are services effective?

- 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.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was above average compared to local and national averages.

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.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles but training was not kept up to date within the practice.

- The practice did not understand the learning needs of staff. A training matrix was used to monitor training, but we found some staff had out of date training. For example, not all staff had up to date safeguarding training. We also found that some clinical staff had not completed infection control training and the lead for infection control had not received any update training since 2014.

- There was an induction programme for new staff. This included one to one meetings, coaching and mentoring, clinical supervision and revalidation. Not all staff had received a regular appraisal.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- 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.

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.
- The practice ensured that end of life care was delivered in a coordinated way which considered 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.

Are services effective?

- The practice identified patients who needed 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?

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 in line with 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 above average compared 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?

We rated the practice, and all the population groups, as good 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 GP 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.
- The practice had a branch surgery to support patients who lived further away from the main practice.

Older people:

- 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received 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:

- 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):

- Add brief examples of responsive care here. For example: 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 and Saturday appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers 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):

- 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 monthly 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 could access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to test results, diagnosis and treatment but patients told us they found it difficult booking an appointment over the phone.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Are services responsive to people's needs?

- The practice's GP patient survey results were below local and national averages for getting through to someone on the phone and for satisfaction scores for opening times.
- The practice was looking at changing their phone system so that patients were put into a queuing system while waiting for a receptionist to answer.
- 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 also from analysis of trends. It acted as a result to improve the quality of care.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

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

- There was a lack of processes in place for providing all staff with the development they need and training was out of date for some staff members.
- Some practice policies were not regularly reviewed and the service did not have policies in place for processes such as acting on patient safety alerts.
- Identified risks had not always been acted on, for example there were actions still to be completed from the fire risk assessment.

Leadership capacity and capability

Leaders demonstrated the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges but were not always addressing them.
- Leaders at all levels were visible and approachable.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, 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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- 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 could raise concerns and were encouraged to do so.
- There was a lack of processes for providing all staff with the development they need. There were staff members who had not received an annual appraisal in the last year but the practice was aware of this and in the process of appraising all staff. 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 and had achieved a silver award from the LGBT foundation. However, not all staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There was a lack of clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not always clearly set out or documented.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Practice policies were in place but were not always kept up to date and the practice was lacking procedures for processes such as acting on patient safety alerts. The practice had a significant event policy in place but this policy was obsolete as it did not consider raising significant events using the electronic system that was currently used within the practice.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

Are services well-led?

- The practice identified risks but did not always have effective systems to manage them. Some risks that had been identified had not yet been actioned. For example, there were actions from the fire risk assessment that had not been addressed.
- Practice leaders did not always have oversight of incidents and patient safety alerts. We discovered an incident that the practice was aware of, but had not been reported using the practice's incident reporting system.
- Clinical audit had a positive impact on quality of care and outcomes for patients but the practice had only produced single cycle audits.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice submitted data or notifications to external organisations as required.

- There were robust 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 high-quality sustainable 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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was little evidence of systems and processes for learning, continuous improvement and innovation.

- Improvements were needed to learning and continuous improvement. Not all staff members had received up to date training or appraisals. For example, the infection control lead had not had any update training since 2014.
- The practice made use of internal and external reviews of incidents and complaints. Incidents were discussed, but shared learning was not regularly happening.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not always do all that was reasonably practicable to mitigate risks.</p> <p>In particular:</p> <p>Actions from the fire risk assessment had not been completed.</p> <p>Not all staff had received up to date basic life support.</p> <p>The infection control lead had not received training to perform this role.</p> <p>There was an out of date oxygen cylinder contained in the resuscitation kit, and there was no risk assessment in place for what emergency medicines to keep in stock.</p> <p>The registered person did not ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.</p> <p>In particular:</p> <p>There was a member of administration staff employed without a reference in place.</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>The registered person did not have established systems or processes to ensure compliance with the regulations.</p> <p>In particular:</p> <p>There was a lack of processes for providing all staff with the development they need and training was out of date for some staff members.</p>

This section is primarily information for the provider

Requirement notices

Some practice policies were not regularly reviewed and the service did not have policies in place for processes such as acting on patient safety alerts.