

Moxley Medical Centre

Quality Report

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Date of inspection visit: 8 September 2017

Date of publication: 31/10/2017

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?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We first inspected, Moxley Medical Centre on 22 November 2016 as part of our comprehensive inspection programme. The overall rating for the practice was inadequate. The full comprehensive report on November 2016 inspection can be found by selecting the 'all reports' link for Moxley Medical Centre on our website at www.cqc.org.uk. During the inspection, we found the practice was in breach of legal requirements and placed into special measures. This was because appropriate processes were not in place to mitigate risks in relation to the safety and quality of the services offered. Following the inspection, the practice wrote to us to say what they would do to meet the regulations.

This inspection was an announced comprehensive inspection, carried out on 8 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in

regulations we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the majority of risks had been mitigated and improvements had been made; however further breaches were identified and as a result of our inspection findings the practice is now rated as requires improvement and remains in special measures.

Our key findings across all the areas we inspected were as follows:

- At the previous inspection we found staff immunisation status had not been recorded and no risk assessments had been completed to identify duties undertaken and minimise the risk to staff. We found at this inspection that some immunisation statuses had been documented, however the records were not complete and no risk assessments had been

Summary of findings

completed in their absence. Since the inspection we have received assurances that all staff have had a review of their immunisation status in relation to their role.

- During our previous inspection in November 2016 we found that processes were not effective to assess, monitor and mitigate the risks relating to the management of medicines with non clinical staff adding new medicines to patients' records and authorising repeat medicines requested by patients. At this inspection we saw that improvements had been made and processes were in place to ensure all medicines were reviewed and authorised by the GPs.
- We found the service could not demonstrate effective management of risks in relation to medicine safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice had a system in place to receive safety alerts, however we found the system to be ineffective and alerts were not always actioned appropriately. Since the inspection, the practice has told us they have reviewed their current procedures for the receiving and actioning of safety alerts and had implemented a system to ensure that all alerts are read and acted on.
- The recruitment of staff was not thorough as we found that conduct in previous employment, such as references had not been sought before staff commenced employment.
- At our previous inspection, results from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. These arrangements had not improved when we undertook the current inspection. The practice with the support of the patient participation group had initiated an in house patient survey, which was being distributed to patients during September 2017.
- There was a clear leadership structure and staff felt supported by management; however effective oversight to ensure governance arrangements were embedded had not been established.
- We found the practice had reviewed the monitoring of emergency equipment and vaccination fridge temperatures since our previous inspection and had introduced a regular recording of checks for all equipment and vaccines.
- A comprehensive business continuity plan had been implemented since the previous inspection so all staff were aware of the procedures to follow if a major incident occurred.
- The manager had implemented administrative team meetings every two weeks and clinical staff meetings on a monthly basis to ensure all staff were kept up to date with changes within the practice.
- At this inspection, we found that all staff had received an appraisal and development plans were in place. A training matrix had been introduced following our previous inspection to monitor staff training and ensure all staff had received the appropriate training relevant to their role.
- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events. Investigations were discussed with the team to mitigate further risks.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The GP encouraged a culture of openness and honesty.

However there were areas of practice where the provider must make improvements:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

There were also areas of practice where the provider should make improvements:

- Review how the practice could proactively identify carers in order to offer them support where appropriate.
- Encourage patients to attend national screening programmes.

Summary of findings

I confirm that this practice has improved sufficiently to be rated Requires Improvement overall. However, the practice has been rated as inadequate for patients with long term conditions population group and as a result remains in special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our

enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve. Special measures will give people who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection, we rated the practice as inadequate for providing safe services as some areas relating to the management of risks needed improving. Some of these arrangements had improved when we undertook a follow up inspection on 8 September 2017; however we still found some areas of risk that had not been actioned.

- At the first inspection in November 2016 we found the practice held no records of staff immunisation status and no risk assessments had been completed to mitigate risks to staff and patients. At this inspection we found that some immunisation statuses had been recorded, however there were no records for the majority of clinical staff and no risk assessments had been completed in their absence. Since the inspection we have received assurances that all staff have had a review of their immunisation status in relation to their role.
- During our previous inspection we found that processes were not effective to assess, monitor and mitigate the risks relating to the management of medicines with non-clinical staff adding new medicines to patients' records and authorising repeat medicines requested by patients. At this inspection we saw that improvements had been made and processes were in place to ensure all medicines were reviewed and authorised by the GPs.
- The practice had a system in place to receive safety alerts; however we found the system to be ineffective in relation to medicine safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA) with some alerts not being actioned appropriately. Since the inspection, the practice has told us they have reviewed their current procedures for the receiving and actioning of safety alerts and had implemented a system to ensure that all alerts are read and acted on.
- The recruitment of staff was not thorough as we found evidence of conduct in previous employment, such as references had not been sought before staff commenced employment.
- We found the practice had reviewed the monitoring of emergency equipment and vaccination fridge temperatures since our previous inspection and had introduced a regular recording of checks for all equipment and vaccines.
- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for

Requires improvement



Summary of findings

reporting and recording significant events. Since the previous inspection, we found that regular meetings had been introduced to ensure reviews and investigations were discussed with the team to mitigate further risks.

- Risk relating to major incidents had been mitigated and a business continuity plan introduced. All staff we spoke with were aware of the business continuity plan and where it was held in the case of an emergency.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.

Are services effective?

At our previous inspection, we rated the practice as requires improvement for providing effective services as some areas regarding staff training; support and systems for communicating within the practice needed improving. The results from the Quality and Outcomes Framework (QOF) were also low for some of the clinical indicators in comparison with the national averages. Some of these arrangements had improved when we undertook a follow up inspection on 8 September 2017; however we still found that some of the clinical indicators were not showing improvement and the practice still remained as requires improvement for providing effective services.

- Quality and Outcomes Framework (QOF) most recent published results (2015/16) showed the practice had achieved 82.7% of the total number of points available in comparison to the national average of 95%. Exception reporting rate was 6.9% in comparison to the national exception reporting rate of 10%. Unverified data provided by the practice showed a QOF achievement of 78.6% for 2016/17. Exception reporting for 2015/16 was 6.9% which was lower in comparison to the national average exception reporting of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Staff had the knowledge and experience to deliver effective care and treatment and had received appraisals and personal development plans since our previous inspection. A training matrix had also been introduced to monitor staff training and ensure all staff had received the appropriate training relevant to their role.

Requires improvement



Summary of findings

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and clinical audits demonstrated quality improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice told us they had still been unable to secure regular meetings with other health care professionals in the locality but spoke with them to co-ordinate patient care as required.

Are services caring?

At our previous inspection, we rated the practice as requires improvement for providing caring services as data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. These arrangements had not improved when we undertook a follow up inspection on 8 September 2017 and the practice continued to be rated as requires improvement for providing caring services.

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had seen a slight increase in patient satisfaction results from the National Patient survey; however some outcomes still remained lower than the CCG and national averages. The practice had discussed this with the patient participation group and with their support had devised a patient questionnaire which was being distributed during the month of September 2017 to gain patient feedback.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- During our previous inspection we saw information for carers on display but the number of carers registered by the practice was significantly low. At this inspection the practice had been unable to improve on the numbers of carers identified, however they had included information in patients' new registration packs and there was a poster on display in the waiting area advising patients of support available.

Requires improvement



Are services responsive to people's needs?

At our previous inspection, we rated the practice as good for providing responsive services. The practice continued to be rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice supported the Moxley memory club, which was set up to support patients with memory loss and their families. The club gave patients and their families the opportunity to share experiences and receive support and advice.
- Patients could access appointments and services in a way and at a time that suited them; this included by telephone, online and face to face, with urgent appointments available the same day and late evening appointments available one evening a week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence we reviewed showed the practice responded quickly to issues raised. Improvements were made to the quality of care as a result of complaints and concerns. Complaints were shared with staff at practice meetings.

Are services well-led?

At our previous inspection, we rated the practice as inadequate for providing well led services as clinical and managerial leadership was not effective and some areas of the practice governance arrangements needed improving. Generally arrangements had improved when we undertook a follow up inspection on 8 September 2017; however further improvements needed to be made.

- Since our previous inspection, we found a governance framework had been implemented to support the delivery of the strategy and good quality care and many of the risks identified from the inspection in November 2016 had been actioned. However, the systems in place were not effective in ensuring risk were identified and managed, for example in relation to infection control and patient safety alerts. Since the inspection we have received assurances that all staff have had a review of their immunisation status in relation to their role.

Requires improvement



Summary of findings

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients, but this was not always effective due to the lack of some governance arrangements.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- Staff meetings had been introduced since the previous inspection and we found the administration team met every two weeks and the clinical team every month.

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

The practice is rated as requires improvement for safe, effective, caring and well led services; this affects all six population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to attend the practice.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for safe, effective, caring and well led services; this affects all six population groups. Performance for diabetes related indicators is lower than the national average and people with long term conditions has been rated as inadequate.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice worked with the community diabetes specialist nurses to support patients with complex diabetes needs. Performance for diabetes related indicators was 51% which was lower than the CCG average of 93% and the national average of 90%. Exception reporting rate was 5% which was lower than the national average of 11%. Unverified data provided by the practice showed a decline in the 2016/17 QOF data with the practice having achieved 39% for 2016/17.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and an annual review to check their health and medicines needs were being met. The provider had been unable to establish regular meetings with other health care professionals or community teams, but patients were referred for further support where appropriate.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions.

Inadequate



Summary of findings

Families, children and young people

The practice is rated as requires improvement for safe, effective, caring and well led services; this affects all six population groups.

- 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.
- Appointments were available outside of school hours and the practice offered a 'drop in' clinic with the nurse for children. Baby changing facilities were not available, but staff told us that if this was required an empty room would be offered.
- We saw positive examples of joint working with midwives. The midwife undertook an antenatal clinic every week at the practice.
- Childhood immunisation rates for under two year olds ranged from 98% to 100% compared to the national average of 90%. Immunisation rates for five year olds ranged from 90% to 97% compared to the national average of 88% to 94%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 79% which was comparable to the national average of 82%.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for safe, effective, caring and well led services; this affects all six population groups.

- 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 reflected the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered extended hours to suit the working age population, with late evening appointments available once a week.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safe, effective, caring and well led services; this affects all six population groups.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Data provided by the practice showed that 12 patients were on the learning disability register. Annual reviews were in place for this patient group, with three patients having reviews completed so far this year. The remaining patients had been invited to attend their review.
- The practice did not meet with other health care professionals in the case management of vulnerable patients and told us they were unable to organise meetings with the district nurses and community teams, but patients who needed further support were referred through the applicable pathways.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and signposted patients to relevant services available.
- 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safe, effective, caring and well led services; this affects all six population groups.

- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 67% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%. Unverified data provided by the practice showed they had achieved 100% in dementia related indicators for QOF 2016/17.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The latest published QOF data of 2015/16 showed 91% of patients on the mental health register had a care plan in place, which was comparable to the national average of 88%.
- The practice supported the Moxley memory club, which was set up to support patients with memory loss and their families.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed mixed results in comparison to local and national averages. A total of 326 six survey forms were distributed and 110 were returned. This represented 34% response rate and 3% of the practice population.

- 84% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 71%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 84%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Comments included staff were friendly and polite and a good service was always received.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Action the service **SHOULD** take to improve

- Review how the practice could proactively identify carers in order to offer them support where appropriate.
- Encourage patients to attend national screening programmes.

Moxley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Moxley Medical Centre

Moxley Medical Centre is a practice located in Wednesbury, an area of the West Midlands. The practice is situated in a purpose built; 2-storey building which was opened in January 2000. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

The practice provides primary medical services to approximately 3,200 patients in the local community. The lead GP (male) has the support of a nursing team which consists of one practice nurse and two health care assistants. The non-clinical team consists of administrative and reception staff and a practice manager.

Based on data available from Public Health England, the levels of deprivation in the area served by the practice are below the national average, ranked at two out of ten, with ten being the least deprived. The practice had a lower than national average of patients aged over 65 years, with the practice currently having registered 12% of its population in this age group in comparison to the national average of 17%.

The practice is open to patients between 8am and 6pm on Monday to Thursday and 8am to 12.30pm on Friday. Extended hours appointments are available 6.30pm to 7.15pm on Thursday. Telephone consultations are available if patients requested them; home visits were also available for patients who are unable to attend the surgery. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and the NHS 111 service and information about this is available on the practice website.

Why we carried out this inspection

We carried out a comprehensive inspection of Moxley Medical Centre on 22 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and requires improvement for effective and caring services. We carried out a further comprehensive inspection on 8 September 2017 to ensure improvements had been made and to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 September 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including the GP, practice nurse, health care assistant, practice manager and reception/administration staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how patients were being cared for in the reception area
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 were provided for specific groups of people and what good care looked 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).

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.

Are services safe?

Our findings

At our previous inspection, on 22 November 2016 we rated the practice as inadequate for providing safe services as areas relating to the management of risk needed significant improvement. We found that the practice had not assured themselves that staff had the necessary skills and knowledge for the management of infection control and we found there was no register of staff immunisations in place. The provider was unable to demonstrate that following an incident an investigation was completed and actions were taken to mitigate the risk of further occurrence. These arrangements had improved when we undertook a follow up inspection on 8 September 2017; however we found further areas of risk and the practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff advised that when things went wrong with care and treatment patients were informed of the incident as soon as reasonably practicable and were told about any actions to improve processes to prevent the same thing happening again.

During our most recent inspection we saw a summary of eight significant events between August 2016 and August 2017. We saw evidence to confirm that significant events were discussed with staff during practice meetings to share learning.

Safety alerts were received by the practice manager and forwarded on to the clinical team and a record was kept to monitor actions taken. During our inspection we found that the practice had not received all the alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and therefore the practice was not able to demonstrate that they had taken necessary action in response to medicine alerts. For example:

- An alert from the Medicines and Healthcare products Regulatory Agency (MHRA) highlighted a risk to

healthcare professionals where patients had been prescribed two specific medicines to treat conditions such as heart failure and high blood pressure. The alert indicated that where patients were prescribed such medicines, regular blood monitoring should take place. During our inspection there was no evidence to demonstrate that the practice had received the alert and there was no evidence of actions taken; to gain assurance that no patients were at risk we asked the practice to conduct a search on their patient record system during our inspection. The search highlighted no patients were at risk.

- A second alert from the Medicines and Healthcare products Regulatory Agency (MHRA) concerned a specific medicine for patients who were pregnant or of child bearing age. The alert indicated that patients on this medicine should be informed of the risks when pregnant. The practice could demonstrate they had received the alert; however there was no recording of action taken. During the inspection we asked the practice to carry out the search again and found there were no patients at risk.

Since the inspection, the practice has told us they have reviewed their current procedures for the receiving and actioning of safety alerts and had implemented a system to ensure that all alerts are read and acted on.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children. Staff had completed training relevant to their role in this area. GPs were trained to child safeguarding level 3.
- There was a notice in the waiting room to advise patients that chaperones were available if required. Staff who acted as chaperones had received the appropriate training. Staff carrying out this role had a Disclosure and Barring Service (DBS) check in place.

Are services safe?

(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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. At the inspection in November 2016 we identified gaps in the infection prevention and control procedures and there were no cleaning schedules in place for medical equipment to ensure that it had been cleaned after each use. At this inspection we found a system had been implemented to ensure all medical equipment was cleaned appropriately. There was an infection control protocol in place and annual infection control audits were undertaken. All staff had received the appropriate training relevant to their role.
- At the previous inspection we found staff immunisation status was not recorded and no risk assessments had been completed to identify duties undertaken and to minimise the risk to staff and patients. At this inspection there were still gaps identified in the recording of staff immunisation status, with minimal records available of what vaccinations staff had received. Since the inspection we have received assurances that all staff have had a review of their immunisation status in relation to their role.
- The arrangements for managing vaccines, in the practice were not effective at the previous inspection. The practice had not followed Public Health England guidelines for the recording of vaccination fridge temperatures and solely relied on a data logger system which they reviewed once a month for discrepancies. At this inspection we found the practice had introduced a system to log the vaccination fridge temperatures following a review of nationally recommended guidelines a system had been introduced and temperatures were being recorded on a daily basis.
- At the previous inspection we found there were some processes in place for handling repeat prescriptions which included the review of high risk medicines; however we also identified that non-clinical staff added new medicines prescribed by hospitals on to patient's records and re-authorised repeat medicines. There was no effective system in place to ensure amended prescriptions were separated from regular repeat prescriptions to monitor accuracy. At this inspection we

found these risks had been mitigated with the implementation of an effective system to ensure all prescriptions were reviewed and actioned by GPs and processes were in place to ensure prescriptions were monitored to minimise risks.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a set of instructions detailing conditions under which prescription medicine can be supplied to patients without a prescription).
- We reviewed three personnel files and found gaps in the recruitment checks undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been completed for clinical staff, but we found that conduct in previous employment, such as references had not been sought for a newly employed clinical staff member and there were still outstanding references required for newly employed administration staff.

Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety risk assessments had been completed. The practice had up to date fire risk assessments and we found that fire alarms were tested on a weekly basis. Regular fire drills were not carried out, but staff were aware of the evacuation procedures in the event of an emergency.
- All electrical equipment was checked to ensure the equipment was safe to use. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. At the previous inspection we found there were no

arrangements in place to check emergency equipment was in working order. We found at this inspection the practice had implemented effective monitoring of emergency equipment.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage at our previous inspection. A plan is now in place which contained contact details for all staff and was accessible to all the practice team.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection, on 22 November 2016 we rated the practice as requires improvement for providing effective services as some areas regarding staff training; support and systems for communicating within the practice needed improving. Outcomes from the quality and outcomes framework were lower in a range of clinical indicators. Some of these arrangements had improved when we undertook a follow up inspection on 8 September 2017; however further improvements were required and the practice continued to be rated as requires improvement for providing effective services.

Effective needs assessment

The practice assessed needs and generally delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) showed the practice had achieved 82.7% of the total number of points available; this was lower than the national average of 95%. Unverified data provided by the practice showed a QOF achievement of 78.6% for 2016/17. Exception reporting for 2015/16 was 6.9% which was lower in comparison to the national average exception reporting of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was 51% which was lower than the CCG average of 93% and the national average of 90%. Exception reporting rate was 5% which was lower than the national average of 11%. Unverified data provided by the practice showed a decline in the 2016/17 QOF data with the practice having achieved 39% for 2016/17.
- Performance for mental health related indicators was 89% which was lower than the CCG average of 94% and the national average of 93%. Exception reporting rate was 1%, which was lower than the national average of 11%. Unverified data provided by the practice showed an improvement in the 2016/17 QOF data with the practice having achieved 93%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 71% which was lower than the CCG average of 96% and the national average of 96%. Exception reporting rate was 3%, which was lower than the national average of 12%. Unverified data provided by the practice showed an improvement in the 2016/17 QOF data with the practice having achieved 77%, however this was still lower than the CCG and national averages.

The practice had undertaken the Royal College of General Practitioners (RCGP) diabetes project to focus on the improvement of quality outcomes of QOF. The practice had employed a second health care assistant to monitor and ensure diabetic patients received regular reviews. Also to improve patients' care the practice was working with the community diabetes service specialist nurses to monitor patients with complex diabetes needs. The specialist nurse was holding monthly clinics to support these patients. The practice was taking part with a clinical commissioning group project to monitor diabetes care.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice had completed a range of clinical audits in the last 12 months where the improvements made were implemented and monitored. For example, the practice had participated in an audit to review patients prescribed patches to relieve pain and whether they were being prescribed effectively. The audit carried out

Are services effective?

(for example, treatment is effective)

in June 2017 showed six patients were using pain relief patches. Each patient was offered a medication review and the practice saw a 50% reduction in the patients requiring this specific form of pain relief.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality, but at the previous inspection we found this did not include infection prevention and control. This has now been implemented and we found at this inspection that all staff had received training in infection control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competency. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- We found at this inspection all staff had received an appraisal and their learning needs had been identified through this process. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, some care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice told us at the last inspection that they had tried to engage with other health and social care services, but this had not been effective. At this inspection the practice continued to liaise with the community teams by telephone, but no meetings had been held, though the practice assured us that they were in regular contact with the other health care providers to discuss patients' needs and care packages when required.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability there was easy read information. They also ensured a

Are services effective?

(for example, treatment is effective)

female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were lower than the CCG and national averages, however the practice told us they had worked with both screening services to increase patient awareness and increase uptake of screening programmes. For example,

- 62% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 71% and the national average of 72%. Unverified data provided by the practice showed that the practice had seen an increase in uptake of breast screening to 70% since April 2017.
- 46% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the

CCG average of 52% and the national average of 58%. Since the inspection the practice has told us that they have introduced a system to receive the results of patients attending bowel screening to monitor patients who have not attended.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% which were higher than the national average of 90%. Immunisation rates for five year olds ranged from 90% to 97% which were comparable to the national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection, on 22 November 2016 we rated the practice as requires improvement for providing caring services as data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. These arrangements had not improved when we undertook a follow up inspection on 8 September 2017 and the practice continued to be rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were pleased with the service and staff were helpful and supportive and treated them with care and concern.

We spoke with four patients, one of which was a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed satisfaction scores for consultations with GPs were lower than the CCG and national averages, but this was not reflected in the feedback from patients we spoke with on the day who told us they were treated with compassion, dignity and respect. The practice had seen some increase in the results in comparison to the previous survey of July 2016. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%. Previous results from July 2016 were 70%.
- The number of patients who said the GP gave them enough time remained at 73% when compared to the CCG average of 83% and the national average of 86%..
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 86%. This was a slight improvement from the July 2016 results where the practice had achieved 69%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

The practice satisfaction scores for consultations with nurses showed:

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

The practice satisfaction scores for helpfulness of reception staff showed:

- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice had reviewed the results of the GP patient survey and with the support of the patient participation group had implemented an in house survey which was being distributed during September to gain patient feedback.

Care planning and involvement in decisions about care and treatment

Patients told us 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 consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed some patients responded positively to questions about their involvement in planning and making decisions about their

Are services caring?

care and treatment and this was supported by the comments we received on the day of inspection. However, results for the GP and nurse were lower than local and national averages. The practice had not seen any significant improvement in patient feedback from the national patient survey of July 2016. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%. Survey results for July 2016 were 73%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%. Survey results for July 2016 were 65%.

Results for nurses showed:

- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available in a variety of languages.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. At the previous inspection we found the practice had identified 12 patients as carers, which represented 0.4% of the practice list. This number had not increased at this inspection, but information was on display in the waiting room and written information was available to direct carers to the various avenues of support available to them.

The practice supported the Moxley memory club, which was set up to support patients with memory loss and their families. The club met twice a month, and was run by volunteers with the support of the practice manager and a dementia support worker. The club gave patients and their families the opportunity to share experiences and receive support and advice.

Staff told us that if families had suffered bereavement, the GP contacted them. A patient consultation at a flexible time and location to meet the family's needs was available if required and the practice gave advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection, on 22 November 2016 we rated the practice as good for providing responsive services. At this inspection the practice continued to be rated as good for providing responsive services.

Responding to and meeting people's needs

The practice 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. For example, the practice offered minor surgery services for patients registered with GPs in the local area.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- There were longer appointments available for patients with a learning disability and patients experiencing poor mental health.
- Extended hours appointments were offered on Thursday evening from 6.30pm to 7.15pm.
- Home visits were available for older patients and patients who were unable to attend the practice.
- Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the practice.
- Same day appointments were available for children and those patients with medical problems who required same day consultation.
- A minor ailment clinic was held by the practice nurse every afternoon after 3pm for school children who needed to be seen.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were accessible facilities for patients with a disability and translation services available.
- There was a hearing loop at the practice and patients with hearing difficulties had alerts added to their medical records.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.

- The practice offered a minimal fee chiropody service every two weeks for patients aged 65 years and over as there was no service available locally.

Access to the service

The practice was open between 8 am to 6pm Monday, Tuesday, Wednesday and Thursday, and 8am to 12.30pm Friday. Appointments were available from 9am to 12.30pm on Monday morning and 9.30am to 11am Tuesday to Friday morning. Afternoon appointments were available from 3pm to 6pm on Monday, 4.30pm to 6pm Tuesday, 2.30pm to 5.30pm Wednesday and Thursday. There were no afternoon appointments available on a Friday.

Extended hours appointments were offered from 6.30pm to 7.15pm on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed in comparison to local and national averages. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%. This was a slight decline on the 2016 result of 70%
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 71%. Again this was a decline from 92%

The four patients we spoke to told us on the day of the inspection that they were able to get appointments when they needed them and had no difficulties in accessing the service.

The practice had a system in place to assess whether a home visit was clinically necessary and

the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

On reviewing home visits, we found that three home visits requests had been made in the past three months; however we found no record of the home visits in the patients' clinical records and what action had been taken.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, but we found this was not effective.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at three complaints received since December 2016; these had been well documented and included the recording of verbal complaints. We found evidence of learning being shared with staff and stakeholders to ensure quality of care was improved.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection, on 22 November 2016 we rated the practice as inadequate for providing well led services as clinical and managerial leadership was not effective and some areas of the practice governance arrangements needed improving. Some arrangements had improved when we undertook a follow up inspection on 8 September 2017; however further improvements needed to be made.

Vision and strategy

The practice had a vision and strategy to provide primary health care to patients. We spoke with four members of staff who told us the team worked well together and all staff were committed to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. Feedback received from patients on the day of the inspection was positive about the care received.

Governance arrangements

Since our previous inspection, we found a governance framework had been implemented to support the delivery of the strategy and good quality care and many of the risks identified from the inspection in November 2016 had been actioned. However, there was still an outstanding risk that had not been actioned and we identified further risks that had not been addressed. For example:

- At the previous inspection we found staff immunisation status had not been recorded and no risk assessments had been completed to mitigate risks. We found at this inspection that some immunisation statuses had been documented, however the records were not complete and no risk assessments had been completed in their absence. Since the inspection we have received assurances that all staff have had a review of their immunisation status in relation to their role.
- We found the service could not demonstrate effective management of risks in relation to medicine safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice had a system in place to receive safety alerts, however we found the system to be ineffective and alerts were not actioned appropriately. Since the inspection, the

practice has told us they have reviewed their current procedures for the receiving and actioning of safety alerts and had implemented a system to ensure that all alerts are read and acted on.

- The recruitment of staff was not thorough as we found references had not been sought before staff commenced employment.

The following actions identified at the previous inspection had been addressed to mitigate risk. For example:

- We found the practice had reviewed the monitoring of emergency equipment and vaccination fridge temperatures since our previous inspection and had introduced a regular recording of checks for all equipment and vaccines.
- During our previous inspection in November 2016 we found that processes were not effective to assess, monitor and mitigate the risks relating to the management of medicines with non-clinical staff adding new medicines to patients' records and authorising repeat medicines requested by patients. At this inspection we saw that improvements had been made and processes were in place to ensure all medicines were reviewed and authorised by the GPs.
- Staff meetings had been organised to ensure all staff had the opportunity to learn from significant events and complaints to ensure improved outcomes for patients.
- A business continuity plan had been implemented so staff were aware of the procedures in place to respond to a major incident or emergency that may disrupt the running of the service.

Leadership and culture

Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us there was an open culture within the practice and since the last inspection regular team

Are services well-led?

Requires improvement 

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

meetings had been implemented and staff had the opportunity to raise any issues, discuss improvements at the practice and felt confident and supported in doing so.

- Staff said they felt respected, valued and supported, by the GP and practice manager.

Seeking and acting on feedback from patients, the public and staff

The practice did not encourage feedback from patients and the public. It did not seek patients' feedback or engage patients in the delivery of the service.

- At the previous inspection we found the practice had a patient participation group (PPG) but meetings had not

been regularly held. At this inspection we found the group was active, there was a display in the waiting room advising patients when the next meeting was due to be held.

- The practice had completed staff appraisals and implemented staff meetings since the last inspection to gather feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice had reviewed the results of the GP patient survey and had used the outcomes of the national survey to develop with the support of the PPG an in house patient questionnaire which was being distributed to patients during the month of September 2017.

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 Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How this regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The provider had not complied with relevant patient safety alerts, including local alerts and alerts issued from the Medicines and Medicines and Healthcare products Regulatory Agency (MHRA).• The provider was not assessing, planning and delivering care and treatment for patients on the practice's diabetes register. <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|---|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor</p> |

Requirement notices

and mitigate any risks relating the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.

How this regulation was not being met:

- The provider did not have systems in place to seek and act on patient feedback in order to improve patient satisfaction.

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Providers must operate robust recruitment procedures, including undertaking any relevant checks

How this regulation was not being met:

- The registered person's recruitment procedures were not thorough as we found that conduct in previous employment, such as references had not been sought before staff commenced employment.

This was in breach of regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.