

The Enterprise Practice

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Enterprise Practice on 10 October 2017. Overall the practice is rated as requires improvement.

The Enterprise Practice was previously inspected in February 2015. Overall the practice was rated as 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 The Enterprise Practice on our website at www.cqc.org.uk.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, lessons learned were not always communicated widely enough to support improvement.
- There were inconsistent arrangements in how risks were assessed and managed.

- The practice was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to employment.
- The practice had a number of policies and procedures to govern activity and most were updated and reviewed regularly.
- Data showed patient outcomes were lower than average for childhood immunisation rates and the cervical, breast and bowel cancer national screening programme uptakes.
- Most staff had received up to date training relevant to their role. Staff appraisals had been completed in a timely manner.
- We found one completed clinical audit cycle which was driving positive outcomes for patients.
- Feedback from patients reported that access to pre-bookable GP appointments was limited.
- Patients we spoke with on the day informed us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was renting a space in a shared premises but the practice was unable to demonstrate that they had an effective monitoring system to ensure that

Summary of findings

regular health and safety checks had been undertaken and action plans had been followed up by the contractor who was responsible for managing the premises.

- There was a clear leadership structure and staff felt supported by management. However, the practice was unable to demonstrate that the nursing staff had attended the team meeting or received the team meeting minutes.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

In addition the provider should:

- Review the system in place to promote the benefits of childhood immunisation, cervical, breast and bowel cancer national screening in order to increase patient uptake.
- Review patient feedback and address the concerns raised regarding the availability of pre-bookable appointments.
- Provide patient information in languages and formats suitable to the patient population.
- Share the learning and team meeting minutes widely if staff are unable to attend the team meetings.
- Review the appropriate staff training necessary to enable them to carry out their duties.
- Review that all appropriate emergency medicines are in stock and remind all staff about their location.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented to ensure patients were kept safe. For example, gaps in recruitment checks, management of legionella and management of blank prescription forms were not always managed appropriately.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Significant events were thoroughly investigated and discussed during the team meetings. However, lessons learned were not always communicated widely enough to support improvement.
- There was a lead member of staff for safeguarding.
- Emergency equipment was easily accessible.
- The practice did not have the full range of emergency medicines commonly seen in the GP practice, such as rectal diazepam (used to treat seizures and anxiety disorder) and there was no risk assessment as to why the full range of emergency medicines were not included. Not all staff we spoke with knew of their location.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- Vaccine fridge temperatures had been monitored regularly.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- The practice had carried out six clinical audits in the last two years and one of these was completed audit which was used to monitor quality and to make improvements.
- Childhood immunisation rates were below the national average for under two and five years old.
- The practice could not demonstrate that their current system to promote the benefits of cervical, breast and bowel cancer screening was always effective.

Summary of findings

- All staff had received an annual appraisal in a timely manner. Most staff had received an up to date training relevant to their role.
- 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.

Good



- Data from the national GP patient survey showed patients rated the practice comparably to the local and national averages for several aspects of care.
- Patients we spoke with 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 was available. However, limited information was available in different languages and formats.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had taken part in a bid to secure a funding from NHS England in collaboration with PPG and other stakeholders to increase the space and make changes in the layout of the premises.
- 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.
- Feedback from patients reported that access to pre-bookable GP appointments was limited and not always available quickly, although urgent appointments were usually available the same day.
- We checked the online appointment records of two GPs and noticed that the next pre-bookable appointments with principal GP were available within three to four weeks and with salaried GP within two to three weeks.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

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

Are services well-led?

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

- There was a governance framework. However, monitoring of specific areas required improvement, such as management of blank prescriptions, management of legionella, recruitment checks and childhood immunisation rates.
- The practice was renting a space in a shared premises but the practice was unable to demonstrate that they had an effective monitoring system to ensure that regular health and safety checks had been undertaken and action plans had been followed up by the contractor who was responsible for managing the premises.
- Most of the policies were updated and reviewed regularly.
- The practice held regular governance and staff team meetings. However, the practice was unable to demonstrate that the nursing staff had attended the team meeting or received the team meeting minutes.
- There was a clear leadership structure and staff felt supported by management. All staff had received regular annual appraisals.
- 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.
- The practice was aware of and complied with the requirements of the Duty of Candour.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice had a virtual ward system in operation, where high risk patients could be referred and monitored by the community health team to avoid hospital admission.
- Pathology results had been reviewed seven days a week and the patient was contacted immediately if urgent action was required.
- 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.
- The premises were accessible to those with limited mobility. However, the practice did not provide a low level desk at the front reception.
- There were good working relationships with external services such as community nurses.
- Where older patients had complex needs, the practice shared summary care records with local care services.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were clinical leads for long-term disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- Data from 2015/2016 QOF showed performance for diabetes related indicators was above the CCG and national averages.
- 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.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and 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 named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- From the sample of documented examples we reviewed 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.
- Immunisation rates were below the national averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 73%, which was below the CCG average of 77% and the national average of 81%.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 appointments.
- The practice was proactive in offering online services as well as a full range of health promotion that reflects the needs for this age group. The practice informed us that 33% patients were registered for the online access.
- Health promotion advice was offered but there was limited accessible health promotion material available through the practice.
- There was a low uptake for national cancer screening programmes.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Annual health checks and care plans were completed for patients on the learning disability register.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

Requires improvement



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 requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data from 2015-16 showed, performance for dementia face to face reviews was above the CCG and national averages. The practice had achieved 88% of the total number of points available, compared to 87% locally and 84% nationally.
- The practice carried out advance care planning for patients living with dementia.
- Patients experiencing poor mental health were involved in developing their care plan and health checks.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 6 July 2017 showed the practice was performing in line with the local and the national averages for all of its satisfaction scores. Two hundred and eighty-seven survey forms were distributed and 103 were returned (a response rate of 33%). This represented about 2.7% of the practice's patient list.

- 85% of patients described the overall experience of this GP practice as good compared with a CCG average of 81% and a national average of 85%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 78% of patients said they would recommend this practice to someone new to the area compared with the CCG average of 73% and 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.

Twenty six of the thirty seven patient Care Quality Commission comment cards we received were positive about the service experienced. Eleven comment cards were mixed which highlighted some concerns about the access to the service including the limited availability of pre-bookable appointment. Patients providing positive feedback said they were satisfied with the standard of care received and thought staff were approachable, committed and caring.

We spoke with five patients including three members of the patient participation group (PPG) during the inspection. Patients we spoke with were positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected.

We saw the NHS friends and family test (FFT) results for last six months and 91% patients were likely or extremely likely recommending this practice.

The Enterprise Practice

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 advisor.

Background to The Enterprise Practice

The Enterprise Practice is situated in Harrow in North West London within purpose built premises, with car parking for patients and staff. These premises are shared with three other GP services including a GP walk-in clinic which offers appointments from 8am to 8pm. All patient services are offered on the ground floor. The practice comprises two consulting rooms, a shared treatment room, a shared patient waiting area, a reception area, and administrative and management offices.

The practice has core opening hours from 8am to 6.30pm Monday to Friday. The practice telephone line is closed from 1pm to 2pm Monday to Friday but the reception desk is open during this time. When the practice telephone line is closed from 1pm to 2pm, telephone calls are directed to the out-of-hours service. The out-of-hours service is able to contact one of the practice oncall GPs. The practice offers extended hours appointments every Monday evening until 7.15pm and Thursday evening until 7pm. The reception desk has opened from 9am to 1pm every Saturday. The practice has published information about this at the practice website and on the practice leaflet.

The practice offers a range of scheduled appointments to patients every weekday from 8am to 6pm including open access appointments with a duty GP throughout the day.

The practice has a patient population of approximately 3,800 registered patients. The practice population of patients aged between 25 to 44 years old is higher than the national average and there is lower number of patients aged between 10 to 24 and 45 to 59 years old compared to national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 59% of the population is composed of patients with an Asian, Black, mixed or other non-white background.

There is one principal GP, a salaried GP and two locum GPs. Three GPs are female and one male, who work a total of 14 sessions. The practice employs a shared practice nurse and three locum practice nurses. The practice manager is supported by a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

Services are provided from the following location which we visited during this inspection:

Belmont Health Centre

516 Kenton Lane

Harrow

Middlesex

HA3 7LT

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided by Care UK or after 6:30pm, weekends and bank holidays by calling NHS 111.

Detailed findings

The practice service is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning services; surgical procedures; and maternity and midwifery services.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 10 October 2017 and was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out a previous comprehensive inspection in February 2015. Overall the practice was rated as good during the previous inspection. 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 The Enterprise Practice on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, NHS England area team and local Healthwatch to share what they knew. We also spent time reviewing information provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 10 October 2017. During our visit we:

- Spoke with a range of staff (a principal GP, a salaried GP, a practice nurse, a practice manager, administrative and reception staff) and spoke with patients who used the service.
- Collected written feedback from three members of staff.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- 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 living 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

When we inspected the practice in February 2015 we had rated the practice as requires improvement for providing safe services because we found recruitment procedures had not been operated effectively. The vaccine fridge temperatures had been recorded for the actual temperature but not for the minimum and maximum temperatures and there was no documented cold chain procedure in place for staff to access.

At this inspection in October 2017 we found some improvement. However, the practice was required to make further improvement.

Safe track record and learning

There was a system for reporting and recording significant events, however, learning was not shared widely enough.

- 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 eight documented examples we reviewed we found that when things went wrong with care and treatment, 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.
- 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.
- However, reviews of significant events and incidents and lessons learned were not always communicated widely enough with the practice nurses to support improvement. The practice was unable to demonstrate that the four part time members of the nursing staff had attended the team meeting or received the team meeting minutes.
- We saw evidence that action was taken to improve safety in the practice. For example, we saw an analysis of a significant event involving an abnormal ECG result

that was not responded to in a timely manner. The practice had carried out an investigation, revised the protocol and advised staff that all ECG results would be given immediately to the GP to ensure timely diagnosis.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had some processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies had clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. We noted all the employed staff had received safeguarding children and vulnerable adults training relevant to their role but the practice was unable to demonstrate that all the locum clinical staff had received the relevant training. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The principal GP and the practice nurse were the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol

Are services safe?

and all but the newest member of staff had received up to date 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal) with the exception of management of blank prescription forms.

- 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. Medicine audits were carried out on as needed basis to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs were written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment).
- The practice did not have an effective system in place to monitor the use of blank prescription forms. Blank prescription forms for use in printers and handwritten pads were not handled in accordance with national guidance as these were not tracked through the practice at all times. On the day of inspection we found blank prescription printer forms handwritten pads were securely stored in locked consulting rooms.

We reviewed five personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, health checks and contract of employment were not available for some staff. We found that the records of Disclosure and Barring Service (DBS) checks, qualifications and registration with the appropriate professional body were available on the day of inspection.

Monitoring risks to patients

There were some procedures in place for assessing, monitoring and managing risks to patient and staff safety, however improvements were required.

- There was a health and safety policy available.

- The practice was renting a space in a shared premises but the practice was unable to demonstrate that they had an effective monitoring system to ensure that regular checks had been undertaken by the contractor who was responsible for managing the premises.
- For example, the most recent fire safety risk assessment had been carried out on 3 May 2016 by the contractor. This risk assessment had identified a number of risks and the practice had provided an action plan which demonstrated that some actions had been taken, although some risks were still outstanding. The practice had carried out a fire drill on 5 October 2017 and the electronic fire system was serviced on 16 August 2017. Smoke alarm checks had been carried out on 4 October 2017.
- Most staff had completed fire safety training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- However, the practice was unable to provide records to demonstrate that regular water temperature checks had been carried out and whether remedial actions had been undertaken to address number of risks identified during previous legionella risk assessment in December 2015.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- Most staff had received annual basic life support training in the last 12 months.

Are services safe?

- 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.
- There were emergency medicines available in the consulting rooms. However, not all staff we spoke with knew of their location. All the medicines we checked were in date and stored securely. We noted they did not have the full range of emergency medicines commonly seen in the GP practice, such as rectal diazepam (used to treat seizures and anxiety disorder) and there was no risk assessment as to why the full range of emergency medicines were not included.
- The practice 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

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 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). In 2015-16, the practice had achieved 99% of the total number of points available, compared to 95% locally and 95% nationally, with 7% exception reporting. The level of exception reporting was below the CCG average (9%) and the national average (10%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2015-16 showed;

- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 93% locally and 93% nationally.
- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 88% locally and 90% nationally.

- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 87% of the total number of points available, compared to 83% locally and 83% nationally.

The practice had undertaken medicine reviews routinely for patients with long term conditions. For example, we found:

- On average 94% of structured annual medicines reviews had been undertaken for patients with long term conditions including diabetes, chronic heart disease, dementia, asthma and chronic obstructive pulmonary disease.
- The practice had undertaken 89% repeat medicines reviews of patients on any repeat medicines.
- The practice had undertaken 94% repeat medicines reviews of patients on four or more repeat medicines.

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last two years, one of these was completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of patients who were at risk of diabetes. The aim of the audit was to correctly code all patients not already diagnosed with diabetes who had HbA1c (blood test reading used to measure blood sugar levels) recorded reading between 43-47 mmol/L (pre-diabetes range). The practice had offered a combination of services to support patients within the pre-diabetes range which included: encouraging healthy eating habits and improve well-being through education programmes, referral to a dietician and various exercise programmes and regular monitoring of blood pressure, waist circumference and cholesterol levels.
- The audit in April 2016 demonstrated that 5% of patients within pre-diabetes range were correctly coded. The practice reviewed their protocol and implemented necessary actions to improve in this area. We saw the practice had carried out a follow up audit in October 2016 which demonstrated improvements in patient outcomes and found 68% of patients within pre-diabetes range were correctly coded. The practice

Are services effective?

(for example, treatment is effective)

had carried out a second follow up audit in October 2017 which demonstrated continuous improvements in patient outcomes and found 100% of patients within pre-diabetes range were correctly Read coded.

Effective staffing

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

- 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.
- Staff told us they could access role-specific training and updates when required. Nurses were also supported to undertake specific training to enable them to specialise in areas such as wound care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of most 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.
- Most staff had received up to date training relevant to their role. However, we identified gaps in the following training: health and safety and fire safety. 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. The practice was holding telephone conversations with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.

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 we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. However, the practice was unable to provide documentary evidence that all staff had received MCA training relevant to their role.
- 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 provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.

Are services effective?

(for example, treatment is effective)

- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as a local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England in 2015-16 showed 88% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was in line with the CCG average (88%) and to the national average (87%).

The practice's uptake for the cervical screening programme was 73%, which was below the CCG average of 77% and the national average of 81%. There was a policy to offer text message reminders for patients about appointments. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, the practice was unable to demonstrate how they encouraged uptake of the screening programme by using information in different languages. Data from 2015-16 showed, in total 51% of patients eligible had undertaken bowel cancer screening and 66% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 73% respectively.

Childhood immunisation rates for the vaccines given in 2015-16 were lower than the national averages. For children under two years of age, four immunisations were measured; each had a target of 90%. The practice had not achieved the target in any of the four areas and the practice scored was ranged from 81% to 88%. Childhood immunisation rates for vaccines given to five year olds ranged from 82% to 92%, these were lower than the national averages which ranged from 88% to 94%.

We saw the practice had advertised in the practice newsletter to encourage its patients to attend an appointment for childhood immunisation.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.

Twenty six of the thirty seven patient Care Quality Commission comment cards we received were positive about the service experienced. Eleven comment cards were mixed which highlighted some concerns about the access to the service. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients including three members 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 most patients felt they were treated with compassion, dignity and respect. The practice results were comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 96% 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%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 82% of patients said the nurse was good at listening to them compared to the CCG average of 88% and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared to the CCG average of 88% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

We saw the NHS friends and family test (FFT) results for last six months and 91% patients were likely or extremely likely recommending this practice.

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.

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 comparable or below the local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 79% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 90%.

Are services caring?

- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and 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 waiting 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 in easy read format. However, limited information was available in different languages and formats.
- 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).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers (2.4% of the practice patient list size) and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The patients we spoke with and those who completed comments cards felt the practice met their healthcare needs and were happy with the service provided. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- To meet the needs of the working age and student population, the practice provided telephone consultations for patients to receive advice and as a result, in some cases, a visit to the practice for an appointment was not required.
- The practice sent text message reminders of appointments and test results.
- 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.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.

- The practice provided GP services for homeless people who were able to register with the practice using the practice address. The practice also provided letters for homeless patients to support them with accessing housing.
- There was a system for flagging vulnerability in individual patient records.
- The practice had installed a multilingual touch screen check-in facility to reduce the queue at the reception desk.
- Patients were able to receive travel vaccines.
- There were accessible facilities, which included a disabled toilet, baby changing facility and interpretation services available. The practice however, did not have a hearing loop system available to assist patients with reduced ranges of hearing.
- The practice had not implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Telephone calls were answered from 8.30am. The practice telephone line was closed from 1pm to 2pm Monday to Friday but the reception desk was open during this time. When the practice telephone line was closed from 1pm to 2pm, telephone calls were directed to the out-of-hours service. The out-of-hours service was able to contact one of the practice on call GPs. The reception desk was open from 9am to 1pm on every Saturday. The practice published information about this on the practice website and on the practice leaflet.

The practice offered a range of scheduled appointments to patients from 8am to 6pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. The practice offered extended hours on every Monday evening until 7.15pm and Thursday evening until 7pm for working patients who could not attend during normal opening hours.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 79% 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%.
- 81% 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%.
- 74% of patients said their last appointment was convenient compared with the CCG average of 73% and the national average of 81%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 78% of patients said they would recommend this practice to someone new to the area compared with the CCG average of 73% and the national average of 77%.

However, the results were below the CCG and national average for:

- 36% 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%.
- 47% of patients said they had to wait 15 minutes or less after their appointment time compared to the CCG average of 52% and national average of 64%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and national average of 71%.

Patients we spoke with and comments we received on the day of the inspection informed us they were able to get urgent appointments when they needed them. However, some patients' feedback highlighted concerns about the poor availability of pre-bookable GP appointments.

We checked the online appointment records of two GPs and noticed that the next pre-bookable appointments with principal GP were available within three to four weeks and with salaried GP within two to three weeks. Urgent appointments with GPs or nurses were available the same day.

The practice had a system to assess:

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

The practice operated a triage system for urgent on the day appointments. Patients were offered an urgent appointment, telephone consultation or a home visit where appropriate. 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.

- It's 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. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at one written and two verbal complaints received in the last 12 months and found that a written complaint had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The Ombudsman details were included in the complaints policy, on the practice website and a practice leaflet.

Lessons were learned from individual concerns and complaints and also from analysis of trends and action

Are services responsive to people's needs?

(for example, to feedback?)

were taken to as a result to improve the quality of care. For example, the practice informed us they had reviewed the protocol to ensure the effective management of pathology request forms.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice statement of purpose included the practice's aims and objectives. This included working in partnership with patients and staff to provide the best possible quality service and to improve the health and well-being of patients.
- The practice had a documented business plan which reflected the clear objectives and was regularly monitored.
- The practice had identified the challenges it faced, including lack of space in the premises, recruitment of GPs and succession planning.
- One of the GP partners had left the practice and a practice manager had retired in May 2017. On the day of inspection the practice was run by a single handed principal GP.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, improvements were required, for example:

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement such as management of blank prescriptions, management of legionella risk, and recruitment checks.
- The practice was renting a space in a shared premises but the practice was unable to demonstrate that they had an effective monitoring system to ensure that regular health and safety checks had been undertaken and action plans had been followed up by the contractor who was responsible for managing the premises.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. However, the practice was unable to demonstrate that the four part time members of the nursing staff had attended the team meeting or received the team meeting minutes.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. However, lessons learned were not always communicated widely enough to support improvement.
- Practice specific policies were available to all staff and most of the policies were updated and reviewed regularly. However, policies for safeguarding children and safeguarding vulnerable adults policy had not included the name of a lead member of staff for safeguarding.
- There was a clear staffing structure and most staff had received training relevant to their role.
- The practice had carried out six clinical audits in the last two years and one of these was completed audit which was used to monitor quality and to make improvements.

Leadership and culture

The principal GP and the management in the practice aspired to provide safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

We found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected patients 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.

Are services well-led?

Requires improvement 

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

- The practice held and minuted a range of multi-disciplinary meetings. GPs, where required, communicated with health visitors to monitor vulnerable families and safeguarding concerns.
- All the staff we spoke with informed us they had attended regular team meetings with the exception of the nursing staff.
- 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. Minutes were comprehensive and were available for most practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the principal GP and the management in the practice. Most staff were 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, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had

supported PPG to produce a newsletter to improve the accessibility of information to patients, appointment system had been reviewed including the introduction of online appointments and cleanliness of the waiting area had been improved following feedback from the PPG.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was evidence of continuous learning and improvement within the practice.

- The practice had taken part in a bid to secure a funding from NHS England in collaboration with PPG and other stakeholders to make changes in the layout of the premises to increase the space, including administration and consultation rooms and the waiting area. The premises were shared with other services and all stakeholders were still in discussion to finalise the changes to the premises.
- Despite recruitment challenges the practice had managed to recruit a salaried GP, three administration staff and appointed a practice manager within six months of the previous GP partner and the practice manager leaving the practice.
- We saw the practice manager had started their employment in the practice as an assistant practice manager and was supported to grow, develop and secure promotion.

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 risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The practice was unable to demonstrate that they always followed national guidance on management of blank prescription forms.</p> <p>Regulation 12(1)</p>
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 registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>The practice was unable to demonstrate that they had effective monitoring systems in place for known risks to health and safety.</p> <p>Regulation 17(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

The practice was unable to demonstrate that they had undertaken appropriate recruitment checks prior to employment. Proof of identification, evidence of satisfactory conduct in previous employment in the form of references, health checks and contracts of employment were not available for some staff.

Regulation 19(3)