

Stackyard Surgery

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?

Good



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 carried out an announced comprehensive inspection at Stackyard Surgery on 18 August 2016. Overall the practice is rated as requires improvement.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, significant events and maintenance of the cold chain.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 93% of patients who completed the July 2016 national patient survey said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 78% and the national average of 75%). 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 60% and the national average of 59%)
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Implement effective systems for the management of risks to patients and others against inappropriate or unsafe care. This should include arrangements for recording, analysing and acting upon significant events.
- Ensure vaccine refrigerators are checked and reset daily as per the practice policy.
- Ensure the relevant medicines are kept in place in the event of an emergency. For example, anaphylaxis.
- Address issues in regard to infection prevention and control. For example, spillage kits for bodily fluids and the purchase of cytotoxic sharps bins.

- Put in place Patient Group Directives for travel vaccinations.

In addition the provider should:

- Embed the new system for policies and procedures to ensure they are updated. For example, spillage of bodily fluids, referrals, reviewing and actioning of incoming post.
- Ensure discussions with staff in relation to any concerns are documented and kept within the member of staffs personnel file.
- Ensure that when staff had been identified as requiring further reviews and assessments of competence from their appraisal this takes place and is documented.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Fridge thermometers were not being checked and reset correctly on a daily basis to ensure that medicines were stored at the appropriate temperature. After the inspection the practice undertook further detailed analysis of the refrigerator's performance and found that the integrity and quality of the medicines had not been compromised'.
- Most of the systems in place for infection prevention and control were effective.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or slightly below average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had an uptake of 62% of those eligible for bowel screening which puts them 5th out of 19 practices within the SouthWest Lincs CCG.
- The practice had an uptake of 84% of those patients eligible for diabetic retinal screening which was above CCG and national averages.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice significantly higher in some aspects of care.
- Comments cards we reviewed told us that patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example, open access surgeries were available every weekday morning. The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Long Clawson Medical Practice locations. These appointments are for working patients who could not attend during normal opening hours.
- Comments cards we reviewed told us that patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice showed that patient's satisfaction with how they could access care and treatment was comparable or better than national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice takes part in the 'The Lions Message in a Bottle' scheme which encourages people to keep their basic personal and medical details in a common place where they can easily be found in an emergency.
- 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 and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- Stackyard Surgery is one of three locations in Vale Medical Group. The group is committed to preserve and enhance its good reputation for having a tradition and caring innovative practice.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had a governance framework in place but the systems and processes in place in regard to significant events were not effective.
- Dispensary significant events were not discussed at clinical team meetings and were not included in the annual review of significant events to ensure themes and trends were identified and lessons learned communicated widely enough to support improvement.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



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 provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of older people.

There were, however, a number of examples of good practice.

- 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.
- 19% of the practice population are over 64 and 7% over 74 years of age.
- The practice employed a qualified nurse as a care co-ordinator who liaised with other agencies in the care of older people.
- The practice had a care co-ordinator who provided support to patients at risk of an unplanned hospital admission and losing their independence. They worked with multi-disciplinary teams, for example social services, the Neighbourhood team and Lincolnshire Well-being service to support the care of older people. They had completed care plans for 2 % of patients who had been assessed as being at risk which was the required national target.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 75.8% which was 10.4% below the CCG average and 8% below the national average. Exception reporting was 1.8% which was 2.1% below the CCG average and 2% below national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 93.8% which was 0.9% above the CCG average and 0.3% the national average. Exception reporting was 11.1% which was 2.3% above the CCG average and the same as the national average.

Requires improvement



Summary of findings

People with long term conditions

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of people with long-term conditions.

There were, however, a number of examples of good practice.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 23% of the practice population have a long term condition.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 82.8% which was 9.7% below the CCG average of and 8.8% below the national average. Exception reporting was 4.2% which was 1% below both the CCG average and national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was 71.2% which was 6.8% below the CCG average and 4.1% below the national average. Exception reporting was 2.6% which was 2.8% below the CCG average and 4.9% below national average.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Longer appointments were available. 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.
- 81% of patients have received a medication review for polypharmacy (on four medicines or more).

Requires improvement



Families, children and young people

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of families, children and young people.

There were, however, a number of examples of good practice.

- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- The practice have an information board and young person's leaflet available.
- 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.
- 22% of the practice population are under 18 years of age.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds 100%.
- The practice's uptake for the cervical screening programme was 82%, which above the CCG average of 71% and the national average of 74%.

Working age people (including those recently retired and students)

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of working-age people (including those recently retired and students).

There were, however, a number of examples of good practice.

- 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.
- 62% of the practice population are of working age.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice website was relaunched in June 2016 to coincide with the national PPG awareness week. The new website will also promote the PPG Health Fair planned for October 2016 where all members of the local community are welcome. This will offer BP & cholesterol checks, healthy eating advice, counselling advice, NHS listening booth, physiotherapy, exercise groups along with many tables promoting other local voluntary organisations.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of people whose circumstances may make them vulnerable.

There were, however, a number of examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 100% of patients with a learning disability had received at least one review in the last 12 months.
- The practice provide support to Dove Cottage Day Hospice. This is a hospice which provides palliative day care to those people living in NE Leicestershire, Rutland and SE Nottinghamshire.
- 100% of patients on the palliative care register had received at least one review in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

There were, however, a number of examples of good practice.

- 89% of patients with depressions had their care reviewed in a face to face meeting in the last 12 months.

Requires improvement



Summary of findings

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average/ worse than the national average.
- 75% of patients diagnosed with a mental health condition had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example, steps2change counsellors.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, steps2change counsellors.

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 in line with local and national averages.

202 survey forms were distributed and 115 were returned. This represented 6.6% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 93% 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 86% and the national average of 85%.

- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%).
- 93% 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 78% and the national average of 75%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received.

All the comments cards we reviewed told us that the service was excellent with time given to listen. Treated by professionals with compassion and understanding. Staff were pleasant, efficient, caring and considerate. Receptionists were excellent and were extremely helpful.

Areas for improvement

Action the service **MUST** take to improve

- Implement effective systems for the management of risks to patients and others against inappropriate or unsafe care. This should include arrangements for recording, analysing and acting upon significant events.
- Ensure vaccine refrigerators are checked and reset daily as per the practice policy.
- Ensure the relevant medicines are kept in place in the event of an emergency. For example, anaphylaxis.
- Address issues in regard to infection prevention and control. For example, spillage kits for bodily fluids and the purchase of cytotoxic sharps bins.

- Put in place Patient Group Directives for travel vaccinations.

Action the service **SHOULD** take to improve

- Embed the new system for policies and procedures to ensure they are updated. For example, spillage of bodily fluids, referrals, reviewing and actioning of incoming post.
- Ensure discussions with staff in relation to any concerns are documented and kept within the member of staffs personnel file.
- Ensure that when staff had been identified as requiring further reviews and assessments of competence from their appraisal this takes place and is documented.

Stackyard Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stackyard Surgery

The Stackyard Surgery is based in the Vale of Belvoir at Croxton Kerrial. It has approximately 1,750 patients. The practice's services are commissioned by SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG). The practice are the second smallest surgery within the CCG and pride themselves on being friendly and approachable.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

At the Stackyard Surgery the service is provided by two GP partners (male) and three salaried GPs (two female and one male), one deputy practice manager, one practice nurse, one health care assistant, two receptionists, two dispensers, three medical secretaries and one cleaner.

The practice is part of Vale Medical Group which has three locations registered with the Care Quality Commission (CQC):-

Long Clawson Medical Practice, The Surgery, The Sands, Long Clawson, Melton Mowbray, Leicestershire. LE14 4PA

The Stackyard Surgery, 1 The Stackyard, Croxton Kerrial, Grantham, Lincolnshire. NG32 1QS

Woolsthorpe Surgery, Woolsthorpe by Belvoir, Grantham, Lincs. NG32 1LX

The three practices are called the Vale Medical Group. The practice had a new website which had been redeveloped. www.valemedicalgroup.nhs.uk The new website was launched in conjunction with National Patient Participation Group week in June 2016. The website enabled patients to find out a wealth of information about the healthcare services provided by the practice.

The location we inspected on 18 August 2016 was The Stackyard Surgery, 1 The Stackyard, Croxton Kerrial, Grantham, Lincolnshire. NG32 1QS

The Stackyard Surgery was open between 8.00am to 1pm Monday to Friday and 1.30pm to 6.30pm Monday, Tuesday, Thursday and Friday. Wednesday 8am to 1pm.

The practice had a mixture of booked appointments and open access appointments from 8am to 11am every day with appointments with a GP, nurse, health care assistant and a phlebotomist.

GP appointments were available every afternoon from 3.30pm to 5.20pm Monday to Friday.

Telephone consultations were available after morning surgery from 12 till 1pm. Home visits were also available on the day. Urgent appointments were also available for people that needed them.

Appointments can be booked up to three months in advance.

The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three locations within the Vale Medical Group. These appointments were for working patients who could not attend during normal opening hours.

Detailed findings

The Stackyard Surgery had a dispensary which was open Monday to Friday 8am to 1.30pm and 2pm - 6.30pm Monday, Tuesday, Thursday and Friday.

The dispensary provides prescription medicines only for patients who are registered at the practice and live more than one mile away. They have a medicines delivery service in place for patients registered with the practice.

The practice had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust. There were arrangements in place for services to be provided when the practice is closed and these are displayed on the practice website.

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 18 August 2016.

During our visit we:

- Spoke with a range of staff and spoke with a patient who used the service.
- 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 did not have an effective system in place to ensure that incidents were recorded, investigated and reviewed in a consistent manner. 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). Although the staff were aware of their responsibilities to raise concerns we could not be assured on the day of the inspection that all staff were aware of what incidents to record as significant events. Therefore we could not be assured that the practice could evidence a safe track record over the long term.

We asked to look at significant events for the Stackyard Surgery. We were told that they had not had any over the last 12 months. We looked at minutes of a practice meeting which took place on 22 June 2016 and found one incident discussed but an incident form had not been completed and no record of any investigation had been documented. We saw minutes of a meeting from 2 August 2016 where a significant event for the Stackyard surgery had been discussed but no significant event form had been completed.

We found four examples of near misses and complaints which fitted the criteria as per the practice significant event policy which had not been reported and investigated as significant events. For example, wrong strength of medicine added to a prescription following a fax to the practice and wrong test requested for a urine sample.

The practice did not have an effective system in place where serious medication incidents or near-miss dispensing errors were raised as significant events and were recorded in line with the practice standard operating procedure (SOP). For example, wrong strength of a medicine given to a patient. Therefore the practice had a system in place but evidence demonstrated that it was not consistent.

A DSQS (Dispensary Services Quality Scheme, a national scheme that rewards practices for providing high quality services to patients of their dispensary) audit had been

carried out for the Stackyard Surgery on 4 March 2016. It identified a number of actions that needed to take place. For example, prescribing errors to be raised as a possible significant event and documented accordingly. Errors and near misses to be reviewed on a two monthly basis with a pharmacist to establish any common themes and training needs. We did not see any evidence of this on the day of the inspection.

The practice carried out a significant event review to ensure themes and trends were identified from the significant events within the practice but had not included the significant events from the dispensary. We spoke with the practice manager who told us that the process for discussing all significant events to include the dispensary had been reviewed and updated. Significant events for the dispensary would also be discussed at meetings and included in the yearly review.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, home blood glucose monitoring and synthetic cannabis use.

Overview of safety systems and processes

The practice did not have effective systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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 and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to Level 2.

Are services safe?

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. 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. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice did not have a kit for the spillage of bodily fluids, for example, vomit. We spoke with the management team who immediately order one. The practice policy for dealing with spillage of bodily fluids had not been updated since March 2014. We found that the practice had containers for the disposal of sharps. However they did not have the appropriate container for the disposal of cytotoxic sharps but they immediately ordered one.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.
- We checked medicines stored in the treatment rooms and medicine refrigerators. We found they were stored securely and were only accessible to authorised staff. However we found a lack of systems and processes in place to ensure fridge temperatures and thermometers were being checked and reset on a daily basis to ensure that medicines were stored at the appropriate temperature in line with the practice policy. For example, for the small fridge for the 6th, 15th, 18th, 20th and 27th July 2016 no temperature was recorded. On the 7th and 8th July 2016 the maximum temperature was 9 and the 28th and 29th July 2016 the maximum temperature was 14. Maximum temperatures should not be above 8 degrees celsius as set out in recommended guidelines. The practice had purchased data loggers which had been put in use from 1 August 2016. A data logger is a self-contained, miniature computer that continuously monitors refrigerator temperature, records the temperature at pre-set intervals and stores the data until it is downloaded to a standard computer. Manufacturer's guidance we reviewed recommend the data logger be set to record at regular intervals throughout each 24 hour period, for example every 15 minutes. We found that the data loggers had been set to record the temperature every 12 hours. On the day of the inspection the practice downloaded the data from the data loggers and found that for the days in August 2016 so far the temperatures had been within recommended limits. However for the months previous to our inspection this could not immediately be assured. After the inspection the practice undertook further detailed analysis of the refrigerator's performance and found that the integrity and quality of the medicines had not been compromised. We also found that staff we spoke with were not competent in the resetting of the fridges after temperature readings had been taken. Therefore the practice could not demonstrate the integrity and quality of the medicines were not compromised. We ensured that training was given and the staff involved felt competent to complete this task on a daily basis or as required.
- The practice had a cold chain policy and it detailed the action to take in the event of a potential failure. However this had not been followed for any of the dates when the fridge temperatures had gone above the recommended temperature of 8 degrees Celsius. The practice have since re-appraised their cold chain policy to ensure that the future integrity of medicines is ensured.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However we found on the day of the inspection we found that the nurses who administered travel vaccinations did not have the appropriate PGDs in place which meant they were given without having the appropriate documentation in place. We spoke with the nurse lead and advised that until a PGD is written they must use an assessment form which is signed by a GP before the vaccination is given.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.
- There was a superintendent pharmacist and a named GP responsible for the dispensary. We saw records showing that all dispensary staff had received appropriate training and held qualifications in line with the requirements of the DSQS (Dispensary Services Quality Scheme, a national scheme that rewards practices for providing high quality services to patients of their dispensary).
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- Records showed that dispensary fridge temperatures were checked daily within the dispensary which ensured medications was stored at the appropriate temperature to remain effective and safe.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Processes were in place to check medicines in the dispensary were within their expiry date. All the medicines we checked were in date and stored appropriately, we saw that the dispensary was secure and access controlled.
- We saw that blank prescription forms and prescription stationary were handled by dispensary staff in accordance with national guidance and that serial numbers were recorded on receipt into the practice.
- Systems were in place to ensure all repeat prescriptions were signed before the medicines were dispensed and handed out to patients. Dispensary staff were aware of how to identify when a medication review was due and explained that they would alert the relevant GP before issuing the prescription if the review was out of date.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

However we found that when management had discussed any areas of concern with a member of staff there were no notes of the discussion in the staff file. We spoke with the management team who told us they would put a system in place to ensure that any future discussions were recorded.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills.
- 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).
- The practice had a variety of other individual risk assessments in place to monitor safety of the premises such as slips, trips and falls, manual handling electrical equipment, display screen equipment and window blind cords.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- 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. However we found that the box for the treatment of anaphylaxis did not contain any of the

Are services safe?

recommended medicines. We spoke with the management team who told us they would look at best practice and make a decision on what to keep in the case of emergencies.

- 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 assessed needs and 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. For example, diabetes and asthma.
- The practice monitored that these guidelines were followed through 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 were 86% of the total number of points available, with 5.3% exception reporting which was 3.1% below CCG average and 3.9% below national average. (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). However we looked at the current results for 2015/16 which had not yet been published and found that the practice performance had now improved greatly and they had achieved 95%. The management team told us this was due to the work of the Vale Medical Group team which took over the contract in April 2015.

The exception reporting for a number of QOF targets was above CCG and national average.

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg

or less was 82.8% which was 9.7% below the CCG average of and 8.8% below the national average.

Exception reporting was 4.2% which was 1% below both the CCG average and national average.

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was 71.2% which was 6.8% below the CCG average and 4.1% below the national average. Exception reporting was 2.6% which was 2.8% below the CCG average and 4.9% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 75.8% which was 10.4% below the CCG average and 8% below the national average. Exception reporting was 1.8% which was 2.1% below the CCG average and 2% below national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 93.8% which was 0.9% above the CCG average and 0.3% the national average. Exception reporting was 11.1% which was 2.3% above the CCG average and the same as the national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% which was 10.39% above the CCG average and 16% above the national average. Exception reporting was 0% which was 7.3% below the CCG average and 8.3% below national average.

The practice was aware of all the areas where performance was not in line with national or CCG figures and the GPs told us they intended to address them. Since April 2016 they had changed the system for the recall of patients. They were now asking patients to attend once a year and have a full review of all long term conditions at the same appointment.

Exception reporting was undertaken by the partners at the practice. On the day of the inspection the partners were able to demonstrate a clear rationale for clinically appropriate exception reporting based upon national guidance.

There was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- There had been five clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored. For example, reviews of patients with diabetes had improved from 50% in 2013 to 72% in 2016.
- The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. The practice were relatively low prescribers for antibacterial prescribing in comparison to the CCG. The practice was 1.054 which was slightly higher than the CCG average of 1.022.
- We saw evidence that the practice were good in relation to the prescribing of selected antibiotics in comparison to the CCG. The practice was 17% which was higher than the CCG average of 10.5%.
- Information about patients' outcomes was used to make improvements. For example, the practice had looked at the use of aspirin for stroke in patients with Atrial Fibrillation (AF). National guidance was set at 95% of patients should be on anticoagulation medicines. Currently 80% of patients registered with the practice were on anticoagulation medicines. The guidance also identified that 100% of patients with AF should have yearly review. Figures for the practice identified that 96% of patients had received a yearly review.
- The practice had reviewed data from the CQC intelligence monitoring pack. It draws on existing national data sources and included indicators which covered a range of GP practice activity and patient experience, for example, the QOF and the National patient survey. The practice had a lower than national average of patients with diabetes in whom the last blood pressure reading in the preceding 9 months was 140/90 or less. We were told and we saw the evidence that the practice had been proactive in looking at the data provided by the CQC intelligence monitoring pack and had improved the percentage of patients from 50.6% to 69%.
- The practice had an induction programme for all newly appointed staff. 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, 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 competence. 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 attending CCG updates.
- Staff had access to training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring, informal clinical supervision and facilitation and support for revalidating GPs. Staff whose files we looked had received an appraisal within the last 12 months. Dispensary staff told us that they were appraised annually and that this appraisal assessed their competency to work in the dispensary. Records showed that all members of staff had received training appropriate to their role. However we found that when staff had been identified as requiring further reviews and assessments of competence this had not taken place.
- The practice had a training matrix in place to identify when training was due which enabled the practice manager to be assured that all their learning needs of staff had been identified. We saw that staff had access to and most had made use of e-learning training modules and in house training. This training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- The practice had protected learning time every two months. These dedicated training sessions allow GP practice staff the opportunity to close for the afternoon to learn about the most up to date information on particular subjects which underpin the key priorities for healthcare. For example, antibiotic prescribing, updates on infection control and staff training.

Effective staffing

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

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.

Are services effective?

(for example, treatment is effective)

- 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.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- The care co-ordinator worked closely with the Neighbourhood Team (a CCG initiative) who identified those most at risk of health and social care problems. The team decide how best to manage their needs, with the patient being at the centre of that decision making process wherever possible. The team brought together local health and social care professionals from different specialties (who may have been looking after the same patient individually) into a single patient-focused team.

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.
- We saw evidence of consent for patients who had undergone cervical screening and minor surgery.

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.

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 82%, which above the CCG average of 71% and the national average of 74%. The practice contacted patients by letter to remind patients who did not attend for their cervical screening test.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had an uptake of 62% of those eligible for bowel screening which ranked them 5th out of 19 practices within the SouthWest Lincs CCG. The practice had an uptake of 80% of those eligible for breast screening compared to the CCG average of 76% which ranked them 4th out of the 19 practices within the CCG.
- The practice had an uptake of 84% of those patients eligible for diabetic retinal screening which was above CCG and national averages.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds 100%.
- 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.

Are services caring?

Our findings

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 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent and often exceptional service. Staff were pleasant, efficient, caring and considerate and treated them with dignity and respect. Many comments cards described how the receptionists went above and beyond to ensure that patients were well looked after when they attended the practice.

We spoke with a member of the patient participation group (PPG). They also told us they were extremely 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 July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% 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 85%.
- 94% 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%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Comments cards we reviewed told us that patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and well supported. Sufficient time was given during consultations to make an informed decision about the choice of treatment available to them.

Results from the July 2016 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 above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% 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 area informing patients this service was available.

Are services caring?

- 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. The practice had identified 26 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP had sent their family a condolence card.. The card was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Open access appointments along with pre-booked appointments were available every weekday morning.
- The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Long Clawson Medical Practice locations. These appointments were for working patients who could not attend during normal opening hours
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. For example, yellow fever.
- The practice took part in the 'The Lions Message in a Bottle' scheme which encourages people to keep their basic personal and medical details in a common place where they can easily be found in an emergency.
- The practice provide support to Dove Cottage Day Hospice. This is a hospice which provides palliative day care to those people living in NE Leicestershire, Rutland and SE Nottinghamshire. One of the GPs took part in a bi-annual fund raising quiz to raise funds for patients who attend this day hospice.
- The practice worked closely with the Neighbourhood Team (A CCG initiative) who identified those most at risk of health and social care problems and decide how best to manage their needs, with the patient being at the centre of that decision making process wherever possible. The team brought together local health and social care professionals from different specialties (who may have been looking after the same patient individually) into a single patient-focused team.

- There were disabled facilities and translation services were available if required.

Access to the service

The Stackyard Surgery was open between 8.00am to 1pm Monday to Friday and 1.30pm to 6.30pm Monday, Tuesday, Thursday and Friday. Wednesday 8am to 1pm.

The practice had a mixture of booked appointments and open access appointments from 8am to 11am every day with appointments with a GP, nurse, health care assistant and a phlebotomist.

GP appointments were available every afternoon from 3.30pm to 5.20pm Monday to Friday.

Telephone consultations were available after morning surgery from 12 till 1pm. Home visits were also available on the day. Urgent appointments were also available for people that needed them. Appointments can be booked up to three months in advance.

The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Long Clawson Medical Practice locations. These appointments were for working patients who could not attend during normal opening hours.

The Stackyard Surgery had a dispensary which was open Monday to Friday 8am to 1.30pm and 2pm - 6.30pm Monday, Tuesday, Thursday and Friday.

Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%).

Comments cards we reviewed on the day of the inspection that patients were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- 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. Information was available on the practice website and in a complaints summary leaflet available in the reception area.
- Vale Medical Group had received four written complaints in the last 12 months but none were in

relation to the Stackyard Surgery. Four verbal complaints received were in relation to the Stackyard Surgery. One verbal complaint we looked at in regard to a urine sample fitted the criteria for a significant event. We spoke with the management team who told us they would complete a significant event form. We looked at two further verbal complaints and found these had been handled in a timely way and apologies had been given when necessary. Lessons were learnt from these concerns and complaints and action had been taken to as a result to improve the quality of care. For example, the practice registration process.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

Stackyard Surgery is one of three locations in Vale Medical Group. The group are committed to preserve and enhance its good reputation for being a tradition of caring and innovative practices.

The practice had strategy and supporting business plans in place which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework in place but some systems and processes in place were not effective.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- The practice could not easily demonstrate that the integrity and quality of medicines within the vaccine refrigerators were not compromised.
- Most Patient Group Directions were in place with the exception of travel vaccinations.
- Staff files were well organised but we found some gaps in documentation following discussions with staff following a concern and when staff had been identified as requiring further reviews and assessments of competence from their appraisal.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

- In September 2015 the practice had a visit from the Arden and Greater East Midlands Commissioning Support Unit. They carried out a stage three assessment in regard to the practice standards for patient records and the systems in place to ensure they had the appropriate safeguards in place in regard to record sharing and security within General Practice. The Stackyard surgery were given 99% out of a 100% for the assessment and were praised for their extremely high standard of data quality.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

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
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us and we saw evidence that the practice held regular team meetings. For example, clinical, team and partner meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the management team.

Are services well-led?

Requires improvement 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), family and friends testing (FFT) and through surveys and complaints received.
- The PPG at the Stackyard Surgery met regularly. They were also part of the Vale Medical Group PPG where all three PPGs met and discussed areas that they could support the practice to improve. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the production of practice guides for local and national support groups to provide patients with information on who to contact for support.
- The practice had undertaken a review of the January 2016 national patient survey. The results were positive. The one area of concern raised by patients was in regard to booking of appointments on line. The practice had an action plan in place to promote the online services by displays in the waiting room and information on new patient registration forms.
- The practice encourages on-going feedback from patients and staff and regularly audit the quality of care they provide. It had undertaken a review of patient feedback from a patient survey completed in January

2015. Overall the results were extremely positive. One area for improvement was the promotion of online services. The practice will continue to monitor this area to see if any improvements can be made.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

- The practice engaged with the wider community. They had a Patient Participation Group (PPG) Health fair planned for October 2016 in conjunction with the other practice surgeries at Long Clawson and Woolsthorpe by Belvoir. It's focus will be on health promotion and there will be exhibitors there in preventing illness and promoting healthy lifestyles.
- The practice had relaunched its website in conjunction with National Patient Participation Group week in June 2016. The new website will also promote the PPG Health Fair planned for October 2016 where all members of the local community are welcome. This will offer BP & cholesterol checks, healthy eating advice, counselling advice, NHS listening booth, physiotherapy, exercise groups along with many tables promoting other local voluntary organisations.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was in breach of regulation 12(1)(2)(b)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	