

# Dr Arun Tangri

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Arun Tangri on 1 August 2016. Overall the practice is rated as Requires Improvement.

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

- There was limited assurance about safety. For example, arrangements to manage fire safety were not operated effectively.
- There were effective arrangements were in place to safeguard children and vulnerable adults from abuse. Staff demonstrated knowledge of the actions they would take to safeguard patients and there was evidence of engagement with the health visiting service to coordinate care for vulnerable children.
- The practice demonstrated a caring approach to the wellbeing of their patients by referring those who were likely to be isolated to a social care scheme that encouraged interaction. The scheme was open

to all ages and accommodated housebound patients. Positive outcomes were observed when a patient previously referred became a champion of the scheme and a support for other patients.

- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to deliver effective and responsive care to keep vulnerable patients safe. There was active use of the care coordinator to integrate care with other services. Feedback from other healthcare agencies was positive about their working relationship with the practice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).

However, the areas where the provider must make improvements are:

- Ensure effective arrangements are in place with regards to fire safety including carrying out fire drills and actions identified in fire risk assessments.

# Summary of findings

- Ensure recruitment arrangements include all necessary pre-employment checks for all staff to make sure risks to patients have been identified, assessed and recorded where appropriate.
- Ensure staff undertaking lead roles have the appropriate development and supervision. For example, staff taking lead roles in infection control and fire wardens or marshals.
- Implement processes to ensure effective communication with staff. This will ensure there is a process to share the learning from incidents and complaints received in the practice including monitoring of trends.

The areas where the provider should consider improvements are:

- Monitor the arrangements for managing uncollected signed prescriptions to ensure they are checked on a regular basis and patients are followed up where necessary.
- Consider a process to record actions taken in relation to medicines alerts received.
- Carry out a risk assessment to consider the need for children's masks for use with the defibrillator in case they are required in an emergency.
- Consider arrangements for oversight of staff training to ensure all training considered to be essential is completed.

- Continue to review access to nurse and GP appointments and feedback from patients on waiting times by planning and monitoring staffing needs.
- Consider a documented business plan to outline practice vision and future strategic planning.

The inspection identified breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. Therefore, a Warning Notice was issued to the provider on 11 November 2016 and the provider is expected to be compliant with the notice by 15 December 2016.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

**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?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- Risks to patients were not managed fully in respect of fire safety, checks at the point of recruitment and the management of uncollected signed prescriptions.
- There was an open culture in which all safety concerns reported by staff were dealt with effectively, and a system was in place for reporting and recording significant events. These were investigated and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There was a designated lead for safeguarding with additional training to support their role.
- There was an appointed infection control lead, whose role was overseen by the practice nurse. However, the lead was unable to demonstrate an understanding of their role, and there was no evidence of additional training to support the role of the infection control lead.
- The practice had effective systems in place to deal with medical emergencies.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- 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 other locally agreed guidelines.
- Data showed that the practice was performing better than local practices on overall QOF achievement and on several indicators . Patient outcomes for indicators such as heart failure and hypertension were better than the local CCG averages.
- Clinical audits demonstrated quality improvement. The practice had undertaken two audits in the last year, and one of them was repeated this year.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Formal monthly multidisciplinary meetings were held to discuss patients at high risk of admission to hospital.

## Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, 70% of patients said the last GP they saw or spoke to was good at listening to them, compared to the CCG average of 87% and national average of 89%.
- Patients' views were mixed regarding whether they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The practice referred patients who were socially isolated to a social prescribing scheme where they were encouraged to interact and participate in social events.
- 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.
- Views of external stakeholders were strongly positive about the GPs' caring approach to patient care.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Results from the July 2016 GP Patient Survey showed 45% of patients waited 15 minutes or less to be seen and 38% felt they don't normally wait too long to be seen. Feedback from the CQC comment cards and patients we spoke to on the day agreed with the views from the survey.
- Nurse appointments were available on Monday and Tuesdays only, with no nurse available for the rest of the week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of services within its premises and patients were encouraged to self-refer to the service as well as to counselling and physiotherapy services.

**Requires improvement**



# Summary of findings

- Extended opening hours were offered to facilitate access for working patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

The practice is rated as inadequate for being well-led.

- The practice had a mission statement stating its dedication to provide patient focussed care.
- There was no clear accountability to support some policies and procedures in governing activities of staff. Some responsibilities were assigned to a practice manager when there was none in post
- There were no regular practice meetings to support communications within the practice team.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for reviewing notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients. There was a well engaged patient participation group (PPG).

Inadequate



# 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 issues identified as requiring improvement overall affected all patients including this population group. However, there were positive findings in respect of this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. They offered same day telephone appointments and urgent appointments for those with enhanced needs.
- Home visits were offered to housebound patients. The practice liaised with the local acute visiting service for patients acutely unwell who could not attend the surgery.
- The GPs discussed elderly patients who may be at risk of being vulnerable with multi-disciplinary teams including district nurses, social workers and local care coordinators, to ensure patient needs were met and referrals to other services were made promptly.
- All patients aged over 75 years had a named GP for continuity of care. They were invited for annual health checks as part of the chronic disease management recall system. There were 150 patients aged 75 years and over on the practice register.
- Data from 2014/15 showed 71% of eligible patients over 65 years old had been given flu vaccinations, in line with the CCG average of 72%.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including heart failure were in line with or above local and national averages.
- The practice had good access for disabled patients and height adjustable couches for patients who may need them.

Requires improvement



### People with long term conditions

The issues identified as requiring improvement overall affected all patients including this population group. However, there were positive findings in respect of this population group.

- The practice had a recall system for patients with long term conditions, audited on a monthly basis to identify patients who are due for a review. All clinical staff had various roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



# Summary of findings

- A structured annual review was offered to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was evidence of coordinated care with multi-disciplinary teams to improve the outcomes for patients.
- QOF achievement on indicators for diabetes was consistently above with CCG averages. For example, the percentage of patients with diabetes on the register who had influenza immunisations in the preceding 12 months was 98%, compared to a CCG average of 93% and national average of 94%.
- Longer appointments and home visits were available and offered when needed.
- The practice provided weight management and lifestyle advice. There was a weighing machine and blood pressure monitor available in the waiting room for patients to use prior to their appointments if they wished to do so.
- There were a number of leaflets providing education and self-care advice.

## Families, children and young people

The issues identified as requiring improvement overall affected all patients including this population group. However, there were positive findings in respect of this population group.

- The practice worked closely with midwives, health visitors and family nurses attached to the practice. 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.
- The practice held meetings every six weeks with the health visitor and midwife, and also reviewed any children on a child protection plan at their clinical meetings.
- The health visiting service held weekly drop in clinics on Monday afternoons from the practice. This was used as an opportunity to coordinate care with the GPs carrying out the 8-week postnatal checks for mothers at the same time. Feedback from the health visitor was positive about the working relationships and communications with practice staff.
- Immunisation rates were slightly below the CCG averages for standard childhood immunisations. Vaccination rates for children under two years ranged from 79% to 93%, compared

**Requires improvement**





# Summary of findings

against a CCG average ranging from 91% to 96%. GPs told us they were working closely with the health visitor to follow up non-attenders and offer opportunistic immunisations when patients attended appointments for other reasons.

- Flu and whooping cough vaccinations were offered to pregnant women.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.
- Appointments were available outside of school hours with urgent appointments available on the day for children and babies.
- Teenage patients were offered opportunities to be seen in confidence if they requested appointments without their parents.
- There was a full range of family planning services offered to patients of the practice and those registered elsewhere, which included fitting of intra-uterine devices (coil), contraceptive implant fitting and emergency contraception.

## Working age people (including those recently retired and students)

The issues identified as requiring improvement overall affected all patients including this population group. However, there were positive findings in respect of this population group.

- 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. This included access to appointments after 5pm every day and telephone appointments. The practice opened until 7.30pm on Tuesdays.
- Online appointment services included booking and cancelling appointments and ordering prescriptions. Additionally, there was a 24 hour automated telephone booking and cancelling of appointments service. Mobile phone text reminders were used for appointments, including the option to cancel an appointment via text.
- There was a full range of health promotion and screening information in the practice that reflects the needs for this population group. Services provided from the premises included in-house phlebotomy, sexual health and minor surgery, in addition to physiotherapy, and smoking cessation advice.
- The practice uptake for cervical screening for eligible patients was 86%, higher than the CCG average of 81% and the national

Requires improvement



# Summary of findings

average of 82%. Breast cancer screening was higher than the CCG and national averages. Bowel cancer screening data was marginally lower than the CCG and national averages. The practice was aware of their performance and offered more opportunistic testing to improve uptake rates.

- Spirometry (a test used to help diagnose and monitor certain lung conditions) was offered to patients over age 35 years as well as all patients recorded as smokers.

## People whose circumstances may make them vulnerable

The issues identified as requiring improvement overall affected all patients including this population group. However, there were positive findings in respect of this population group.

- Practice supplied data indicated there were 22 patients on the practice learning disabilities register in 2015/16, but only 11 were eligible for health checks under the enhanced service. Staff told us 10 of the eligible patients were reviewed in a face to face appointment.
- The practice liaised with a local learning disabilities specialist nurse in the identification of patients with learning disabilities, and had a named member of staff who organised appointments for patients. Feedback from the specialist nurse was positive about the engagement with the practice and adjustments made to support patient attendance in a timely manner to achieve positive clinical outcomes.
- The practice offered longer appointments for patients with a learning disability and for those who required it.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Formal monthly multidisciplinary meetings were held to discuss patients at high risk of admission to hospital.
- 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.
- All staff had received training in domestic violence and offered cards informing patients how to identify themselves discreetly to staff as victims of domestic violence.
- The practice referred vulnerable patients who were likely to be socially excluded to a local social organisation which encouraged social interaction to reduce isolation and improve the wellbeing of their patients.

## Requires improvement



# Summary of findings

- Staff told us they were culturally sensitive and tailored their service to meet the needs of patients from different ethnic backgrounds.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 80 patients as carers (2.5% of the practice list).

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

The issues identified as requiring improvement overall affected all patients including this population group. However, there were positive findings in respect of this population group.

- Data showed in 2014/15 there were 90% of patients diagnosed with severe mental health condition who had a comprehensive agreed care plan documented in their records in the last 12 months, compared to the CCG average of 84% and national average of 88% in 2014/15.
- Patients were offered 30 minute appointments for their annual mental health check.
- In 2014/15, 94% of patients diagnosed with dementia had been reviewed in a face to face review in the preceding 12 months, compared to the CCG and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice carried out advance care planning for patients with dementia.
- There were leaflets for mental health wellbeing support services available in the reception area.
- Staff had a good understanding of how to support people experiencing poor mental health. Patients were encouraged to self-refer to counselling services. Staff told us they routinely flagged patients who had experienced recent poor mental health episodes and contact them for support.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing mostly below local and national averages. A total of 340 survey forms were distributed and 113 were returned. This represented a response rate of 33%, approximately 3.8% of the total practice list size.

- 70% of patients said the last GP they saw or spoke to was good at listening to them, compared to the CCG average of 87% and national average of 89%.
- 60% of patients said they would recommend the surgery to someone new in the area, compared to the CCG average of 77% and national average of 78%.
- 45% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 61% and national average of 65%.
- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and national average of 73%.
- 94% of patients said the last appointment they got was convenient, compared to the CCG average of 92% and national average of 92%.
- 69% of patients described the overall experience of this surgery as good compared to the CCG average of 85% and national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 77 completed comment cards, 55 of which were wholly positive about the care and attention received from the whole practice team, including examples of staff accommodating the needs of patients. There were 18 comment cards with mixed views, with a significant number of patients stating there were long waiting times for appointments and they did not feel listened to by the doctors. There were four wholly negative comments cards about staff attitude and waiting times for appointments.

We spoke to nine patients including three members of the patient participation group (PPG). There was positive feedback about reception staff being pleasant, polite and respectful, and the GPs managing patient conditions appropriately. There was less positive feedback around waiting times for appointments being longer than times stated on the white board in the waiting area, telephone lines being engaged at most times and GPs showing little empathy.

The results of the practice Friends and Family test taken between August 2015 and July 2016 showed 83% of respondents said they would recommend the practice to their friends and family.

## Areas for improvement

### Action the service MUST take to improve

- Ensure effective arrangements are in place with regards to fire safety including carrying out fire drills and actions identified in fire risk assessments.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff to make sure risks to patients have been identified, assessed and recorded where appropriate.
- Ensure staff undertaking lead roles have the appropriate development and supervision. For example, staff taking lead roles in infection control and fire wardens or marshals.
- Implement processes to ensure effective communication with staff. This will ensure there is a process to share the learning from incidents and complaints received in the practice including monitoring of trends.

# Summary of findings

## Action the service **SHOULD** take to improve

- Monitor the arrangements for managing uncollected signed prescriptions to ensure they are checked on a regular basis and patients are followed up where necessary.
- Consider a process to record actions taken in relation to medicines alerts received.
- Carry out a risk assessment to consider the need for children's masks for use with the defibrillator in case they are required in an emergency.
- Consider arrangements for oversight of staff training to ensure all training considered to be essential is completed.
- Continue to review access to nurse and GP appointments and feedback from patients on waiting times by planning and monitoring staffing needs.
- Consider a documented business plan to outline practice vision and future strategic planning.

## Outstanding practice

# Dr Arun Tangri

## 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 and a second CQC inspector.

### Background to Dr Arun Tangri

Dr Arun Tangri provides primary medical services to approximately 3,000 patients through a personal medical services (PMS) contract at Riverlyn Medical Centre. This is a locally agreed contract with NHS England.

It is located in the centre of the Bulwell area of Nottingham, approximately four miles from the city centre. The practice was formed in 1992, and moved into purpose-built premises owned by the practice in 1997.

The practice deprivation scores indicate people living in the area were significantly more deprived than the local CCG and national average. Data shows the proportion of patients aged 18 years and below registered at the practice, is significantly higher than the local CCG and national average. The proportion of patients aged 65 years and above is marginally above the local CCG average but lower than the national average.

The medical team comprises of two GP partners and three long term GP locums (one female GP and four male GPs) and a practice nurse. They are supported by seven members of the administration team, some of whom have dual roles including health care assistant and phlebotomy duties. A practice manager has recently joined the team. It is a teaching practice, offering placements to second, third and fourth year medical students.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointment times start at 9am and the latest appointment offered at 5.50pm daily. The practice provides the extended hours service from 6.30pm to 7.30pm on Tuesdays, with the latest appointment offered at 7.15pm.

When the surgery is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

### Why we carried out this inspection

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

### 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 20 July 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

# Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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

### Safe track record and learning

The practice had an effective system in place for reporting and recording significant events.

- Staff told us they would complete a significant event form if an incident occurred. There was a comprehensive incident management procedure in place. Staff told us they would report incidents directly to the GP partners.
- The practice adopted a blame free culture once a significant event had been reported and supported staff through an investigation into the event. Staff told us they felt comfortable with raising concerns at any time. There were five significant events recorded in the preceding 12 months prior to our inspection. Staff told us all significant events were discussed at team meetings usually held monthly. However, there had not been any team meetings held for nine months between October 2015 and July 2016. The GP partners addressed significant events with the staff specifically involved in the events, and changes affecting the practice team were communicated informally.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- There were no periodic reviews or analyses of the significant events as a whole to ensure lessons from trends were shared with all staff.

### Overview of safety systems and processes

The practice demonstrated they had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some systems were not embedded fully.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. All staff had received training relevant to their role and GPs were trained to the appropriate level to manage safeguarding children (level 3).

- A notice in the waiting room as well as notices on doors of each consultation room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the health care assistants was the infection control clinical lead who liaised with the local infection prevention teams on completing actions following audits. This role was overseen by the practice nurse; however, the lead was unable to demonstrate an understanding of their role as lead for the practice. There was an infection control protocol in place and staff had received up to date training. Bi-annual infection control audits were undertaken, and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five employment files for clinical and non-clinical staff. We found variations in the recruitment checks undertaken prior to employment for the most recently employed staff. Checks had been undertaken which included proof of identification, references, qualifications and registration with the appropriate body. However, the appropriate checks through the Disclosure and Barring Service for some clinical staff were obtained six months after they had commenced employment and there was no risk assessment recorded. Whilst references had been requested from previous employers, there was no evidence that references not received had been followed up or alternative references had been sought. Reasons for gaps in employment were not recorded to ensure the reasons had no risk or implication relevant to their job role.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines to ensure the practice kept patients safe (including obtaining, prescribing, recording, handling,



## Are services safe?

storing, security and disposal). We carried out a sample review of high risk medicines used in the practice which demonstrated these were being monitored appropriately. However, on the day of the inspection we found there were 26 signed prescriptions, including those for metformin (a diabetes medicine), insulin and inhalers, which had not been collected for some time and not destroyed as appropriate. These were destroyed on the day of inspection when brought to the attention of the GPs and staff were advised of the relevant procedure for monitoring such prescriptions.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a system in place for receiving information from the Medicines and Healthcare Regulatory Agency (MHRA); they were received by the secretary who managed the practice mailbox who then forwarded them to the practice administrator for recording and circulated to all GPs. Whilst a search of the patient records demonstrated that medicines alerts had been acted on, there was no record kept of actions taken.

### Monitoring risks to patients

On the day of the inspection we were not assured that risks to patients and staff were assessed and well managed.

- Arrangements for fire safety were not managed effectively. There was a fire risk assessment in place. However, risks identified had not been managed fully because test points were not rotated throughout the practice premises. There was no appointed fire warden or marshal although training had been planned for two members of staff. Fire drills were undertaken once a year in line with the practice fire policy, however, they were not recorded in full to demonstrate if evacuation

procedures had been followed appropriately. The policy was unclear on who was accountable for overseeing fire arrangements, with responsibilities shared amongst various staff members.

- There were insufficient arrangements in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Arrangements to deal with emergencies and major incidents

The practice had adequate 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 masks. However, there were no children's masks on the premises. First aid kit and accident books were available.
- 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, including the doctor's bag, were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice staff demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the local Clinical Commissioning Group (CCG) and 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 through email notifications and computer system tasks to ensure staff were aware of changes and updates.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.
- Staff told us they had a close working relationship with the community pharmacist and there was a practice pharmacist who held a regular clinic to discourage hoarding of medicines and assist patients to take their medicines correctly.

### 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. The most recent published results showed that the practice had achieved 95.5%. This was above the CCG average of 91.5% and the national average of 94.8%. The exception reporting rate was 5.4%, compared to the CCG average of 8.9% and national average of 9.2% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.). A review of the exception reporting data showed that the practice was following guidance in relation to excepting patients and this was clinically driven.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 82%, which was above the CCG average of 79% and slightly below the national average of 89%. The exception reporting rate for diabetes indicators was 6%, compared to the CCG average of 10% and national average of 11%.
- Performance for mental health related indicators was 100%, higher than the CCG average of 89% and the national average of 93%. The exception reporting rate was 8%, compared to the CCG and national average of 11%.
- Performance for hypertension related indicators was 100%, higher than the CCG average of 97% and national average of 95%. The exception reporting rate was 3%, comparable with the CCG and the national average of 4%.

There was evidence of quality improvement including clinical audits.

- There had been two clinical audits undertaken in the last year and one of these had two cycles completed where the improvements made were implemented and monitored. For example, an audit was completed to review patients with chronic kidney disease (CKD). The practice used a tool provided by their CCG to increase early identification of the condition and the correct coding of patients to ensure the factors contributing to the worsening of CKD were monitored. A repeat of the audit showed patients were referred appropriately for further assessment.
- Another audit had been carried out in relation to how GPs recorded suicide thoughts in patients with depression. The audit was due to be repeated this year. Further medicines audits were undertaken by the practice pharmacist on behalf of the practice.
- The practice participated in local audits, national benchmarking, accreditation and peer reviews. There was evidence of regular engagement with the CCG on medicines management and involvement in peer reviews.

Staff were proactive in supporting people to live healthier lives, with a focus on early identification and prevention and treatment within primary care. The practice regularly assessed their performance in areas such as Accident and Emergency (A&E) attendances and emergency admissions. For example:

# Are services effective?

## (for example, treatment is effective)

- Between May 2014 and April 2015, an average of approximately 282 patients per 1000 attended the A&E department, compared to a CCG average of approximately 250 patients per 1000. The practice was ranked 39 out of 58 practices for A&E attendances. The practice noted residents in the area had historically been the highest attenders at the A&E department, and encouraged them to make use of the daily drop in clinics if they felt they needed urgent medical help.
- Between May 2014 and April 2015, an average of approximately 88 patients per 1000 attended the hospital as emergency admissions, which was similar to the CCG average. The practice was ranked 23 out of 59 practices for emergency admissions. Practice supplied data indicated an improvement between June 2015 and May 2016, where the practice was ranked eighth out of 58 practices in the CCG for emergency admissions relating to preventable conditions.

Vulnerable patients at risk of admission to hospital were managed proactively through the unplanned admissions register enhanced service. Under this service, all visit requests from patients on the register were triaged promptly and arrangements were in place to ensure they were seen as appropriate. Practice supplied data showed 66 patients had been entered on the register (2.1% of the practice population).

### Effective staffing

We saw staff had a range of skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff including locum doctors. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included protected learning time, computer based training, clinical supervision and

support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. However, there was no overall monitoring to ensure all training considered to be essential had been undertaken as appropriate when it became due given most staff worked part time and were likely to miss some protected learning training sessions.

### 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, 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 had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice, therefore sharing patient information occurred seamlessly.
- GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt, and patients were informed in a timely manner if the initiating GP was away from the practice.
- Staff told us they worked collaboratively and were supported by the community care coordinator, district nursing team and community matrons and met regularly to coordinate care. We saw evidence of collaborative working with the district nurses and community matrons, particularly for palliative patients using the Gold Standard Framework (GSF). Practice supplied data indicated there were 13 patients on the palliative care register and five of these had conditions not related to cancer.
- The Nottinghamshire Electronic Palliative Care Co-ordination Systems (ePaCCs) register and Special Patient Notes were used to ensure effective communication between agencies including the Ambulance Service and out of hours GP service.

# Are services effective?

## (for example, treatment is effective)

Vulnerable patients were discussed at the monthly multidisciplinary meetings attended by a GP, end of life nurse, community matron, social worker and care coordinator with actions recorded for each patient.

### 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

Staff were proactive in identifying patients who may be in need of extra support to live healthier lives and promote their health and wellbeing. For example:

- The practice held a recent open day to support healthier lives for patients, offering BP checks and lifestyle advice. Patients were offered telecare referrals through the care coordinator for managing blood pressure at home.
- Referrals were made to the local Recovery College for patients with anxiety and panic attacks.
- A common childhood illnesses booklet was available in the waiting area, which contained information for parents and carers of children on managing health at home and using the various health services.
- The practice offered NHS health checks and alcohol screening to encourage healthy lifestyles and early

detection of any potential long term conditions. In addition to this, the practice offered a range of services such as smoking cessation, family planning, asthma clinics and child health surveillance.

The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 81% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, in 2014/15 the proportion of patients who were screened for breast cancer in the previous 36 months was 75%, compared with a CCG average of 70% and a national average of 72%. The proportion of patients who were screened for bowel cancer in the previous 30 months was 50%, compared to the CCG average of 54% and the national average of 58%. The practice was aware of their performance and staff told us they were actively offering opportunistic checks when patients attended appointments for other reasons, in order to improve uptake.

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.

Childhood immunisation rates for the vaccinations given were slightly below CCG averages. For example, vaccination rates for children less than two years ranged from 79% to 93%, compared to the CCG average ranging from 91% to 96%. Vaccination rates for five year olds ranged from 90% to 92%, compared to the CCG average of 87% to 95%. Staff told us they had an active recall system and worked closely with health visitors on any non-attenders for immunisations.

Patients had access to appropriate health assessments and checks. 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

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

Staff told us they were high referrers to social prescribing, a scheme that provided social support to young and elderly patients to reduce isolation by inviting them to social clubs, coffee mornings and theatre trips. A scheme available for housebound patients to support them within their homes. One patient who had been referred via social prescribing had achieved positive health and wellbeing outcomes by losing weight and had become a mentor for other patients referred to the service. Practice supplied data indicated they had referred 39 patients in the last year (1.2% of the practice population) to the service.

We received 77 completed comment cards, 55 of which were positive about the care and attention received from the whole practice team. There was a common theme around staff being friendly and accommodating the needs of patients. There were 18 comment cards with mixed views, with a significant number of patients stating there were long waiting times for appointments and they did not feel listened to by the doctors. There were four wholly negative comments cards about staff attitude and waiting times for appointments.

Results from the national GP patient survey published in July 2016 showed patients satisfaction scores were mostly below local and national averages. For example:

- 72% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.

- 74% of patients said the GP gave them enough time, compared to the CCG average of 86% and national average of 87%.
- 72% of patients said the last GP they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 85% and national average of 86%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at listening to them compared to the CCG and national averages of 91%.
- 81% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 88% and the national average of 87%.

Previous GP patient survey results published in January 2016 showed the following:

- 64% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 72% of patients said the last GP they saw or spoke to gave them enough time, compared to the CCG and national average of 87%.
- 66% of patients said the last GP they saw or spoke to was good at explaining tests and treatments, compared to the CCG and national average of 86%.

GPs responded to patient feedback above by increasing appointment times from 10 minutes to 12 and 15 minutes. A whiteboard was placed in the waiting area to notify patients when the clinicians were running late. GPs told us they were continually trying to improve patient experience and hoped the recent recruitment of a nurse and additional GP would improve future survey results.

### Care planning and involvement in decisions about care and treatment

There were mixed views regarding how patients felt about being involved in decision making about the care and treatment they received. Whilst some patients told us they felt listened to and supported by staff, some felt they were rushed during consultations.



## Are services caring?

Patient feedback from the comment cards we received aligned with these views. Some patients felt referrals were made appropriately and they were educated in the management of their long term conditions. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly below local and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatment, which was below the CCG average of 85% and national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 83% 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 national average of 85%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatment, which was below the CCG and national average of 90%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.

Staff told us that translation services were available for patients who did not have English as a first language with the GPs also speaking a number of languages. Sign language services were available for deaf patients. Double appointments were provided for patients where an interpreter was involved.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 80 patients as carers (2.5% of the practice list). These patients were offered an annual physical examination, flu vaccinations and information about support groups. There were posters in the waiting room providing contact details for carers support groups.

Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone and offered bereavement support by visiting families and attending funerals where possible.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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 local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered a range of appointments which included telephone appointments, same day urgent and pre-bookable appointments. There were longer appointments available for patients who needed them and they were encouraged to request longer appointments if required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice liaised with the local acute visiting service for patients acutely unwell.
- The practice hosted clinics such as physiotherapy from the surgery premises. Patients were encouraged to self-refer to the service as well as smoking cessation advice, alcohol management, counselling, and weight management.
- Same day appointments were available for children and those with medical problems that required same day consultation with an on call doctor. Drop in baby clinics with the health visitor were offered on Mondays from 10am to 12 noon.
- Patients were able to receive travel vaccinations available on the NHS, and they were referred elsewhere for vaccinations only available privately.
- There were disabled facilities, including dedicated parking and easy access to a disabled toilet. Corridors and doors were accessible to patients using wheelchairs.
- The practice had signed up to provide all additional services offered through the Any Qualified Provider services commissioned by their CCG, to ensure all services were available for registered and non-registered patients. These included treatment room services and electrocardiography (ECGs: a process of recording electrical activity of the heart).

- They promoted the use of telehealth for managing blood pressure and weight at home. The practice referred patients to this service through the care coordinator.

### Access to the service

The practice was open between 8.30am and 6.30pm on Monday to Friday. Appointment times started at 9am and the latest appointment was offered at 5.50pm daily. In addition to pre-bookable appointments that could be booked up two weeks in advance for the GPs, urgent appointments were available for people who needed them. Patients could access appointments and request repeat prescriptions online. The practice used the electronic prescriptions service so that patients could collect their medicines directly from a pharmacy of their choice. The practice provided the extended hours service from 6.30pm to 7.30pm on Tuesdays.

Nurse appointments were available on Mondays and Tuesdays only, with no nurse available for the rest of the week. Health care assistant appointments started at 10am every day (except Thursdays when they commenced at 8.30am), and the latest appointment was offered at 5pm. Both nurse and health care assistant appointments could be booked up to four weeks in advance.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mostly below local and national averages.

- 38% of patients said they felt they didn't normally have to wait too long to be seen, compared to the CCG average of 55% and national average of 58%.
- 62% of patients described their experience of making an appointment as good, compared to the CCG and national average of 73%.
- 70% of patients were satisfied with the practice's opening hours, compared to the CCG average of 78% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 71% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 84% and the national average of 85%.

The results above concurred with feedback from patients we spoke to and the comment cards which indicated they

# Are services responsive to people's needs?

(for example, to feedback?)

had to wait for long periods of time for appointments. The practice had responded to this feedback by having a white board in the waiting area where waiting times were written to inform patients how long they had to wait. However, some patients stated they waited longer than stated on the white board. The GP partners told us they had been unable to fill vacancies for an additional GP and a nurse to enable them to reduce the waiting times for appointments. Following the inspection, we were informed that the practice had advertised the recruitment of an advanced nurse practitioner in order to increase the number of appointments available.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its 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 in the reception area.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. This was consistent with data from NHS England which showed there had been three complaints reported to them between April 2014 and March 2015, and none of them had been upheld. Feedback from staff indicated there was a low level of complaints from patients, and they did not record any verbal complaints which were addressed informally. Lessons were learnt from individual concerns and complaints, and actions were taken as a result to improve the quality of care. Apologies were given to people making complaints where appropriate. Complaints were discussed with the staff specifically involved in the complaints, and any learning was shared informally.



# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

The practice had a mission statement centred on providing high quality patient care in a non-judgemental setting, irrespective of ethnicity, religious belief or social background. This could be found on the front of the practice patient information leaflet. However, they did not have a documented business plan.

GPs told us they had faced significant challenges with recruitment; they were unable to fill a nursing vacancy after advertising it for a second time. A salaried GP had left earlier in the year and a replacement was yet to be found. GPs told us they planned to offer a partnership position to ensure succession planning, with both GP partners approaching retirement age. The GP partners had overseen the management of the practice for many years with some responsibilities delegated to a number of long serving staff. A practice manager had recently been appointed to work one day a week on an interim basis. Following the inspection, we were informed the practice was advertising to recruit a permanent practice manager and an advance nurse practitioner.

### Governance arrangements

The practice had some governance arrangements in place to support staff in undertaking their roles; however there was an absence of effective systems to enable proper oversight and governance of the service.

- There was a lack of clarity regarding staffing structure and staff roles within the practice. We found a number of policies stated the practice and/or acting practice manager as the responsible person, when there had not been a practice manager in post for many years.
- Staff were unclear about who was lead for areas such as infection control, and about some of their duties. For example, the fire safety policy had various members of staff given duties they were responsible for, with no single person responsible for overall accountability.
- The practice did not have effective arrangements in place to oversee training of staff to ensure essential training was undertaken at the recommended intervals,

given that most staff worked part time. There was a reliance on protected learning events led by the CCG and the practice had recently adopted computer based learning.

- We found that there had not been any practice team meetings held for nine months prior to the inspection. Staff told us they were not involved in discussions regarding the strategy of the practice including recruitment of staff. However, GPs told us any changes implemented or lessons learned were shared with ease directly and through email communications given that it was a small practice team.
- There was an appointed Caldicott Guardian within the practice responsible for protecting the confidentiality of patients and enabling appropriate information-sharing.
- Practice specific policies were implemented and were available to all staff on a computer shared drive.
- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement.

### Leadership and culture

GPs used their skills and experience from their surgical and gynaecology backgrounds to provide services in minor surgery and contraceptive services to registered patients. The GPs encouraged a culture of openness and honesty. Constructive challenges from patients, carers and staff were encouraged and complaints were acted on effectively. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept some written records and correspondence of complaints. However, they did not record verbal interactions.
- Staff told us they felt the GPs were approachable and they were able to talk to them easily. They did not feel that a hierarchical structure existed between them and the GPs.
- The GP partners looked at staffing issues and provided cover from within the practice during leave of absence. The practice used their own long term locums reducing the need for employing additional locum doctors.

# Are services well-led?

Inadequate 

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

However, staff told us they did not feel there were adequate clinical staff and had discussed this with the management, but had not been advised on any decisions made.

- There was no effective communication with staff through formalised and structured meetings to ensure all staff were aware of incidents, complaints and any learning observed as a team.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had a patient participation group (PPG), whom they actively engaged to review patient feedback in order to submit proposals for improvements to the practice management team. The PPG had a membership of approximately six members who met every two months with members of the practice team including the two GP partners. The PPG carried out their

own surveys and discussed the results at their meetings where an action plan was recorded by the practice administrator. For example, following a survey on how to improve waiting times, the practice agreed to have a white board in the reception area displaying the waiting times if clinical staff were running late. Information about the group was available in the reception area and a newsletter was used to communicate changes to other patients.

- Feedback from the PPG members we spoke to was positive about their involvement in the practice. Staff told us the PPG were involved in the endorsement of bowel cancer screening programme and the recently assisted the practice in hosting an open day held to promote health and wellbeing and raise money for charity.
- Feedback from staff was obtained through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## 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<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good governance was not operated as the provider did not have robust systems in place to assess, monitor and mitigate the risks relating to health, safety and welfare of service users.</p> <p>The provider failed to assess, monitor and mitigate risks in respect of:</p> <ul style="list-style-type: none"><li>• Ineffective fire safety arrangements</li><li>• Recruitment arrangements, specifically not including all necessary pre-employment checks for all staff</li><li>• Keeping adequate records in relation to staff training</li><li>• Ineffective communications with staff</li><li>• Failure to act on patient feedback.</li></ul> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |