

# Dr Rex Obonna

## Inspection report

Southwick Health Centre  
The Green, Southwick  
Sunderland  
Tyne and Wear  
SR5 2LT  
Tel: 01915026710  
[www.obonnagp.nhs.uk](http://www.obonnagp.nhs.uk)






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

## Ratings

### Overall rating for this location

Good 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating July 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Rex Obonna on 3 July 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. However, there were some areas where the practice needed to make improvements. This included the management of high-risk medicines and the management of health and safety at the practice.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients reported that they were treated with dignity and respect, involved in decisions about their care and treatment and able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

- At our previous inspection in July 2016, we told the provider that they should make improvements in some areas. We saw at this inspection improvements had been made. The practice had improved their approach to clinical audit and taken steps so that patients could see a female GP if they wished to. Improvements could still be made in how they shared learning from significant events but some improvements had been made.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients. See the requirement notice at the end of the report for further details.

The areas where the provider **should** make improvements are:

- Improve the system used to record shared learning from complaints and significant events.
- Evaluate and improve the systems for the referral of patients with suspected cancer and the process in place for reviewing patients once diagnosed.
- Review the arrangements for the patient participation group to encourage and act upon feedback from the group.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

## Background to Dr Rex Obonna

Dr Rex Obonna is registered with the Care Quality Commission to provide primary care services for around 1,900 patients. The practice is part of Sunderland clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following address, which we visited during this inspection:

- Southwick Health Centre, The Green, Southwick, Sunderland, Tyne and Wear, SR5 2LT.

The practice maintains a website: [www.obonnagp.nhs.uk](http://www.obonnagp.nhs.uk)

The practice is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury


The practice is based in purpose-built premises in Sunderland that are shared with two other GP practices and external healthcare services. All the practices' services are provided on the ground floor and consultation rooms are fully accessible. There is on-site parking and disabled parking.

Patients can book appointments in person, on-line or by telephone. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care.


The practice has one GP (male), one practice nurse (female) and one health care assistant (female). They also employ a practice manager and, four staff who undertake administrative or reception roles. The practice told us that if a patient requested an appointment with a female GP they could see a female GP at a practice in the same building.

Information taken from Public Health England placed the area in which the practice is in the most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 76 years, which is three years lower than the England average and the average female life expectancy is 80 years, which is also three years lower than the England average. 97.8% of the practice population are white, 0.6% are mixed race, 1.2% are Asian, 0.3% are black and 0.1% are from other races.

The proportion of patients with a long-standing health condition is above the national average (60% compared



to the national average of 54%). The proportion of patients, who are in paid work or full-time employment, or education, is below the national average (55% compared to the national average of 62%).



The practice had displayed their CQC ratings from the July 2016 inspection, in the practice reception area and on their website, in line with legal requirements.

# Are services safe?

## We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- The arrangements to monitor patients who were prescribed high-risk medicines were not always effective.
- The practice's system to monitor and record health and safety was not effective and fire safety records were incomplete.

## Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The practice did not check the clinical registration of the nurse on a regular basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

There were some systems for appropriate and safe handling of medicines but improvements could be made.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The practice's process for the management of high-risk medicines did not always include appropriate monitoring and clinical review prior to prescriptions being issued. The practice did not hold a register of patients on high-risk medicines or have a practice protocol that ensured their appropriate prescribing and monitoring.

# Are services safe?

## Track record on safety

The practice's processes to monitor safety for staff and patients were not effective.

- The practice monitored and reviewed safety using information from a range of sources. However, they did not have an effective process that assured them that risks to staff and patients that related to fire safety and health and safety at the practice were managed and monitored. The practice did not have a health and safety risk assessment. An initial assessment that had been completed in May 2016 had identified areas of concern but we saw no evidence that these had been followed up.

## Lessons learned and improvements made

The practice and staff told us they learned and made improvements when things went wrong, however, there was limited documentation to support this.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. Staff told us the practice learned and shared lessons, identified themes and took action to improve safety in the practice. We looked at the practice's significant event records and saw that they did not always record the lessons learned and the actions to be taken by the practice to ensure the event did not happen again.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services overall except for the working age people (including those recently retired and students) population group which we rated as requires improvement .**

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long-term conditions was in line with local and national averages. The practice's exception reporting rate for some quality indicators was varied. We asked the practice about this, they were not able to explain why this was.

### Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's performance in relation to the detection and monitoring of cancer was lower than average.
- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme. The practice told us they promoted cervical screening and carried out tests opportunistically when it was appropriate.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice told us they promoted these screening programmes.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

# Are services effective?

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances. For example, homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages. However, for two of the indicators we looked at the practice's exception reporting rate was above local and national averages. The practice was not able to explain why this was.

## Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The most recent published Quality Outcome Framework (QOF) results for 2016/2017 showed overall, the practice achieved 95.3% of the total number of points available, compared to the CCG and England average of 97%. The overall exception reporting rate was 4.7% compared to the CCG average of 6.2% and the England average of 5.7% (Exception reporting is the removal of patients

from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community



## Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may have been vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may have been in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP Patient Survey results for the GP were below local and national averages for questions relating to kindness, respect and compassion. The practice was aware of this issue, they told us the that GP was aware of the need to improve in this area.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP Patient Survey results were below local and national averages for questions relating to involvement in decisions about care and treatment for consultations with the GP. The practice was aware of this issue, they told us the that GP was aware of the need to improve in this area.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**DWe rated the practice, and all of the population groups, as good for providing responsive services**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Additional services such as travel vaccinations, contraceptive advice and minor surgery were available.

### Older people:

- As the practice only had one GP all patients had the same named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. Patients over the age of 75 were offered an annual general health check.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered pneumonia immunisations for older people.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of two were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the patients had access to extended hours appointments seven days a week as part of the local extended access scheme.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances. For example, homeless people, travellers and those with a learning disability. The practice could demonstrate that they were responsive to those patients and ensured that they registered at the practice.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

## Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

## Are services responsive to people's needs?

- The practice's GP Patient Survey results were above local and national averages for questions relating to access to care and treatment.
- Patients told us that the appointment availability at the practice was excellent.

### **Listening and learning from concerns and complaints**

The practice told us they took complaints and concerns seriously, however, we found that improvements could be made.

- The practice did not always record the actions they had taken following a complaint.

- The practice displayed information about how to make a complaint, raise a concern or record a compliment about the practice. However, while a form to record compliments was readily available in the waiting area there was no equivalent form for patients or carers to record complaints. This was not in line with the practice's complaints policy.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The objectives in the action plan were not updated.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

## Managing risks, issues and performance

There was some clarity around processes for managing risks, issues and performance.

- The process to identify, understand, monitor and address current and future risks including risks to staff and patient safety required review. In particular, the arrangements for monitoring health and safety, as this required coordination with an external provider of these services.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

## Are services well-led?

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services, however, the arrangements to involve patients could be improved.

- The practice told us that they now had a virtual patient participation group. The practice was unable to demonstrate that they had in regular contact with the group to gather the views of patients on the performance of the practice or the services offered.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Staff told us the practice learned and shared lessons, identified themes and took action to improve safety. However, when we looked at the records of the practice's significant events and complaints we saw that these did not always record the lessons learned and the actions to be taken to ensure the event did not happen again.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: On the day of the inspection the practice did not have a health and safety assessment. The practice did not have a system that monitored the completion of health and safety responsibilities carried out by external providers. There was no proper and safe management of medicines. In particular: The process for the management of medicines including high risk medicines did not always include appropriate monitoring and clinical review prior to prescriptions being issued. The practice did not have a formal register of patients on high risk medicines or a practice protocol that ensured their appropriate prescribing and monitoring. This was in breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>