Dannis Wing Kuen Tang

West End Medical Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 18 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider, Dr Dannis Wing Kuen Tang, provides private GP services from West End Medical Centre to both adults and children. The provider is registered with the Care Quality Commission (CQC) to carry on at the practice location the regulated activities of Treatment of Disease Disorder or Injury and Diagnostic & Screening Procedures.

We received 40 completed Care Quality Commission comment cards all of which were very positive about the staff at the practice and the services received. We did not speak with patients directly at the inspection.

Our key findings were:

- There was a system in place for the reporting and investigation of incidents and significant events, although there was no written incident policy.
- Systems and processes were in place to keep people safe. However, these systems were not operated effectively to ensure care and treatment to patients was provided in a safe way.
- Recruitment checks were undertaken prior to employment. However, the most recent recruit's DBS check was undertaken by a previous employer.

Summary of findings

- The provider sought to deliver care and treatment in line with current evidence based guidance. However, there were gaps in their knowledge of some guidelines. Non-clinical staff received on the job training from the provider but had had no recent formal training in safeguarding, Basic Life Support, fire safety, infection control or information governance.
- Quality improvement and monitoring was exercised through clinical audit and patient feedback.
- There were formal processes for employed staff to receive an appraisal.
- The practice had no written consent policy in place, no consent decisions were recorded in patient notes and the provider had not received training in and had limited knowledge of the Mental Capacity Act 2005.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access services from the practice within an appropriate timescale for their needs.
- There was a policy and procedures were in place for handling complaints and concerns which were in line with recognised guidance.
- The provider lacked sufficient management support and this impacted on their capacity to lead effectively to consistently deliver high-quality, sustainable care.
- There was no formal governance structure, policies and procedures were undated and there was limited evidence of their regular systematic review and updating.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.

We identified regulations that were not being met and the provider must**:**

- Ensure care and treatment is provided in a safe way to patients.
- Introduce effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

In addition, there were areas where the provider could make improvements and should:

- Review the need for a written incident policy to underpin the documentation already in place.
- Review the need for a chaperone policy and arrange for information on the availability of a chaperone to be on display to patients.
- Review whether the practice should arrange its own DBS check of the administrative staff member.
- Review the facilities for those patients who are hard of hearing.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- Some systems and processes were in place to keep people safe. However, these systems were not operated effectively to ensure care and treatment to patients was provided in a safe way in relation to safeguarding of children and vulnerable adults, infection prevention and control, the management of emergency medicines, availability of emergency equipment, health and safety of premises and equipment, and staff training.

We also found other areas where improvements should be made relating to the safe provision of treatment. This was because there was no written incident policy; no chaperone policy or information on the availability of a chaperone on display to patients; and, whilst a DBS check of the administrative staff member had been completed by a previous employer, the practice had not undertaken its own check.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- The provider sought to assess needs and deliver care in line with relevant and current evidence based guidance and standards. However, there were gaps in their knowledge of some guidelines, in particular regarding sepsis management; treatment for hypertension, cardiovascular disease (CvD) and chronic obstructive pulmonary disease (COPD).
- Administrative staff received on the job training from the provider but had had no recent formal training in safeguarding, Basic Life Support, fire safety, infection control or information governance.
- The practice had no written consent policy in place, no consent decisions were recorded in patient notes and the provider had not received training in and had limited knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We received 40 completed Care Quality Commission comment cards, all of which were very positive about the staff at the practice and the services received.
- We were told that any treatment including fees was fully explained to the patient prior to any consultation or treatment and that people then made informed decisions about their care.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients were able to access services provided by the practice within an appropriate timescale for their needs.

Summary of findings

- Access to the practice was not available for people with mobility needs but people were told about this when first contacting the practice and were advised to seek medical help from other suitable establishments.
- The majority of patients who attended the practice were of Chinese origin. The provider was from the same ethnic background and was able to communicate with these patients in their own Chinese language. The receptionist was also able to do so.
- There was a policy and procedures in place for handling complaints and concerns which were in line with recognised guidance.

We found areas where improvements should be made relating to the responsive provision of treatment. This was because there was no hearing loop to aid those patients who were hard of hearing.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- The provider lacked sufficient management support and this impacted on their capacity to lead effectively to consistently deliver high-quality, sustainable care.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to safeguarding of children and vulnerable adults, infection prevention and control, the management of emergency medicines, availability of emergency equipment, health and safety of premises and equipment, staff training, consent decisions and business continuity.
- There were systems for evaluating and improving practice including clinical audit and patient feedback. However, there was no formal governance structure, policies and procedures were undated and there was limited evidence of their regular systematic review and updating.

West End Medical Centre

Detailed findings

Background to this inspection

The provider, Dr Dannis Wing Kuen Tang, provides services from a single location, West End Medical Centre, as a sole private General Practitioner (GP) serving the Chinese community. The service is open between 1pm and 6pm, seven days a week, except Bank holidays. There is no out of hours service but patients can contact the provider on their mobile phone in an emergency. The practice offers booked appointments but people can also turn up without an appointment. Both adults and children use the service. The medical centre is located at Suite 5, Egmont House, 116 Shaftesbury Avenue, London, W1D 5EW. It is on the second floor with no lift.

The practice provides general medical care treatment and advice intended to complement services available to its patients on the NHS. If a chronic or serious non-urgent disease is identified the patient is referred to their NHS GP for further management and subsequent hospital referral. For those with private health insurance, referrals can be made to a private specialist clinician or a private hospital. Patients requiring urgent hospital attention are referred to local NHS Hospital Trusts. Patients who request services which are generally covered by NHS healthcare programmes such as vaccinations, cervical smears and ante natal care are advised to go to their NHS GP.

In addition to medical consultations the practice provides services for obtaining pathology samples, such as blood and urine tests, for patients who may be in need of investigation, which are collected by a contracted laboratory.

The practice also holds a stock of and dispenses a range of commonly used medicines.

The inspection on 18 May 2018 was led by a CQC inspector and included a GP specialist advisor.

Before the inspection we reviewed pre-inspection information submitted by the provider, requested by CQC.

During our visit we spoke with the provider and practice receptionist who comprise the practice team, reviewed personal care or treatment records of patients and also staff records.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

- The arrangements in place for safeguarding of patients included a child protection policy but no equivalent policy for vulnerable adults. The child protection policy was accessible to all staff. There was no information available in the policy to staff about who to contact for further guidance if staff had concerns about a patient's welfare. However, the provider knew where to look up this information if needed. The provider was the safeguarding lead for the practice.
- The provider demonstrated they understood their responsibilities regarding safeguarding and was trained to child protection or child safeguarding level three. The practice receptionist displayed a limited knowledge of safeguarding and had not received up to date formal training in child safeguarding. None of the practice team had received formal training in safeguarding of vulnerable adults.
- We did not see evidence of systems in place to check parental responsibility for minors. However, the practice required that all children must be accompanied by a parent or guardian.
- The practice offered a chaperone to patients who requested one. However, there was no documented policy in place and no information available or on display in the waiting room or consultation room to advise patients that a chaperone was available if required.
- Chaperoning was undertaken by the receptionist who had had received briefing from the provider and understood the role. They had undertaken a Disclosure and Barring Service (DBS) check, although this was from previous employment. (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).
- We observed the premises to be clean and tidy. We were told that the practice was cleaned daily but there was no documented cleaning schedule in place. There were infection control policies but neither the provider nor the receptionist had received up to date training in infection prevention and control. A professional company was contracted to remove clinical waste. We saw no evidence that regular infection control audits were undertaken to monitor, identify and mitigate infection control risks, for example those potentially posed by fabric chairs in the waiting room and fabric privacy curtains in the consultation room. The practice was unable to confirm at the inspection whether a risk assessment of the premises had been completed for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, a month or so after the inspection the provider submitted a report commissioned by the managing agents for the building, the local council, of a legionella risk assessment completed in April 2018. The report did not, though, indicate how specifically the assessment impacted on the practice or what if any action the provider needed to take as a tenant of the building; and the provider had not reviewed this with the managing agent.
- The provider was registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice. The provider did not provide specialist care which required registration on the UK specialist register to provide this. The provider had professional indemnity insurance that covered the scope of their practice.
- The provider had a current responsible officer. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practice). The provider was following the required appraisal and revalidation processes.
- We reviewed the personnel file of the most recently recruited member of staff. Recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, reference checks and appropriate checks through the DBS. It was practice policy for all staff to receive a DBS check, although the most recent recruit's check was undertaken by a previous employer.
- All general electrical was checked to ensure it was safe to use and was in good working order. PAT testing of portable electrical appliances was last completed in 2015 and the provider undertook to review the need for an updated check. There was no evidence that clinical equipment had been checked and calibrated.
- There were systems in place for the management and processing of pathology and X-ray results. Where any

abnormalities were found, the provider notified the patient and with their consent their regular NHS GP, or referred those not registered elsewhere to the local NHS trust for follow up.

Risks to patients

The practice had a resuscitation policy but the arrangements in place to respond to emergencies and major incidents were inadequate.

- The practice had no defibrillator available on the premises, as recommended in national guidance but there was no documented risk assessment of this. There was also no oxygen available and the provider could not therefore demonstrate they were fully equipped to deal with medical emergencies. Shortly after the inspection the provider informed us that they were looking into the purchase of both these items of equipment from medical suppliers and would provide evidence of when they had done so. At the time of writing these purchases had not been confirmed.
- The provider received annual basic life support training. However, the receptionist had not received such training and had only been given verbal briefing by the provider.
- A selection of emergency medicines were available and securely stored in the doctor's consultation and treatment room. All the medicines were in date but there were no records of the checks of this. Several medicines recommended in CQC guidance were not included in the kit and there was no written risk assessment to determine what medicines should be available. For example, there was no medicine for hypoglycaemia or chest pain of possible cardiac origin.
- The practice did not have evidence to show they had risk assessed and put in place mitigating actions to ensure the continuity of services and patient and staff safety in the event of a major incident such as power failure or building damage.

There were procedures for assessing, monitoring and managing risks to patient and staff safety but these procedures were not operated effectively.

- There was a health and safety policy and risk management policy available. However, there was no documented health and safety risk assessment carried out by the practice. Immediately after the inspection the provider sought advice from both the landlords and the managing agents of the building, the local council, regarding responsibility for health and safety. The provider was advised that the local council as the freeholder was responsible for the exterior and structure of the building, common systems and the internal common parts of the building. Regarding a health and safety risk assessment of the parts of the premises leased by the provider or testing of any systems exclusively serving the leased premises (and not linked to a common system), this was the provider's responsibility under the terms of the lease. The provider subsequently submitted correspondence from the managing agents of the building, which provided evidence of a general health and safety and security assessment of the building completed by the managing agents on 22 May 2018. The managing agents asked the provider to note that the assessment did not cover the clinic area occupied by the practice as this was not within the council's lease.
- At the time of the inspection, there was evidence of up to date checks of fire extinguishers. The provider told us that regular fire alarm tests and fire evacuation drills were carried out by the managing agents of the building but during the inspection the provider was unable to provide any documentary evidence of this. In addition, the provider was unable to provide evidence of an up to date fire risk assessment of the practice premises. The provider had completed an internal fire risk assessment of the practice in February 2014. Prior to this the last comprehensive fire risk assessment the provider was able to provide evidence of was one arranged by the managing agents covering the whole building completed in September 2010. Immediately after the inspection the provider sent us correspondence which showed the managing agents had written to the provider and other residents of the building in November 2017 to advise of the new fire evacuation strategy following an inspection by the managing agent's fire safety team. A month or so after the inspection, the provider submitted further correspondence from the managing agents which included details of a check of the building's fire alarm system completed in December 2017 and the latest fire evacuation procedures for the building. The managing agents pointed out that they do not undertake fire drills in residential buildings. It was the responsibility of individual commercial tenants to organise fire drills for their employees. In the light of the evidence overall, we

found the provider was not actively engaged with or taking sufficient responsibility for ensuring the fire safety risks were adequately assessed and mitigated for that part of the building they occupied to carry on CQC regulated activities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The patient records we saw showed that information needed to deliver safe care and treatment was recorded and stored in an accessible way.
- The provider had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- Referral letters included all the necessary information following a referral to the patient's NHS GP or local NHS hospital trust A&E Department.
- Paper medical records were stored securely at the practice.

Safe and appropriate use of medicines

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

- There were arrangements in place for the proper and safe management of medicines.
- There was a medicines management policy in place with appropriate documented arrangements for their management that included obtaining, recording, storing, prescribing, dispensing and administration.
- Medicines on the premises were stored securely, in line with legal requirements and manufacturers' instructions.
- Medicines, such as vaccines which required cold storage, were stored appropriately including the daily recording of minimum and maximum fridge temperatures.
- No controlled drugs were stored or prescribed by the provider.
- The provider had reliable systems for appropriate and safe handling of medicines. Private prescriptions were issued on letter-headed paper which was stored appropriately. A photocopy of all prescriptions was kept in the patient's records.
- The provider prescribed and administered medicines to patients and gave advice on medicines in line with current requirements and national guidance.
- The provider had audited antimicrobial prescribing and demonstrated a reduction in antibiotic prescribing at re-audit.
- Patients' health was monitored to ensure medicines were being used safely and were followed up appropriately.
- The provider did not prescribe high-risk medicines.
- When medicines were administered on the premises, a clear and accurate contemporaneous record was kept.
- The provider informed us that patients were given clear information on medicines they were prescribed including how and when to take the medicine, the purpose of the medicine and possible side effects.

Reporting, learning and improvement from incidents

The practice had a good track record on safety.

- There was no written incident reporting policy. However, the provider was aware of the need to review, investigate and document when things went wrong. No significant incidents had been identified by the provider in the previous 12 months. However, we reviewed the documentation of the last two incidents that had occurred in 2014 and 2016 and the way these had been dealt with suggested identification and management of incidents was handled appropriately.
- There was a system for receiving and acting on safety alerts. The provider learned from external clinical events as well as patient and medicine safety alerts and took action as appropriate.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider, who was the sole clinician, sought to assess needs and deliver care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. There were gaps in their knowledge of some guidelines, in particular regarding sepsis management and treatment for some chronic and long term conditions. The provider did not deal with chronic disease or long term conditions management but there was a system in place to ensure patients' ongoing needs were met. The provider diagnosed patients with these conditions but referred them to their NHS GP, private healthcare specialist or the local NHS hospital trust for ongoing treatment. The patient leaflet advised that if the provider identified a chronic or a serious non-urgent disease, patients would be advised to consult their own GP for further management and for subsequent hospital referral.

We saw no evidence of discrimination when making care and treatment decisions.

Patients were informed of what to do if their condition worsened and where to seek further help and support. Patients were given the mobile number of the provider to use when required.

Monitoring care and treatment

The practice collected and monitored information on care and treatment. Quality improvement and monitoring was exercised through clinical audit and patient feedback. For example, the provider had audited antibiotic prescribing and had reduced this on subsequent re-audit.

Effective staffing

The provider sought to ensure staff had the skills, knowledge and experience to carry out their roles. The provider undertook continuing professional development. However, they displayed some gaps in their clinical knowledge in particular regarding Sepsis management. There were also gaps in knowledge regarding the management of long term conditions, in particular treatment for hypertension, cardiovascular disease (CvD) and chronic obstructive pulmonary disease (COPD). They were nevertheless able to identify patient needs sufficiently and refer them elsewhere for appropriate treatment for long term conditions. In addition, the provider had limited knowledge of the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS).

The receptionist received on the job training from the provider but had had no recent formal training in safeguarding, Basic Life Support, fire safety, infection control or information governance. On the job learning needs were discussed in an annual appraisal. Shortly after the inspection the provider informed us that the receptionist had been booked on training for safeguarding of both children and vulnerable adults.

The provider had a prescribed link to a designated body with a responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). We saw the appraiser's report on the provider for the last two years which showed the provider was following the required appraisal and revalidation processes.

Coordinating patient care and information sharing

Patients received coordinated and person-centred care. This included when they were referred to other services including the patient's NHS GP, if they had one, or the local NHS hospital trust. A detailed written summary was provided for such referrals sharing their relevant medical history and details of current treatment.

Supporting patients to live healthier lives

The provider identified patients who may be in need of extra support and directed them to relevant services. This included patients who had contracted a sexually transmissible disease or who needed contraceptive services and advice and those at risk of developing a long-term condition. The provider also facilitated patient links to services run by local voluntary and community organisations to support their social needs.

The provider encouraged and supported patients to become involved in monitoring and managing their health and discussed suggested care or treatment options with them

Consent to care and treatment

The practice obtained consent to care and treatment. However, the practice had no written consent policy in

Are services effective?

(for example, treatment is effective)

place and whilst the provider understood in general terms the relevant consent and decision-making requirements of legislation and guidance, no consent decisions were recorded in patient notes and the provider had not received training in and had limited knowledge of the Mental Capacity Act 2005.

Are services caring?

Our findings

Kindness, respect and compassion

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. Staff understood patients' personal, cultural, social and religious needs.
- The provider gave patients timely support and information.
- Arrangements were in place for a chaperone to be available if requested.
- We received 40 completed Care Quality Commission comment cards, all of which were very positive about the staff at the practice and the services received. We did not speak with patients directly at the inspection.

Involvement in decisions about care and treatment

- The provider involved patients in decisions about their care and treatment.
- We were told that any treatment including fees was fully explained to the patient prior to any consultation or treatment and that people then made informed decisions about their care.
- Information was available to patients at the practice and in the practice's patient information leaflet about fees for the first consultation and each follow up consultation.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity

- The provider respected and promoted patients' privacy, dignity and respect.
- A privacy curtain was provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The provider complied with the Data Protection Act 1998. Patient records were stored in locked cabinets. Rooms were locked when not occupied.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice met patients' needs through the way it organised and delivered services. It took account of patient needs and preferences.

- The practice was located on the second floor with no lift or elevator, access to the clinic was via a steep, narrow stair case. Elderly or disabled patients who may have difficulty negotiating the stairs were advised to seek medical help from other suitable establishments.
- There were accessible toilet facilities.
- Over 90% of patients who attended the practice were of Chinese origin. The provider was from the same ethnic background and was able to communicate with these patients in their own Chinese language. The receptionist was also able to do so. Patient notes and referral letters were nevertheless written in English and we were able to view these.
- Instructions on taking medicines dispensed at the practice were given and written in the patient's own language.
- There was no hearing loop available at reception to aid those patients who were hard of hearing.
- Information about the practice, including fees and services offered, was in the practice's information leaflet and in the waiting room.
- Fee concessions were granted to deprived patients and those without social and family support. The provider liaised with local Chinese charities, temples and churches to facilitate support for such patients. The practice also supported patients to obtain registration with an NHS GP if they were not registered,

Timely access to the service

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

- The practice was open 1pm to 6pm daily except bank holidays. Patients registered with the practice were usually seen by appointment only but a walk-in service was available for existing and new patients.
- The practice did not normally provide an out of hours service but patients were given the provider's mobile phone number for emergency contact.
- The provider conducted an annual audit of patient average waiting times and this had reduced from 52 to 31 minutes in the past four years.

Listening and learning from concerns and complaints

- There was a policy and procedures in place for handling complaints and concerns which were in line with recognised guidance.
- The provider was the designated responsible person who handled all complaints in the practice. There was information on how to complain in the waiting room and in the patient leaflet.
- The provider informed us that they took complaints and concerns seriously and would respond to them immediately and make appropriate improvements as required.
- There had been no formal complaints made in the previous two years.

Are services well-led?

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

Our findings

Leadership capacity and capability

In most respects, the provider had the skills, knowledge and experience needed to manage the services provided by the practice. However, we found they lacked sufficient management support and this impacted on their capacity to lead effectively to consistently deliver high-quality, sustainable care. The provider was nevertheless approachable and worked closely with the receptionist to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were aware of and understood the practice vision and values and their role in achieving them. There was a mission statement set out in the practice's patient guide which was available within the practice.

Culture

Staff told us that there was an open culture within the practice and they felt they could raise any issues or concerns with the provider.

- Staff told us they felt respected, supported and valued. The practice focused on the needs of patients.
- The provider was aware of the need for openness, honesty and transparency when responding to incidents and complaints.
- The processes for providing staff with the development they needed were not effective. There was an appraisal process under which staff development needs were reviewed but those needs were addressed through on the job training; the receptionist had not attended any formal training courses or on-line training in key areas such as safeguarding, Basic Life Support, fire safety, infection control or information governance.

Governance arrangements

The provider had informal governance arrangements in place to support the delivery of good care, including allocated roles and responsibilities to each member of staff. However, we found these arrangements were not operated effectively and required improvement in some areas. In particular:

- The provider had failed to ensure staff were fully up to date with training to ensure they had the qualifications, competence, skills and experience to provide care and treatment safely.
- The provider had failed to ensure the proper and safe management of medicines, in particular for dealing with medical emergencies.
- The provider had failed to ensure adequate assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.
- The provider had failed to ensure premises and equipment used to provide care and treatment were safe to use.
- The provider had failed to ensure sufficient equipment was available for service users to ensure their safety and meet their needs.

The systems for evaluating and improving practice were limited. There was no formal governance structure and policies and procedures were undated and there was limited evidence of their regular systematic review and updating.

Managing risks, issues and performance

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to safeguarding of children and vulnerable adults, infection prevention and control, the management of emergency medicines, availability of emergency equipment, health and safety of premises and equipment, staff training, consent decisions and business continuity.
- The provider managed all patient safety alerts, incidents, and complaints.
- There was evidence of quality improvement activity including clinical audit and annual patient satisfaction surveys. However, no infection prevention and control audits had been undertaken.

Appropriate and accurate information

- Information used to deliver quality care was considered and used to identify and weaknesses that needed to be addressed.
- The provider did not use information technology systems to monitor and improve the quality of care as patient records were not kept electronically.

Are services well-led?

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

- There were arrangements in place that were 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 had arrangements in place to engage and involve patients and staff in supporting quality sustainable services.

- The practice had a system in place to gather feedback from patients in the form of a feedback questionnaire available in the practice. Feedback was collected from patients annually and contributed to the provider's annual GP appraisal. We reviewed the most recently analysed patient feedback for 2015/16 and the majority of ratings for waiting times, staff courtesy, privacy and dignity, quality of consultations, patient involvement in treatment decisions and the practice environment were good, very good or excellent. Overall, 33% were very satisfied and 61% fairly satisfied with the services provided. Data had been collected for 2016/17 but at the time of the inspection the provider had not completed their full analysis of the results.
- The provider engaged with staff through ongoing daily informal interactions, annual appraisal and occasional informal meetings.

Continuous improvement and innovation

The practice sought to achieve continuous learning and improvement within the practice but the systems and processes to support this were not fully effective. Arrangements in place included ongoing monitoring of patient feedback and clinical audit.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that 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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. **Warning Notice** **How the regulation was not being met:** The provider did not have established and effectively operated systems to ensure care and treatment to patients was provided in a safe way in relation to: • Safeguarding of children and vulnerable adults • Infection prevention and control • The management of emergency medicines • Availability of emergency equipment • Health and safety of premises and equipment • Staff training to confirm the suitability of staff in terms of their qualifications, competence, skills and experience to provide safe care and treatment • Business continuity planning This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Warning Notice** **How the regulation was not being met:** The provider was not able to demonstrate good governance.

This section is primarily information for the provider

Enforcement actions

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to safeguarding of children and vulnerable adults, infection prevention and control, the management of emergency medicines, availability of emergency equipment, health and safety of premises and equipment, staff training, consent decisions and business continuity.
- There was no formal governance structure, policies and procedures were undated and there was limited evidence of their regular systematic review and updating.

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