

Gardiner Crescent Surgery

Inspection report

21 Gardiner Crescent
Pelton Fell
Chester Le Street
County Durham
DH2 2NJ
Tel: 0191 5947654
www.peltonfellsurgery.nhs.uk

Date of inspection visit: 22 to 23 August 2018
Date of publication: 27/09/2018

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. (Previous rating under former provider 01 2017 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Gardiner Crescent Surgery on 22 and 23 August 2018 as part of our inspection programme.

At this inspection we found:

- Staff demonstrated a very caring approach to their patients and it was clear they treated them with compassion, kindness, dignity and respect.
- The practice scored well in the National GP Patient Survey across all areas.
- Clinicians assessed patients' needs and delivered person-focussed care and treatment.
- The practice had some systems in place to manage risk, so that safety incidents were less likely to happen. When incidents did happen, the practice learned improved processes to keep patients safe. However, the practice's arrangements for responding to safety alerts was not sufficient. There were some gaps in the practice's arrangements for identifying, assessing and managing risk.
- Staff demonstrated they were committed to making improvements and there was some evidence of this in the quality improvement activity they undertook. However, there was no programme of continuous clinical audit to monitor quality.
- There were gaps in some staff's training.
- Appropriate recruitment checks had not been carried out for some staff who worked at the practice.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was some evidence the practice engaged with their patients. However, this was limited and the practice did not have an active patient participation group.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance, in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review the process for prescribing antibiotics to conform with best practice.
- Consider increasing the support provided to carers.
- Review arrangements for offering the meningitis vaccine to students.
- Continue to take steps to encourage uptake of annual checks for patients with learning disabilities.
- Review and improve patient engagement.
- Reduce those exception reporting rates which are higher than the local clinical commissioning group and England averages.
- Continue to provide support to ensure the practice management team have the relevant skills to fulfil their roles.

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

Our inspection team

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

Background to Gardiner Crescent Surgery

Gardiner Crescent Surgery provides care and treatment to around 2,100 patients in Chester le Street, County Durham. The practice is part of North Durham clinical commissioning group (CCG) and operates on a Personal Medical Services (PMS) contract agreement for general practice.

The provider was formerly a group practice but changed in November 2017 to a sole provider, Dr Richard Hall. The new provider also has another surgery and provides services from the following two addresses, which we visited during this inspection:

- Gardiner Crescent Surgery, 21 Gardiner Crescent, Pelton Fell, Chester le Street, County Durham, DH2 2NJ
- Lavender Centre, Unit 1, The Lavender Centre, Pelton Lane, Pelton, Chester le Street, County Durham, DH2 1HS

The Gardiner Crescent surgery is located in a converted two storey building. Patient facilities are on the ground floor. There is on street parking, an accessible WC, wheelchair and step-free access.

The Lavender Centre surgery is located in a purpose built two storey building. Patient facilities are on the first floor. There is a designated car park, accessible parking, an accessible WC, a lift to the first floor, wheelchair and step-free access.

Patients can book appointments in person, on-line or by telephone and could attend either site.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and County Durham and Darlington NHS Foundation Trust.

The practice has:

- One GP partner (male),
- one salaried GP (female),
- two practice nurses (female),
- a healthcare assistant,
- a business manager,
- a deputy practice manager, and
- five staff who carry out reception and administrative duties.

The age profile of the practice population is broadly in line with the local and national averages; the proportion of patients over the age of 65 was above average (19% compared to the national average of 17%) and there is a

lower than average proportion of patients under the age of 18 (18% compared to the national average of 21%). Information taken from Public Health England placed the

area in which the practice is located in the fourth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

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 systems to keep people safe were unsatisfactory; staff had not received appropriate training and some clinical staff had not received Disclosure and Barring Service (DBS) checks.
- Appropriate recruitment checks were not always carried out.
- Staff had not received cardiopulmonary resuscitation (CPR) training and no health and safety or premises risk assessments had been undertaken.
- The arrangements for dealing with safety alerts were not satisfactory. The practice was unable to demonstrate that all staff had seen the alerts or that they had been discussed in clinical meetings.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- The practice did not have appropriate systems to safeguard children and vulnerable adults from abuse. Although staff understood safeguarding and were clear on their roles, some staff had not received up-to-date training appropriate to their role. Staff who acted as chaperones were trained for their role. However, some staff, including a practice nurse and a healthcare assistant had not received a 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 did not always carry out appropriate staff checks at the time of recruitment or on an ongoing 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 some 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 induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies but staff were not 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.

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

The practice had reliable systems for appropriate and safe handling of medicines.

- The practice's antibiotic prescribing rates were above local and national averages. Managers were aware of the high rate and told us this was due having a high number of elderly and frail patients and a high incidence of patients with COPD (cardio pulmonary disease). Nationally reported data showed that the COPD prevalence rate was 4.1%, compared to a local average of 2.5% and the national average of 1.9%. The practice had reviewed its antibiotic prescribing with the local clinical commissioning group (CCG) and were taking action to support good antimicrobial stewardship in line with local and national guidance.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Are services safe?

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had some arrangements in place but these could be improved.

- There was a risk assessment in relation to fire safety but no health and safety or premises risk assessments had been undertaken.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong but arrangements could be improved.

- 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. The practice learned and took action to improve safety but did not always share that learning or identify themes.
- The arrangements for dealing with patient and medicine safety alerts were unsatisfactory.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as requires improvement for providing effective services. The population groups were rated as requires improvement because the concerns which led to these ratings apply to everyone using the practice. However, we did identify some areas of good practice across the population groups.

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

- There were many gaps in staff training
- There was no programme of quality 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 and 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.
- 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's performance on quality indicators for long term conditions was in line with local and national averages.

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 uptake for cervical screening was above the national average but below the 80% coverage target for the national screening programme. The practice was taking action to improve; they sent out reminders to patients, appointments could be booked at various times and a female sample taker was available.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice did not routinely offer 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:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Are services effective?

- The practice held a register of patients living in vulnerable circumstances including 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.
- 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. During 2017/2018 seven out of 14 patients with learning disabilities chose to have a health check.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity. However, where appropriate, clinicians took part in local and national improvement initiatives.

- In 2016/2017 the practice had achieved 96.8% of the total number of QOF points available, compared to the local average of 98.7% and the national average of 95.6%. The clinical exception reporting rate was above local and national averages at 15.8% (CCG average 9.8%, national average 9.9%). However, these values were based at a time when the current provider did not run the practice.
- Staff told us they had spent time reviewing the exceptions and had taken action to encourage patients to attend for their reviews. The current provider took over the practice in August 2017 therefore the following year's data will also relate in part to the previous provider. Unverified data from the practice showed that for the year 2017/2018 they achieved 96.7% of the total points, and had reduced the clinical exception rate to 10.8%.

- The practice used information about care and treatment to make improvements. This included improving the processes for recalling patients with long term conditions for their reviews and the arrangements for issuing repeat prescriptions.
- However, there was no programme of continuous clinical and internal audit to monitor quality and to make improvements.

Effective staffing

Staff did not have all of 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; however, a large amount of training was incomplete, including fire safety, CPR, safeguarding and infection control. A date for CPR training had previously been arranged for May 2018, however, this was cancelled by the training provider. The practice arranged a new date in September 2018.
- Up to date records of skills, qualifications and training were not always maintained. For example, there were no training records held for the salaried GP.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, clinical supervision and revalidation.
- There was an 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.

- 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

Are services effective?

shared information with, and liaised, with community 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 be 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 the pre-diabetes screening workshops.
- 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 knew their patients very well and understood their personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's National GP Patient Survey results were mainly above local and national averages for questions relating to kindness, respect and compassion.

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 identified carers; they were offered an annual flu vaccination and signposted to support groups.
- The practice's National GP Patient Survey results were mainly above local and national averages for questions relating to involvement in decisions about care and treatment.

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?

We 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. They 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 were more vulnerable or who had 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.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP carried out a weekly visit to two local care homes to review patients.
- The GP also accommodated home visits for those who had difficulties getting to the practice.
- There was a local TAPS (Team around the Patient Service); monthly meetings were held to discuss how to support patients to remain living in their own homes. GPs from the practice attended those meetings, along with district nurses and social workers.

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.
- A further nurse had recently been employed by the practice to help support patients with diabetes.

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.
- All parents or guardians calling with concerns about a child under the age of 18 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, extended opening hours were provided every Tuesday evening.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.

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

- Staff interviewed knew their patients well and had a good understanding of how to support those with mental health needs and those living with dementia.
- Practice based counselling sessions were available twice a week.

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.

Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's National GP Patient Survey results were above local and national averages for questions relating to access to care and treatment.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. However, responses to complaints were not always carried out in line with the practice's policy. The practice learned lessons from individual concerns and complaints but did not always share those lessons with other staff.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and took action to improve the quality of care but improvements could be made.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

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

- The arrangements for governance and risk management did not always operate effectively and, because of this, there were some breaches in legal requirements.

Leadership capacity and capability

Clinical leaders had the capacity and skills to deliver high-quality, sustainable care, although the non-clinical management team was new and developing their skills and knowledge.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- However, the leadership structure within the practice was still in development.

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 strategy and supporting business plan to achieve priorities.
- 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.
- The practice monitored progress against delivery of the strategy.

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. Many staff had worked at the practice for a long time and as a result knew their patients very well.
- 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 had confidence that these would be addressed.
- The arrangements for providing staff with the development they needed were not satisfactory. Staff received annual appraisals but there were gaps in training for many of the team.
- The practice promoted equality and diversity, although many staff had not received equality and diversity training.

Governance arrangements

The governance arrangements did not always operate effectively.

- Practice leaders had policies and procedures in place to help assure safety. However, the arrangements for making sure that these were always being followed in practice, were not always effective. For example, recruitment checks to ensure staff had the necessary qualifications, experience and training to deliver safe care and treatment were not always carried out and the complaints were not always responded to in line with the practice's policy.
- Staff were clear on their roles and accountabilities including in respect of safeguarding. However, the leads for infection control had not received specific infection prevention and control training to support them in their roles.

Managing risks, issues and performance

The processes for managing risks, issues and performance, were not always effective.

- The practice had some processes which helped them to identify, understand, monitor and address most current and future risks, including those relating to patient safety. However, there were some gaps. For example, the practice did not have a health and safety or premises risk assessment in place.

Are services well-led?

- The practice had some processes to manage current and future performance. Although practice leaders had an oversight of incidents and complaints, the arrangements for responding to safety alerts were not satisfactory.
- The practice had a business continuity plan in place but some staff had not received training for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information such as Quality and Outcomes Framework data was considered, to help improve the services they delivered.
- 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 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 did not formally involve patients or the public to support high-quality sustainable services, although arrangements were in place to engage with staff.

- Patients' views and concerns were not always encouraged, but the practice did listen and act upon feedback. The practice had attempted to establish a patient participation group, however, only one person had ever attended any meetings. A further meeting has been arranged during October 2018. Feedback forms were available but these were behind the reception desk and none had been completed since before April 2018. Staff told us that patients spoke to them directly if they had any comments or concerns.
- The service was transparent, collaborative and open with stakeholders about performance. They had published their vision document on their website so it was clear what their aims and objectives were.

Continuous improvement and innovation

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

- Learning and improvement was seen as important by the GP, the practice manager and staff.
- Since taking over the practice, improvements to the recall and medication review systems had been implemented.
- A review of data quality was in progress, to help ensure all diagnoses were properly coded.
- However, there was no programme of continuous clinical and internal audit to monitor quality and to make improvements.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not established effective systems and processes to ensure good governance, in accordance with the fundamental standards of care.</p> <p>The provider had not put effective arrangements in place to assess, monitor and improve the quality and safety of the services provided. In particular:</p> <ul style="list-style-type: none">• The provider did not have a satisfactory system in place for responding to safety alerts for this service.• The provider did not ensure that learning from complaints and significant events was always shared with appropriate staff.• The provider had not made arrangements to ensure the delivery of a programme of structured quality improvement activity.• The provider had not kept up-to-date and accurate records of all of the training completed by staff working at the practice.• The provider did not always follow the practice's complaints policy. <p>The provider had not put effective arrangements in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. In particular:</p> <ul style="list-style-type: none">• There were some gaps in the practice's arrangements for monitoring and addressing some current and future risks. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
--------------------	------------

This section is primarily information for the provider

Requirement notices

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

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The provider had not ensured that the all staff had received appropriate training, to enable them to carry out their duties.

This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

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

How the regulation was not being met:

The provider had not ensured that suitable recruitment procedures had been established and were operating effectively.

The provider had not ensure that specified information (detailed in Schedule 3 of the Health & Social Act) was available regarding each person employed.

This was in breach of Regulation 19 (1), (2) and (3) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.