Manor Practice

Quality Report

57 Manor Road
Wallington Surrey SM6 0DE
Tel: 0208 647 1818
Website: www.manorpractice.org.uk

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Practice on 06 January 2015. We visited the main practice site at 57 Manor Road Wallington Surrey SM6 0DE. The practice has a branch surgery at Roundshaw Health Centre 6 Mollison Square Wallington SM6 9DW. We did not visit the branch surgery as part of this inspection.

Overall the practice is rated as requires improvement. Specifically, we found the practice requires improvement for providing safe and effective services. We found the practice was good for providing caring and responsive services, and that it was well led. We found the practice required improvement for providing services to the six population groups we report on.

Our key findings were as follows:

- The practice used the Quality and Outcomes framework to measure, monitor and improve performance; and was performing better when compared to other practices in the area and against national averages.
- The practice was responsive to people's needs, including those of various groups of people in vulnerable circumstances
- The practice was well led, and was a teaching practice
- Patient feedback indicated that people experienced a caring service and that they were treated with respect and dignity

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Have in place patient specific directions (PSDs) for the healthcare assistant to administer vaccines and for the nurses to administer certain medicines such as birth control injections, in line with legal requirements and national guidance.

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- Ensure a suitable policy and procedure is in place in relation to the completion of disclosure and barring service checks for new staff.
- Ensure audits of practice are undertaken, including completed clinical audit cycles.

In addition the provider should:

- Ensure medicines requiring old storage are appropriately stored in fridges
- Ensure the safeguarding policy is reviewed and dated.
- Ensure an automated external defibrillator (AED) is available, or have on record a risk assessment if a decision is made to not have an AED on-site.
- Ensure staff are up to date with fire safety training.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were completed and lessons learned communicated to support improvement.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe, specifically in relation to background checks on new employees and medicines administration.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed clinical indicators relating to patient health outcomes were at or above the average for the locality.

Staff had knowledge of, and made reference to, national guidelines. Multidisciplinary working was taking place between the practice team and other care providers involved in the care, treatment and support of their patients.

There were no completed audits of patient outcomes. We saw no evidence that audit was driving improvement in performance to improve patient outcomes.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints with staff.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision, aims and objectives.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

Nationally reported data showed that the practice performed well against indicators relating to the care of older people. For example, the practice maintained a register of patients in need of palliative care, and held multidisciplinary integrated care meetings every two months where all patients on the palliative care register were discussed, their needs anticipated and any required arrangements made to deliver the care they needed. Also all of the practice's patients aged 75 or over with a recent history of a fragility fracture were being treated with an appropriate bone sparing agent; the national average for this treatment was 81%.

It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Data showed that 88% of their patients diagnose with dementia had had a face to face review in the last 12 months, which was above the national average of 83.8%.

At the time of our inspection, 129 (83%) of the patients on the practice case management register had care plans agreed. There were 26 patients that were due care plans being agreed with them.

The practice monitored patients on multiple medicines (four or more) and patients on repeat medicines. At the time of our inspection, 74% of patients on multiple medicines and 57% of patients on repeat medicines had received a medication review.

All patients over the age of 75 had a named GP. The practice had a number of GPs that had been working in the practice for decades and so the practice was able to provide continuity of care.

The practice is rated as requires improvement for the care of older people. We found the practice to require improvement for providing safe and effective services; and that these findings affect people in this population group.

People with long term conditions

Requires improvement

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

The practice used Quality and Outcomes framework (QOF) data in the monitoring of care of patients with long term conditions. The

Summary of findings

practice management team provided us with reports of their performance against a range of indicators for the care of people with long term conditions. The reports showed they had met or were close to meeting their annual targets for conditions such as diabetes and heart failure. For some conditions, such as COPD, the practice had already exceeded their annual targets for the care of these patients.

Longer appointments and home visits were available when needed. All of the practice patients with long term conditions had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Government guidelines recommend that flu vaccinations are offered to certain at risk groups so that they are protected from the illness and developing serious complications. These groups include people aged 65 and over, pregnant women, people with certain medical conditions, carers and health and social care workers. We found that the practice offered flu vaccines to these groups. For the 2013/14 year they had provided seasonal flu vaccination to 71.3% of their patients who were 65 years of age and older; the national average for patients in this group who were vaccinated was 73.2%. Of their patients aged over six months and under 65 in defined clinical risk groups, 45.6% had received seasonal flu vaccination, compared to the national average of 52.3%. In addition, 97% of their diabetic patients had received seasonal flu vaccination which was higher than the national average of 93.5%.

The practice performed particularly well against indicators relating to the care of diabetic patients. They performed above the national average for the percentages of their patients who had received blood pressure checks, foot examinations, seasonal flu vaccinations, and tests to monitor their cholesterol and tests to show how well controlled their blood glucose was.

The practice is rated as requires improvement for the care of people with long term conditions. We found the practice to require improvement for providing safe and effective services; and that these findings affect people in this population group.

Families, children and young people

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Requires improvement

Summary of findings

Immunisation rates were relatively high for all standard childhood immunisations.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

The practice is rated as requires improvement for the care of families, children and young people. We found the practice to require improvement for providing safe and effective services; and that these findings affect people in this population group.

Working age people (including those recently retired and students)

Requires improvement

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice offered a range of online services accessible from the practice website. These included online new patient registration, ordering of repeat prescriptions, and booking and cancelling appointments.

The practice offered extended hours opening on a Monday evening between 6.30 and 8.00pm, alternately at the main and branch practice sites, and also on a Saturday morning between 9.00am and 11.30am at the main surgery. The sessions were available as booked appointments only, and were designed specifically for those patients who were at work and are therefore unable to attend during their normal surgery hours.

3164 patients (or 37% of the practice population) were aged between 40 and 74 years of age, and therefore eligible for an NHS health check. The NHS health check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia by carrying out assessments of risks of these conditions once every five years and giving support and advice to help them reduce or manage any identified risks. NHS health checks were offered in the practice and during 2014, 115 patients had received the check. Records showed that 463 patients that had been invited in the preceding five years up to 07 January 2015 had not attended for a health check.

Summary of findings

Of the patients aged 45 years and over, 91% had received a blood pressure check, as part of the clinical indicators recorded under QOF. The national target is 90%.

For the year ending 31 March 2014, the practice's performance for cervical cytology was 80.8%, which was similar to the national average of 81.9%.

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). We found the practice to require improvement for providing safe and effective services; and that these findings affect people in this population group.

People whose circumstances may make them vulnerable

Requires improvement

The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. At the time of our inspection, the practice had 55 patients on their learning disabilities register. Six of these patients had had a health check completed for them for the current year (ending 31 March 2015).

The practice offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. We saw records that documented multidisciplinary meetings that had been held to discuss the health needs and care provision for vulnerable patients. The meetings involved the patient's GP, social worker and the practice manager. Plans were agreed about how to escalate any concerns such as the patient not attending their appointments, and if there were worries about the standards of care and support the patient was receiving in their day to day life.

The practice provided information to vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. We found the practice to require improvement for providing safe and effective services; and that these findings affect people in this population group.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

For the 2013 / 14 year, 88.2% of patients with dementia had received a face to face review in the preceding 12 months. Also, all of the practice's patients experiencing poor mental health (schizophrenia, bipolar affective disorder and other psychoses) had an agreed care plan documented in their record in the preceding 12 months, and 94.2% had a record of their alcohol consumption documented in their record in the preceding 12 months.

At the time of our inspection there were 36 patients on the practice's dementia register. Dementia reviews had been carried out for 65% of these patients, so the practice was close to meeting its annual target of 70% for the year ending 31 March 2015.

The practice maintained a register of patients with poor mental health. At the time of our inspection there were 105 patients on this register. Data showed that the practice was on track to meet most of the set targets relating to the care of these patients. Care plans were agreed for 84% of these patients; the target was 90%. The practice had already achieved 83% completion rate for blood pressure checks and 87% for records of alcohol consumption in this patient group against the set target of 90%. The practice had carried out cervical screening for 85% of its patients in this group within the preceding five years, exceeding the target of 80%.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). We found the practice to require improvement for providing safe and effective services; and that these findings affect people in this population group.

Summary of findings

What people who use the service say

Data from the national patient survey showed that 92% of respondents described their overall experience of the surgery as good; the local average was 87%. The practice was also above the local average for patients' satisfaction with the reception staff and the length of time they had to wait to be seen for their appointment.

A practice survey of 236 patients was undertaken with the practice's patient participation group (PPG) in February 2014. The results showed that most patients, 84%, described their overall experience of the practice as good or very good. In addition, 55% of patients said they would definitely recommend the surgery and 35% said they would probably recommend it.

We received 22 CQC comment cards from patients, which were completed in the two weeks leading up to the inspection and on the inspection day itself. Two comments cards were less positive with the patients saying they had experienced some Twenty of the comments cards were entirely positive, with patients saying they received a good service, felt well cared for, and could get appointments when they needed them. degree of difficulty getting appointments or getting through to the practice on the phone.

We spoke with three patients during our inspection. They all commented positively about their care and treatment experiences, and spoke well of the staff team in the practice.

Areas for improvement

Action the service MUST take to improve

- Have in place patient specific directions (PSDs) for the healthcare assistant to administer vaccines and for the nurses to administer certain medicines such as birth control injections, in line with legal requirements and national guidance.
- Ensure a suitable policy and procedure is in place in relation to the completion of disclosure and barring service checks for new staff.
- Ensure audits of practice are undertaken, including completed clinical audit cycles.

Action the service SHOULD take to improve

- Ensure medicines requiring old storage are appropriately stored in fridges
- Ensure the safeguarding policy is reviewed and dated.
- Ensure an automated external defibrillator (AED) is available, or have on record a risk assessment if a decision is made to not have an AED on-site.
- Ensure staff are up to date with fire safety training.

Manor Practice

Detailed findings

Our inspection team

Our inspection team was led by:

CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Specialist advisors who take part in inspections are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Manor Practice

Manor Practice is located in Wallington Surrey, and is within the Sutton Clinical Commissioning Group (CCG). Its main site operates from a converted building with the ground floor comprising the reception and waiting areas, and treatment and consultation rooms. The upper floor of the premises is designated for staff offices. Manor Practice has its main site at 57 Manor Road Wallington Surrey SM6 0DE, and a branch surgery at Roundshaw Health Centre 6 Mollison Square Wallington SM6 9DW.

At the time of our inspection, there were 8535 registered patients in the practice.

The practice had a personal medical services (PMS) contract for the provision of its general practice services.

The practice staff team are 5 GPs, one of whom was female. There were two female nurses and a female healthcare assistant. The practice management team was led a practice manager and included a team of reception, administrative and secretarial staff.

Manor Practice is an accredited GP training practice, and is able to offer training posts to registrars, Foundation Year Two (FY2) doctors and physician associates. At the time of our inspection there was one female registrar in training at the practice. The practice also had an ST2 doctor. An ST2 Doctor is a qualified doctor in their second year of GP vocational training.

One of the practice GPs was an accredited GP trainer and two other GPs were trained supervisors.

Manor Practice is registered with the Care Quality Commission (CQC) to carry on the regulated activities of Diagnostic and Screening procedures, Family planning services, Maternity and midwifery services, Treatment of disease, disorder or injury to everyone in the population.

The practice had opted out of providing out-of-hours services to their patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

This provider had not been inspected before and that was why we included them.

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

Detailed findings

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 06 January 2015. During our visit we spoke with a range of staff (doctors, nurse, healthcare assistant, administrative and reception staff) and spoke with patients who used the service.

We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety, for example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example an incident was recorded when incorrect medication put onto a patient's records. The patient record was updated in response to a hospital discharge letter issued for a patient with the same name. The error had been from the hospital and they contacted the practice to amend the records once the mistake was realised.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the 12 months preceding our inspection. This showed the practice had managed incidents consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last 12 months and we were able to review these. Significant events was a standing item on the practice meeting agenda, and we saw records indicating they were discussed at these meetings and actions agreed in response to them. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice shared drive and sent completed forms to the practice manager. She showed us the system used to manage and monitor incidents. We tracked the five incidents that had been recorded in the past 12 months and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example following an incident where a child had become seriously unwell and returning to the surgery shortly after their appointment, the practice team had decided to keep a stock of infant medicine to provide relief from pain and fever.

Safety alerts were disseminated by a practice nurse to practice staff. The nurse emailed the staff team alerts such as those from the National Patient Safety Agency (NPSA) and the Medicines and Healthcare Products Regulatory Agency (MHRA). The nurse also maintained a folder of the alerts which was available to staff for reference.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours.

There was a practice policy in place in relation to the safeguarding of vulnerable adults. The policy included the contact details for relevant agencies such as social services in and out of hours, substance misuse support services and Age concern. However we found that the safeguarding policy was not dated, so it was not clear if it was being reviewed and updated periodically.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained, including to Level three in Child Protection, and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments such as children subject to child protection plans.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The nursing staff, including health care assistant, acted as chaperones. Staff who carried out chaperone duties had received DBS checks.

Requires improvement

Are services safe?

A notice was displayed in the reception and waiting area about the chaperone service available for patients who wanted that support during their appointments.

The practice management team were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead safeguarding GPs were aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police and social services. The practice maintained a good working relationship with the health visiting team, who notified them of any at risk children, and alerts were put on those patients' notes accordingly.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. There were also written instructions for other staff about how to store vaccines if they were delivered on a day that a nurse was not available in the practice.

Public Health England Protocol for ordering, storing and handling vaccines (published March 2014) states that a validated vaccine fridge should be large enough to hold the stock and allow sufficient space around the vaccine packages for air to circulate. We found the medicines fridges to be slightly overstocked, with stocked medicines touching the side walls and bottom of the fridges.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of these directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines. However we found that patient specific directions (PSDs) were not in place for the healthcare assistant to administer vaccines, and for the nurses to administer certain medicines such as birth control injections.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice had a policy relating to repeat prescribing. Certain medicines with serious side effects, such as antipsychotic medicines, were not on the issued as a repeat prescription, and required the patient to be seen first by the GP before they were issued. The reception staff had received training in repeat prescriptions. In the reception area, there was information displayed and specific forms available for patients requiring repeat prescriptions.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept.

The practice had an infection prevention and control (IPC) lead, a practice nurse, who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training.

We saw evidence that IPC audits had been carried out at the practice, with the most recent audit completed in December 2014. Improvements identified for action were completed on time.

An IPC policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to prevent and control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There were also policies relating to the management of needle stick injuries and sharps injuries and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in

contaminated water and can be potentially fatal).We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Hand sanitiser was made available in the practice waiting area, and a notice was displayed encouraging people to make use of it.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that equipment was tested, calibrated and maintained regularly and we saw equipment maintenance logs and other records that confirmed this.

Records confirmed that the electrical equipment had been tested on 05 December 2014. Clinical equipment including the spirometer, medicines fridges and blood pressure monitors had been tested and passed on 09 June 2014.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We found that the practice did not have a documented policy for the completion of Disclosure and Barring Service (DBS) checks, and that DBS checks were not mentioned in the practice's recruitment policy or their chaperone policy. In practice, DBS checks were require for clinical staff, but we found that the practice accepted DBS checks from previous employers, rather than completing the check themselves as part of the recruitment procedure.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment.

The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support (BLS). A BLS training session had been carried out within the practice and had been attended by all staff on 29 January 2014.

Emergency equipment, including oxygen and anaphylaxis medicines, was available and kept securely in the practice. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The notes of the practice's significant event meetings showed that staff had discussed a medical emergency concerning a patient and that practice had learned from this appropriately. There was no automated external defibrillator (used to attempt to restart a person's heart in an emergency) available in the practice.

A business continuity plan, including a disaster recovery plan, was in place to deal with a range of emergencies that may impact on the daily operation of the practice.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Weekly fire alarm test were carried out and recorded. Records showed a fire drill was last conducted in the practice on 05 December 2013. Although records showed that some members of the staff team had attended fire training, their fire safety training session had been completed in June 2011.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The staff we spoke with and the evidence we reviewed confirmed that treatment decisions were made to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of the patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The practice showed us a clinical audit that had been undertaken in the last 12 months in antibiotic prescribing. The audit had been carried out to check whether the antibiotics had been appropriately prescribed on each occasion by each of the practice GPs. Each case was reviewed to discuss the indications that led to the antibiotic prescribing. The initial findings showed that there was variation in the levels of appropriate prescribing among the GPs. The audit was not completed as the practice was unable to demonstrate the changes resulting and their impact since the initial audit.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had met or was close to meeting their annual targets (for the year ending 31 March 2015) for conditions such as diabetes and heart failure. For some conditions, such as COPD, the practice had already exceeded their annual targets for the care of these patients. For example, 79% of patients with diabetes had received a foot risk assessment within the preceding 12 months; the annual target was 90%. The practice was on track to meeting all the minimum standards for QOF in relation to the management of other long term conditions such as asthma.

The practice manager told us they attended their clinical commissioning group (CCG) locality meeting on a monthly basis. They told us the meetings were a useful forum where they had the opportunity to learn from other practices' successes, reviewed their practice and locality clinical performance, and discuss other service matters such as working with social services. The practice was involved with the practice engagement scheme run by the CCG. The scheme was working to make improvements and create efficiencies in a number of areas such as emergency department (A&E) attendance, medicines prescriptions, and hospital referrals. As part of the scheme the CCG pharmacist visited the practice weekly to offer prescribing advice and suggestions to the GPs.

The practice offered annual health reviews for patients over the age of 75. The practice also provided the enhanced service (DES) for unplanned admissions. The service was intended to proactively case manage at-risk patients, and required at least 2% of the practice population over 18 years of age to be included in this group. Patients in this group also received annual reviews and we saw records indicating that they had care plans prepared for them. At the time of our inspection, 155 patients were on the unplanned admissions register. All these patients had a named accountable GP, who managed their care. Case management meetings were held to discuss the care of these patients, and additional care and support, or referrals were arranged for them as required.

Effective staffing

Staff received training appropriate for their roles. For example the reception staff had completed training in information governance to ensure they were aware of their responsibilities in maintaining patient confidentiality.

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending relevant courses and updates relevant to their roles and for their professional development. The GPs had attended a range

of courses such as in the management of specific long term conditions and in key topics such as basic life support and anaphylaxis, and safeguarding children and adults from abuse. The nursing staff had attended courses including immunisations, spirometry, cervical screening and safeguarding children and adults from abuse. The healthcare assistant (HCA) had also had specific training for their role such as injection training for HCAs, and the NHS health check programme.

We noted a good skill mix among the doctors with three having additional diplomas in obstetrics and gynaecology, two having an additional diploma in family planning, and one having an additional diploma in tropical medicine and hygiene.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support. We received positive feedback from the trainees we spoke with.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and in cervical cytology and seeing patients with long-term conditions such as asthma and chronic obstructive pulmonary disease (COPD).

Staff files we reviewed showed that where poor performance had been identified appropriate action had been taken to manage this.

All staff received annual appraisals that identified support and learning needs from which action plans were documented.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice staff followed set protocols in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required.

The practice was commissioned for the directed enhanced service (DES) for unplanned admissions and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice held multidisciplinary team meetings every two months to discuss the needs of complex patients, for example those with end of life care needs or patients who had high levels of social care needs. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

The practice used electronic systems to communicate with other providers. For example, the practice used the Choose and Book system when making patient referrals for secondary care and other specialist services. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

The practice also used the electronic Summary Care Record (SCR) system. (SCRs provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours). The practice had oversight on the proportion of patients who had provided consent, implied and expressed, for their information to be shared through the SCR system and were able to act in accordance with patients' wishes.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record system to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future

Requires improvement

Are services effective?

(for example, treatment is effective)

reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions.

Clinical staff we spoke with demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

All new patients are offered a new patient health check with the healthcare assistant as part of their registration process with the practice.

The practice clinical team used their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering healthy lifestyle advice to patients at risk of cardiovascular disease and smoking cessation advice to smokers.

The practice waiting area had a range of information displayed about the services available in the practice and in the local community.

The practice offered a range of vaccines in line with national guidelines, including childhood, adult and travel vaccines.

The practice's performance for childhood vaccinations during the 2013/14 year was slightly below the local area average for most immunisations recommended at 12 and 24 months.

For the Dtap/IPV/Hib and PCV vaccinations recommended at 12 months of age, 78.2% and 83.1% of their eligible patients had received these, whilst the local average was 85.6% and 87.1% respectively. Of their eligible patients, 83.1% had also received the Men C vaccination, whilst the local average was 87.9%.

For the Dtap/IPV/Hib vaccination recommended at 24 months of age, the practice performance was around the local average of 87.7%. The practice performance was lower than the local average, 87.8%, for the Measles Mumps rubella (MMR) vaccine at 83.8%. The practice performance was also below the local average for Men C booster (88.2%) and PCV booster (87%) at 85.8% and 81.8% respectively. The practice performance for infant Men C of 89.2% was above the local average of 86.8%.

The Dtap/IPV/Hib vaccine is a single jab containing vaccines to protect against five separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio and Haemophilus influenzae type b (known as Hib – a bacterial infection that can cause severe pneumonia or meningitis in young children). The PCV is the pneumococcal vaccine that protects against pneumococcal infections.

For vaccinations recommended at five years of age, the practice performance was similar to the local averages for all recommended vaccines at around 89%, with the exception of the Dtap/IPV vaccine where the practice had vaccinated 70.8% of its eligible patients whilst the local average was 74.4%.

For the year ending 31 March 2014, the practice's performance for cervical cytology was 80.8%, which was similar to the national average of 81.9%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published in January 2015, a practice survey of 236 patients undertaken with the practice's patient participation group (PPG) in February 2014, and patient feedback we received during our inspection. The evidence from all these sources showed most patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect.

Data from the national patient survey showed that 92% of respondents described their overall experience of the surgery as good; the local average was 87%. The practice was also above the local average for patients' satisfaction with the reception staff and the length of time they had to wait to be seen for their appointment. The practice scores for these areas were 91% and 70% respectively, whilst the local averages were 87% and 66% respectively. The practice received good patient satisfaction scores on consultations with doctors and nurses with 92% of practice respondents saying the GP was good at listening to them and 88% saying the GP gave them enough time. Furthermore, 88% of practice respondents said the nurse was good at listening to them and 86% saying the nurse gave them enough time.

The results of the practice survey showed that most patients, 84%, described their overall experience of the practice as good or very good. In addition, 55% of patients said they would definitely recommend the surgery and 35% said they would probably recommend it.

We received 22 CQC comment cards from patients, which were completed in the two weeks leading up to the inspection and on the inspection day itself. Twenty of the comments cards were entirely positive, with patients saying they received a good service, felt well cared for, and could get appointments when they needed them. Two comments cards were less positive with the patients saying they had experienced some degree of difficulty getting appointments or getting through to the practice on the phone.

We spoke with three patients during our inspection. They all commented positively about their care and treatment experiences, and spoke well of the staff team in the practice.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. Two reception staff were behind the reception desk and we saw they responded to patients in a respectful manner, and were prompt and efficient in responding to their needs.

A notice was displayed in the reception area informing patients that a private room was available if they wanted to have a private conversation with a member of staff.

The practice was sensitive to the needs of certain patients who might find visits to their GP particularly stressful and daunting. For example they liaised with other professionals involved in the care of their patients with learning disabilities and the patients themselves, and agreed their preferred means of attending their appointment. For example some patients were uncomfortable waiting in the waiting area, so they were telephoned when the doctor was ready to see them so that they could make their way directly into their appointment.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 83% of practice respondents said the GP involved them in care decisions and 90% felt the GP was good at explaining treatment and results. Similarly 87% said the nurse was good at involving them and explaining results. These results were similar to or slightly above the local area and national averages. The results from the practice's own satisfaction survey showed that 71% of patients said they were sufficiently involved in making decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during

Good

Are services caring?

consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received were also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language.

We saw records which indicated that care plans were prepared with particular patients who had additional care, treatment and support needs, such as people at risk of unplanned admissions, people with learning disabilities and older people.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer.

Patients who required the support were referred for bereavement support services in the local community.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had an established patient participation group (PPG) that worked closely with the practice management team. The PPG had been in operation for three years at the time of our inspection.

We spoke with the lead PPG member who told us they worked well with the practice team and jointly set up the PPG meetings' agendas. The PPG held meetings every two months to discuss issues that affect patients in the practice and to discuss ideas and make suggestions to the practice management team. The lead PPG member told us there were five regular members, and an additional three members who got involved from time to time. The lead PPG member told us the PPG was listened to by the practice management team.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). The PPG lead gave the example of how the group had suggested to the practice team to keep patients informed when appointments were running late, and as a result the practice team had started making announcements when appointments ran late, and also displayed a notice asking patients to speak to the reception staff if they were waiting longer than 20 minutes after their appointment time.

The PPG worked with the practice management team in designing and preparing for the annual practice survey. The PPG members also attended the main and branch surgery sites to encourage patients to complete the survey, so that they received their targeted level of responses.

Tackling inequity and promoting equality

The practice waiting area was well arranged, with sufficient chairs for waiting patients as well as space for wheelchair users and pushchairs. A dropped desk area was available for disabled patients and wheelchair users to use when speaking with the reception staff.

All consulting rooms and the treatment room were on the ground floor of the premises and were accessible for wheelchair users, and for pushchairs.

Two disabled parking bays were available directly in front of the entrance to the practice premises. There was ramp access into the building and within the premises.

The practice received support from their learning disabilities (LD) community nurse in providing support and services to their LD patients. Initially the nurse had visited the practice to help them identify which patients should be on their LD register, and to provide input into how they should conduct the health reviews for these patients including ensuring the right people were involved in the review and the patient care arrangements.

Translation services, including interpreters, sign language translators, and telephone translators, were made available for patients who had the need.

The practice maintained a register of people who may be living in vulnerable circumstances, and had a system for flagging vulnerability in individual records. People were easily able to register with the practice, including those with no fixed abode care of the practice's address, and the practice communicated with them via the most appropriate means.

Access to the service

There was comprehensive information on the practice website and in the practice leaflet about the appointment times. At the main practice site, appointments were available between 8.00am to 6.30pm on Mondays to Fridays. Appointments were available at the branch surgery on Monday to Wednesday between 8.30am and 12.30pm, and then between 2.00pm and 6.30pm. Appointments were also available during Thursday to Friday mornings between 8.30am to 12.30pm. The branch surgery was closed on Thursday and Friday afternoons. The practice website and leaflet had timetables of when the GPs were available at each of the practice sites.

The practice offered extended hours opening on a Monday evening between 6.30 and 8.00pm, alternately at the main and branch practice sites, and also on a Saturday morning between 9.00am and 11.30am at the main surgery. The sessions were available as booked appointments only, and were designed specifically for those patients who were at work and are therefore unable to attend during their normal surgery hours.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Routine appointments were available to book in the practice up to a month in advance. Urgent appointments were available on the day, and were provided following a telephone triage with a GP. Children were always seen on the same day for urgent appointments.

Double and longer appointments were made available for patients with special and additional needs, such as patients with learning disabilities, or patients that needed translation services.

Home visits were available for patients who had that need.

Patients who required telephone advice were able to request this with the reception team between 8.00am and 10.15am and 4.00pm to 4.55pm, and arrangements were made for the GP to call them back.

Following consultation with their Learning Disability (LD) community nurse, the practice team identified that some LD patients became very agitated when waiting in the practice reception area, and preferred to come into the practice only when the GP was ready to see them. The practice administrative team therefore called these patients when they were ready to be seen so that they could avoid having to use the waiting area.

There was a touch screen check in system available for patients to use when they arrived for their appointments. An electronic ticker notice display alerted patients when the GP was ready to see them.

We saw that patients were kept informed if appointments were running late by the practice manager, who made an announcement to those waiting in the reception area about the estimated expected delay. There was also a notice to patients that if they had been waiting for 20 minutes after their appointment time, they should approach the reception staff to ask for an update about their appointment.

The practice offered a range of online services accessible from the practice website. These included online new patient registration, ordering of repeat prescriptions, and booking and cancelling appointments.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Information about the complaints procedure was included in the practice leaflet and in the complaints leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at eight complaints received in the 12 months preceding our inspection. We found complaints were satisfactorily handled and dealt with in a timely way.

The practice manager told us they rarely received comments and suggestions from patients. They told us they and the PPG encouraged patients to provide feedback.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the practice's aims and objectives, as outlined in the Statement of Purpose included providing high quality healthcare to patients in a safe and hygenic environment and to focus on disease prevention by promoting health and wellbeing services and advice to patients.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the computer shared drives within the practice, and sometimes also in paper form. We found the practice had in place a comprehensive suite of specific clinical protocols relating to different aspects of service provisions, such as treatment, maintenance and cleaning.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding.

Members of staff we spoke with were clear about their own roles and responsibilities. Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. For the 2013 / 14 year, the practice achieved an overall QOF score of 98%, which was 6.1% above the local area average, and 4.5% above the England average. However the clinical exception rate at this practice for that year was 11.5%; 6% above the local area average and 3.6% above the England average. Exception reporting ensures that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The practice manager told us about the monthly locality meetings they attended with neighbouring GP practices. They told us the meetings were a useful forum where they had the opportunity to learn from other practices' successes, reviewed their practice and locality clinical performance, and discuss other service matters such as working with social services.

The practice manager formally retired at the end of December 2014, but was available to support our inspection. A new practice manager had been appointed and was due to start in their new role on 28 January 2015.

We found that the practice was not able to provide us with examples of completed clinical audits during our inspection. We were provided with an antibiotic prescribing clinical audit that had been undertaken in the last 12 months. The audit was not completed as the practice was able to demonstrate the changes resulting and their impact since the initial audit.

Leadership, openness and transparency

We saw from minutes that staff meetings were held regularly in the practice. There was a weekly clinical meeting, and monthly staff meetings attended by all staff.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies and procedures including those relating to recruitment, induction and whistleblowing. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys and complaints received). We looked at the results of the latest annual patient survey, conducted in February 2014. There were two improvement areas identified from the responses which were insufficient availability of routine and emergency appointments and people finding it difficult to get through on the phone. We saw as a result of this the practice had introduced a new patient access scheme which involved a GP triage system to be implemented by June 2014.

The practice had an active patient participation group (PPG) which met every two months. The PPG included representatives from various population groups; (include examples).The PPG worked jointly with the practice to carry out their annual patient surveys. We reviewed the findings of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from the surveys are available on the practice website.

Are services well-led?

Good

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

The practice had gathered feedback from staff meetings, appraisals and discussions. The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on computers within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at two staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice management were supportive of training.

Manor practice was a GP training practice, and offered training posts to registrars, foundation year Two (FY2) doctors and physician associates. At the time of our inspection there was one female registrar in training at the practice. The practice also had an ST2 doctor. An ST2 Doctor is a qualified doctor in their second year of GP vocational training.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients.

The practice GPs had protected time for learning, and we saw evidence that they had attended a range of courses and seminars for their clinical professional development.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services We found that the registered person had not taken proper steps to ensure care and treatment was provided in a safe way for service users. This was in breach of regulation 9 (1)(b)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the regulations were not being met because in line with legal requirements and national guidance, patient specific directions (PSDs) were not in place for the healthcare assistant to administer vaccines, and for the nurses to administer certain medicines such as birth control injections.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers We found that the registered person had not taken proper steps to ensure that persons employed for the purposes of carrying on a regulated activity were of good character and that recruitment procedures were established and operated effectively to ensure that persons employed met set conditions. This was in breach of Regulation 21 (a) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 (1)(a)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the regulations were not being met because there wasn't a policy and procedure is in place in relation to the completion of disclosure and barring service checks for new staff.