

Enderley Road Medical Centre

Quality Report

41-45 Enderley Road
Harrow Weald
Harrow
Middlesex
HA3 5HF

Tel: 020 8863 3333

Website: www.enderleyroadmedcentre.co.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 service

Good 

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?

Good 

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 Enderley Road Medical Centre on 5 February 2015. The overall rating for the practice was good. However, the practice was rated as requires improvement for providing safe services. The full comprehensive report on the February 2015 inspection can be found by selecting the 'all reports' link for Enderley Road Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken to check the provider had taken the action we said they must and should take and was an announced comprehensive inspection on 20 July 2017. Overall the practice is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these

risks were not implemented sufficiently in all respects to ensure patients were kept safe. Several shortcomings identified at our previous inspection had been addressed but some action had not been implemented in full and some additional shortcomings were found.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Not all patients we spoke with said they found it easy to make an appointment with a named GP but the practice was taking action to improve access to appointments.
- The practice had the facilities and equipment to treat patients and meet their needs.

Summary of findings

- 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.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients. In particular: to do all that is reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment associated with: infection prevention and control (particularly with regard to legionella); the proper and safe management of medicines (relating to vaccine storage); the safe use of premises and

equipment (regarding electrical safety checks and fire risk assessment and monitoring systems); and in ensuring sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to deliver a safe service, (specifically relating to training in fire safety and basic life support).

In addition the provider should:

- Keep the practice's action plan to improve patient access to appointments under close monitoring and review.
- Strengthen governance arrangements regarding performance monitoring to ensure ongoing shortcomings in providing safe services and access to appointments are addressed.

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.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented sufficiently in all respects to ensure patients were kept safe:

- There was some lack of clarity over which member of staff was the infection prevention and control (IPC) lead. There was no written policy regarding Legionella. An external Legionella risk assessment had been completed in September 2015 but had been put on hold pending refurbishment of the practice and no remedial action had been taken for a number of risks identified.
- Vaccination fridge temperatures had exceeded the required range on four occasions and there was no evidence of any action taken. In addition, the vaccine storage policy was not kept by the fridges to guide staff in the event of a breach and it was not clear which temperature monitoring records applied to which fridge.
- The last fire risk assessment was completed in 2013 and an up to date assessment had only recently been booked.
- Emergency lighting checks carried out monthly were now recorded. However, there were gaps in the records completed.
- There were regular fire evacuation drills but their outcome was not recorded. There was some uncertainty over who were the designated fire marshals within the practice and, apart from initial induction, staff had not received fire safety training updates.
- A five year electrical safety check of the premises was last completed in May 2012 and was therefore overdue; there was no CO2 monitor by the boiler in the staff toilet; the storage cupboard on the ground floor lacked appropriate signage for the storage of nitrogen and oxygen.
- All staff received basic life support training, although this took place 18-monthly rather annually in accordance with national guidance.
- The practice had a comprehensive business continuity plan for major incidents. However, it did not set out any arrangements with another health provider in the event of premises being inoperative and no copy of the plan was stored off-site.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

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 broadly in line with others for several aspects of care.
- Survey information we reviewed showed that patients said 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 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 understood its population profile and had used this understanding to meet the needs of its population. For example, the practice participated in the CCG Enhanced Practice Nurse (EPN) pilot which supported a whole system integrated care initiative.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said it was not always it easy to make an appointment with their GP. However, the practice had put in place an action plan to improve access to appointments in response to patient feedback.
- The practice had the facilities and equipment to treat patients and meet their needs. A refurbishment project was under way to improve the practice environment.

Good



Summary of findings

- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework was in place to support the delivery of the strategy and good quality care, including arrangements intended to monitor and improve quality and identify risk. However, these arrangements needed to be strengthened to ensure ongoing shortcomings in providing safe services and access to appointments are addressed.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, there were weekly complex case meetings working with district and palliative nurses, as well as the local 'virtual ward' team.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice supported local nursing home residents through twice-weekly ward rounds.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. There were regular clinics for diabetes, COPD and asthma and the practice worked with community specialist nurses.
- QOF performance for Diabetes related indicators was above average: 100% compared to the CCG average of 88% and national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Good



Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. The most vulnerable had individualized care plans.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the clinicians worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, there was close liaison with the health visitor with a scheduled meeting fortnightly to discuss families identified in the practice as vulnerable as well as those on the practice safeguarding register.
- The practice reviewed all antenatal care self-referrals to ensure vital medical and safeguarding issues passed to maternity teams. They have close liaison with the health visitor with a scheduled meeting fortnightly to discuss families identified in the practice as vulnerable as well as those on the practice safeguarding register.
- Immunisation uptake rates for the standard childhood immunisations were below national targets based on the latest published data. The practice was aware of this and had a surveillance and recall system to follow up with families to encourage improved uptake.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Flexible postnatal mother-and-baby appointments were available.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of these populations 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, extended opening hours.
- 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. For example, there was email access for doctor advice as well as prescription requests and support which was actioned daily. Text message reminders were also used for appointments.
- The practice carried out regular health promotion via its website, newsletter, electronic noticeboard and a Harrow Health 'app'.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice carried out proactive screening of young migrants for tuberculosis, with blood tests.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice took part in the shared care substance misuse program and worked with local pharmacies to ensure medication was delivered in a timely manner to those that need this service.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. A practice resource compendium was available for patients at risk of domestic violence with signposting to available resources and sources of support.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

Good



Summary of findings

make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- These groups had open access to emergency clinics in person or by telephone and on site clinics run by a mental health nurse.
- The practice carried out advance care planning for patients living with dementia and offered support and signposting for their carers.
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. They carried out annual face to face reviews of patients on the mental health register for risk assessment, medication monitoring with blood tests and ECGs.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. They provided continuation of care of stable patients on lithium or antipsychotics.
- QOF performance for mental health related indicators was above the CCG and national averages: 100% compared to 93% and 93% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment. Routine screening was carried out for high risk patients.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice liaised closely with secondary care teams including community mental health, IAPT, memory services, drug and alcohol services and single point of access if in crisis.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages in some areas but below average in others. 301 survey forms were distributed and 112 were returned. This represented just under 1% of the practice's patient list.

- 71% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 47% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Several raised difficulties in accessing routine appointments.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients. In particular: to do all that is reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment associated with: infection prevention and control (particularly with regard to legionella); the proper and safe management of medicines (relating to vaccine storage); the safe use of premises and equipment (regarding electrical safety checks and fire risk assessment and monitoring systems); and in ensuring sufficient numbers of suitably qualified,

competent, skilled and experienced persons are deployed to deliver a safe service,(specifically relating to training in fire safety and basic life support).

Action the service **SHOULD** take to improve

- Keep the practice's action plan to improve patient access to appointments under close monitoring and review.
- Strengthen governance arrangements regarding performance monitoring to ensure ongoing shortcomings in providing safe services and access to appointments are addressed.

Enderley Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Enderley Road Medical Centre

Enderley Road Medical Centre provides primary medical services through a Personal Medical Services (PMS) contract to around 12,500 patients in Harrow Weald, Middlesex (North West London). The practice area incorporates Harrow Weald predominantly with parts of Wealdstone and Stanmore. The Practice has a highly ethnically diverse patient population. The practice has high proportions of patients originating from India, Pakistan and Sri Lanka. It also has many patients from Somalia, Afghanistan, Iran, Iraq as well as eastern European countries such as Poland and Romania. Many patients are elderly having lived in Harrow Weald all their lives. The majority of the practice population is living in areas of deprivation particularly in Wealdstone, but there is a mix of the self-employed, commuters and professionals in more affluent areas of Harrow Weald.

The practice provides services from a single location and is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

The practice has extended the site on four occasions to form the current premises. Since our previous inspection of February 2015 the ground floor and all consulting rooms had been refurbished but the practice was awaiting NHS England approval of a project to expand the waiting room and improve disabled access.

The practice team is made up of a team of six partner and two associate GPs (four female and four male), plus one locum GP. Between them they provide 54 GP sessions per week. The practice also employs a practice manager, assistant practice manager, an IT manager, three data room/IT staff (including one who also acts as a Prescription/Minor Surgery/INR Co-ordinator), three full time and two part time practice nurses, a health care assistant, a phlebotomist, plus reception, secretarial and administrative staff.

The practice is a teaching practice having three GP trainees, one F2 doctor (in the second year of their foundation programme) and undergraduate students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 12 noon every morning and 3.30pm to 5.50pm daily. Extended hours pre-bookable only appointments are offered in a clinic that runs until 9pm on Tuesdays. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for patients that need them. There is a duty doctor on call daily to deal with emergencies and urgent enquiries. If a patient needs to be seen, they are either seen at the practice or if it has reached capacity, they are advised to attend one of four walk-in clinics in the locality.

Out of hours services are provided by a local provider. Access to the service is via the national NHS 111 call line.

Detailed findings

The NHS 111 team will assess the patient's condition over the phone and if it is clinically appropriate, will refer the case to the out of hours service. Patients are advised of the out of hours service on the practice's website and in the practice booklet.

Why we carried out this inspection

We undertook a comprehensive inspection of Enderley Road Medical Centre on 5 February 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement for providing safe services.

We also issued requirement notices to the provider in respect of safe care and treatment; safeguarding service users from abuse and improper treatment; and premises and equipment. The full comprehensive report on the February 2015 inspection can be found by selecting the 'all reports' link for Enderley Road Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Enderley Road Medical Centre on 20 July 2017. This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 July 2017. During our visit we:

- Spoke with a range of staff (GPs, a nurse and practice management and administrative staff) and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 5 February 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control, safety of premises and equipment and staff pre-employment checks were not adequate.

There had been improvements in these arrangements when we undertook a follow up inspection on 20 July 2017. However, some deficiencies remained in respect of the arrangements for infection control, the safety of premises and equipment and training in fire safety and basic life support. We also found deficiencies in medicines management relating to vaccine storage. The practice is still rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, where appropriate, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- At our inspection of 5 February 2015, we said the practice should take action to ensure evidence of discussion of significant events and the communication of lessons learned from them is recorded in the minutes of practice meetings. At our latest inspection we found the practice had taken this action. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a vaccination dosing error, the practice reviewed its vaccine prescribing practice, and introduced measures to avoid future errors and a protocol to ensure clinicians followed safe practices in administering vaccines.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. In response to action we said the provider must take at our February 2015 inspection, all GPs were now trained to child protection or child safeguarding level three. Nurses and healthcare assistants were also trained to this level, the phlebotomist to level 2 and administrative staff to level 1.
- In response to action we said the provider should take at our inspection of February 2015, a notice in the waiting room and in consulting rooms 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- At our inspection of 5 February 2015 we said the provider must take action to address identified shortcomings with infection prevention and control practice.

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. One or two cleaning issues were identified on the day but the practice undertook to raise these with the cleaners on the day following the inspection.
- An infection control policy was now in place but there was some lack of clarity over which member of staff was the infection prevention and control (IPC) lead. In addition, the practice had not addressed the findings of our February 2015 inspection that there was no written policy regarding Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). An external Legionella risk assessment had been completed in September 2015 but no remedial action had been taken for a number of risks identified. The practice manager told us the risk assessment had been put on hold pending refurbishment of the practice, including water systems. The practice informed us shortly after the inspection that an updated Legionella assessment was carried out on 25 July 2017 and the report was awaited.
- As part of the practice refurbishment, flooring and sinks in consulting rooms now complied with Department of Health requirements.
- Staff had received up to date IPC training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice was intended to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in

line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

- The practice had a policy and procedure the cold storage of vaccines including a monitoring system to ensure temperatures of vaccine storage fridges were maintained within the required range. However, on the day of our inspection we found recorded fridge temperatures had exceeded the required range on four occasions and there was no evidence of any action taken. In addition, the vaccine storage policy was not kept by the fridges to guide staff in the event of a breach and it was not clear which temperature monitoring records applied to which fridge. Immediately following the inspection the practice took action to address these issues including the introduction of twice daily monitoring of vaccine fridge temperatures.

We reviewed three personnel files of recently appointed staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. At our February 2015 inspection we said the provider must take action to undertake regular documented health and safety risk assessments and fire evacuation drills to ensure the safety and suitability of the premises. At our latest inspection we found the provider had in part addressed these shortcomings but further improvement was necessary.

- There was a health and safety policy available and the practice had undertaken and documented health and safety risk assessments.
- However, the last fire risk assessment was completed in 2013 and an up to date assessment had only recently been booked and was due to take place in early August 2017.
- Emergency lighting checks carried out monthly were now recorded. However, there were gaps in the records completed.

Are services safe?

- Regular fire evacuation drills now took place and their outcome was recorded. There was some uncertainty over who were the designated fire marshals within the practice and, apart from on initial induction, staff had not received fire safety training updates.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. However, the five year electrical safety check of the premises was last completed in May 2012 and was therefore overdue.
- There was no CO2 monitor by the boiler in the staff toilet; and the storage cupboard on the ground floor lacked appropriate signage for the storage of nitrogen and oxygen.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and Legionella.

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 basic life support training, although this took place 18-monthly rather annually in accordance with national guidance.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

In response to action we said the provider should take at our February 2015 inspection, the practice now had a comprehensive business continuity plan 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

At our previous inspection on 5 February 2015, we rated the practice as good for providing effective services.

When we undertook a follow up inspection on 20 July 2017 we found the practice maintained effective treatment. The provider is still rated good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%.

Exception rates for the following clinical indicators were significantly higher than the CCG or national averages. (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):

- Peripheral arterial disease: 16% compared to the CCG average of 8% and national average of 6%.
- Mental Health: 20% compared to the CCG average of 10% and national average of 11%.
- Rheumatoid arthritis: 41% compared to the CCG average of 7% and national average of 8%.

We discussed this data with the practice who told us the rates reflected a thorough assessment of individual patients. A transient, poorly engaged population of patients with these conditions also impacted on the rates.

QOF data from 2015/16 showed:

- Performance for diabetes related indicators was above the CCG and national averages: 100% compared to 88% and 90% respectively.
- Performance for mental health related indicators was above the CCG and national averages: 100% compared to 93% and 93% respectively.

The following was identified by CQC prior to the inspection as a negative variation from local or national averages for further enquiry:

Percentage of antibiotic items prescribed that are Cephalosporins or Quinolones (01/07/2015 to 30/06/2016): Practice 8.99%; CCG 6.73%; National 4.71%.

We discussed this variation with the practice who suggested it was due in part in to the large number of patients in care homes supported by the practice.

There was evidence of quality improvement including clinical audit:

- There had been 11 clinical audits commenced in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit of patients at risk of diabetes, the practice improved the coding and identification of such patients, produced a patient information leaflet pertaining to their increased risk of complications and set up a yearly recall system screening for their increased risk for these patients. A subsequent re-audit in September 2016 showed a vast improvement in the management of these patients correctly identified at high risk and managed accordingly.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- 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 discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, infection control, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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.

Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 be vulnerable because of their circumstances.

Consent to care and treatment

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

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

In response to action we said the practice should take at our February 2015 inspection, the practice had reviewed its consent protocol to ensure mental capacity was appropriately taken into account. A separate policy on the Mental Capacity Act was also now in place.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems, and patients receiving palliative care.

The practice identified the smoking status of patients over the age of 16 and provided on site access to a clinical psychologist for smoking cessation advice.

Are services effective? (for example, treatment is effective)

Patients requiring weight and dietary advice were referred to the onsite dietetic clinic. Patients are also referred to the Enderley Road walk, a service run by Harrow Council with walkers meeting outside the surgery on a Wednesday morning.

The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG average of 77% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance in 2015/16 for meeting 90% targets for childhood immunisation rates for the vaccinations given was below standard for four national targets:

- 88% for children aged 1 with a full course of recommended vaccines.
- 75% for children aged 2 with pneumococcal conjugate booster vaccine.
- 81% for children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine.
- 83% for children aged 2 with Measles, Mumps and Rubella vaccine.

The practice told us immunisation performance was due in part to a transient population and also some ethnic groups who refused immunisations. The practice nevertheless followed up with families in an attempt to increase uptake.

There was a policy to offer telephone or written reminders for 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. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (completed for 100% of eligible patients) and NHS health checks for patients aged 40–74 (completed for 53% of eligible patients). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 5 February 2015, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 20 July 2017, we found the practice continued to provide caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

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 service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 13 patients including the chair of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was broadly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.

Are services caring?

- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available covering a range of issues.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- The practice supported patients with long-term health needs to manage and understand their illnesses. The most vulnerable had individualised care plans.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carers identification protocol which set out arrangements in place to enable the practice to support carers and ensure they were referred appropriately to social services for a carers assessment. The practice had identified 142 patients as carers (just over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. Each carer on the register was provided with a carer's passport which they could present at reception or quote the serial number to facilitate carers' services. Carers were also offered an annual health check and appointments convenient to them. Information about carer support was also available on the practice's website.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call 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

At our previous inspection on 5 February 2015, we rated the practice as good for providing responsive services.

At our follow up inspection on 20 July 2017 we found the practice remained responsive to meeting people's needs and the practice is still rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday evening until 9pm 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included interpretation services, and an automated blood pressure machine at the practice which patients could access for self-checks.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice ran antenatal and post-natal care clinics with community midwives and fortnightly child health development and surveillance clinics with health visitors.

- There were clinics for minor surgery, laser and cryotherapy treatment, diabetic checks, blood pressure checks, phlebotomy, asthma and COPD management; and anti-coagulant control and monitoring.
- There were also on site mental health nurse clinics.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 12 noon every morning and 3.30pm to 5.50pm daily. Extended hours pre-bookable only appointments were offered in a clinic that ran until 9.00pm on Tuesdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. There was a duty doctor on call daily to deal with emergencies and urgent enquiries. If a patient needed to be seen, they would either be seen at the practice or if it had reached capacity, they would be advised to attend one of four walk-in clinics in the locality.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 43% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 60% of patients said their last appointment was convenient compared with the CCG average of 73% and the national average of 81%.
- 47% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 29% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 44% and the national average of 58%.

Several patients we spoke with told us on the day of the inspection that they experienced difficulty in being able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

At our February 2015 inspection we said the provider should take further steps to address dissatisfaction raised by patients about access to appointments and waiting times. Although, only published shortly before our inspection, the practice had reviewed the latest national GP patient survey and had put action plans in place (some of it ongoing action from last year's survey) with a view to improving access to appointments and the overall patient experience. Action included increasing routine telephone appointments for each GP, improved email access; by-pass telephone numbers for at risk and vulnerable patients; changes to the reception staff rota to ensure at least four staff were available to answer phones during opening times; reduced external commitments, for example GP attendance at local care homes; and the introduction of nurse run minor illness clinics to free up GP time. The practice told us these actions would be followed up and reviewed through an in-house patient survey conducted with the patient participation group.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were asked to call before 10.30am if they wished to request a home visit to enable the doctor to plan and prioritise visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. In response to action we said the provider should take at our February 2015 inspection, the practice's complaint leaflet was now readily available to patients in the reception area. The practice had also updated the complaints procedure to make it clear how patients can pursue matters further if they remained dissatisfied with the handling of their complaint.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. In response to action we said the provider should take at our February 2015 inspection, we saw evidence of discussion of complaints and the communication of lessons learned in the minutes of practice meetings. We saw that as a result of one complaint about a doctor taking a telephone call during a consultation, the practice took steps to ensure that doctors were not phoned or disturbed whilst consulting unless this was an emergency, in which case they would ask for the patient's permission to take the call.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 5 February 2015, we rated the practice as good for providing well-led services.

At our follow up inspection of the service on 20 July 2017 we found the practice continued to be well managed by senior leaders and the practice is still rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, QOF, safeguarding, medicines management and infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. In response to action we said the provider should take at our February 2015 inspection, there was now a whistleblower policy in place and staff were aware of the policy.
- A comprehensive understanding of the performance of the practice was maintained. However, this needed to be strengthened to ensure ongoing shortcomings in providing a safe service and access to appointments are addressed. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They 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 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. From the sample of four documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team 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, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, changes to the appointment system; and in the way the practice handles requests for repeat prescriptions.
- the NHS Friends and Family test, complaints and compliments received

- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management add your own examples of where the practice had listened to staff feedback. 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 was participating in the CCG Enhanced Practice Nurse (EPN) pilot which supported a whole system integrated care initiative. The practice was also part of a research project run by a central London NHS trust: 'Putting the Health in the NHS: the early identification of Familial Hypercholesterolaemia (FH) and the Prevention of Cardiovascular Disease (CVD)'.

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 Family planning services 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>How the regulation was not being met</p> <p>The registered persons had not done all that was reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment. In particular: the risks associated with infection prevention and control; the proper and safe management of medicines; the safe use of premises and equipment; and in ensuring sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to deliver a safe service.</p> <p>This was in breach of Regulation 12(1) Safe care and treatment.</p>