

# Lisle Court Medical Centre

## 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

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

# 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 Lisle Court Medical Centre on 12 July 2016. Overall the practice is rated as requires improvement.

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

- Staff knew how to document significant events and escalate concerns. There was a system in place for dealing with incidents and a log was maintained and reviewed to help ensure these were resolved. The practice did not record evidence that changes had been implemented when lessons were learned from significant events.
- Some risks to patients were assessed and well managed. Those relating to GPs training needed more effective systems were required to ensure training in infection control and fire safety was up to date.
- Data showed patient outcomes were low compared to the national average. A programme of continuous audit evidenced improvement to patient outcomes.

- Results from the national GP patient survey showed that although the majority of patients were satisfied with the care they received from the practice, satisfaction scores were lower than local and national averages.
- The practice had a diverse population with a large number of Punjabi speaking patients. The practice employed an interpreter to accommodate this group and conducted approximately one third of consultations in languages other than English.
- The policies in operation were specific to the practice and easily accessible to all staff.
- There were some measures in place to identify risks but steps taken to mitigate these did not adequately protect staff and patients.
- One of the medicines kept in cold storage was out of date, as were children and adults masks in the practice's resuscitation bag.

The areas where the provider must make improvements are:

# Summary of findings

- Take action to improve the management of medicines and emergency equipment.
- Improve the process for updating Patient Group Directions (PGDs) to ensure these are signed before they are acted upon.

In addition the provider should:

- GPs should receive up to date training in infection control and fire safety.
- Improve the process for managing significant events to ensure that changes are implemented when lessons are learned from significant events.

- Implement measures to encourage patient uptake of breast, bowel and cervical cancer screening to improve health outcomes.
- Continue to monitor and encourage patient uptake of childhood immunisations to improve health outcomes.

**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, as there are areas where improvements must be made.

- Staff knew how to document significant events and escalate concerns. There was a system in place for dealing with incidents and a log was maintained and reviewed to help ensure these were resolved. The practice did not record that changes had been implemented when lessons were learned from significant events.
- We saw that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a verbal or written apology.
- Well defined systems were in use to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had an infection control lead and was observed to be visibly clean and tidy during out visit. Staff we spoke with were aware of their infection control responsibilities.
- One of the medicines kept in cold storage was out of date, as were children and adults masks in the practice's resuscitation bag.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. During our visit we noted that some PGDs had not been signed by all of the nurses using them, and this was quickly rectified.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were lower than local and national averages. For example, the practice's performance for breast, bowel and cervical cancer screening was below CCG and national averages.
- The practice's exception reporting data was higher than CCG and national averages for cervical screening and mental health indicators. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- The practice monitored outcomes for patients and followed current evidence based guidance and standards.

Good



# Summary of findings

- There was evidence that audit was driving improvement in patient outcomes.
- There was a suitable programme of mandatory training to keep staff up to date with essential skills and e-learning tools were available, but we did not see evidence that all GPs had received training from the practice in infection control or fire safety.
- The practice coordinated and exchanged information with other services to support continuity of care. The practice held multidisciplinary team meetings with members of local community healthcare teams every three months to discuss specific patients with enhanced needs.

## Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- The national GP patient survey, published in July 2016, showed that not all patients were satisfied with how they were treated. Patients rated the practice were lower than others for several aspects of care including interactions with GPs, receptionists, and involvement in their own care.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice's patient list as carers.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice provided care to a small number of older patients living in one local care home. The care home's staff told us that they were happy with the care provided by GPs during visits.
- The practice provided facilities and services to help involve patients in decisions about their care. These were signposted for patients in a way they could easily understand.
- During our visit we saw that members of staff were considerate and respectful of patients. Patients said that practice staff were always helpful, polite and cheerful and that the service provided was excellent.

Requires improvement



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Good



# Summary of findings

- The practice employed an interpreter specifically to accommodate the practice's large Punjabi speaking population.
- Homeless patients were registered by the practice using the local Salvation Army's address. Homeless patients were advised to attend to see the GP when they needed to and wait for an appointment the same day.
- Results from the GP Patient Survey showed that patient satisfaction with access to appointments was higher than local and national averages.
- The practice had the facilities needed to accommodate patients with a range of needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided care to a small number of older patients living in one local care home. The care home's staff said that the practice was not responsive to their patients' needs. We discussed this with the practice and were assured that the issues raised had been resolved by speaking with care home staff. The practice also provided us with a list of contact with each patient to show how they responded to requests for visits and telephone consultations, and we were satisfied that these had been properly responded to.

## Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements must be made.

- The measures in place to identify and mitigate risks did not adequately protect staff and patients. For example, several Patient Group Directions had not been signed by all of the practice nurses using them, and two items of emergency equipment and one item of cold storage medicine were out of date.
- More effective systems were required to ensure training in infection control and fire safety was up to date and improvements made following learning from incidents. Action also needed to be taken to improve patient outcomes, for example there was a low uptake of breast, bowel and cervical cancer screening.
- The practice aimed to offer inclusive high quality care and services to what they recognised as a diverse and challenging population.

**Requires improvement**



# Summary of findings

- The policies in operation were specific to the practice and easily accessible to all staff.
- We saw evidence that the practice held quarterly team meetings to engage all staff as well as monthly clinical team meetings.
- Staff had a clear understanding of their own remits, and knew which of their colleagues to report to regarding matters outside of these.
- 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. Staff were encouraged to be open and proactive in dealing with mistakes and near-misses.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. Staff told us they would feel confident in giving feedback and discussing any concerns with their colleagues or management.
- The practice was proactive in participating in external groups and local pilot schemes to develop internally and improve outcomes for patients.

# 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, effective, caring and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered home visits, longer appointments and priority appointments to accommodate older people with enhanced needs.
- The practice provided care to a small number of older patients living in one local care home. The care home's staff said that the practice was not responsive to their patients' needs. We discussed this with the practice and were assured that the issues raised had been resolved by speaking with care home staff. The practice also provided us with a list of contact with each patient to show how they responded to requests for visits and telephone consultations, and we were satisfied that these had been responded to in a timely manner.
- The practice offered a comprehensive health checks to patients aged over 75 and collaborated care with other agencies such as Age UK to support their needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with local and national averages. For example the number of emergency admissions for 19 Ambulatory Care Sensitive Conditions was 13 per 1,000 population, the same as the CCG average of 13 and lower than the national average of 15. Ambulatory Care Sensitive Conditions (ACSCs) are conditions where effective management by primary medical services can help to prevent the need for hospital admission.
- The practice held monthly multidisciplinary care team meetings which the district nurses attended to discuss older patients who received home visits.

**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, effective, caring and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

**Requires improvement**





# Summary of findings

- The practice nurses had lead roles in chronic disease management such as diabetes, chronic obstructive pulmonary disease (COPD) and asthma.
- Performance for diabetes related indicators was similar to the national average range. 81% of patients with diabetes' last blood pressure reading within an acceptable range which was in line with the CCG and national averages of 81% and 78%. 90% of patients on the register had had a foot examination and risk classification in the previous 12 months, in between the CCG average of 92% and the national average of 88%.
- The practice recalled patients with a long term condition annually for review which included a blood test.
- Flu vaccinations were available annually during pre-bookable clinics in practice hours and drop-in weekend clinics.
- Longer appointments and home visits were available for patients with long term conditions.
- The practice discussed care for patients with long term conditions during multidisciplinary team meetings.

## 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, effective, caring and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- One of the GPs was the practice's safeguarding lead who engaged with local health visitors, and staff were trained to the appropriate child safeguarding level
- Childhood immunisation rates for the vaccinations given to children under 12 months old were comparable to CCG averages. Immunisation rates for those given to children between 12 months and five years were mixed; with some significantly lower than the CCG average. The practice told us they were aware of this and made frequent contact with families who did not attend to discuss the benefits of child immunisations with them and encourage uptake.
- Staff told us that they recognised children and young people as individuals and tailored their treatment suitably to their age. Clinical staff showed a clear understanding of Gillick competence and Fraser guidelines. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.
- There were appointments available outside of school hours.

**Requires improvement**



# Summary of findings

- The practice offered flu vaccinations to children and made flexible appointments available for these.
- The practice had installed a children's play area in the patient waiting room, and facilities at the premises were suitable for children and babies.

## **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, effective, caring and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held extended hours appointments with a GP from 6.30pm to 8pm on Tuesday each week, and with a GP and a nurse from 9am to 11am on one Saturday morning per month to assist patients who worked during the day. A nurse practitioner was additionally available one Tuesday evening per quarter, and flu clinics were offered during extended hours according to demand.
- Appointments could be booked up to 13 weeks in advance and the day before. Same day appointments were available for those who needed an urgent consultation. Online booking and repeat prescription ordering was available. Patients could also access telephone consultations
- The practice offered NHS health checks to those aged 40 to 74.
- The practice's uptake for the cervical screening programme was similar to local and national averages.
- Phlebotomy appointments were pre-bookable and urgent blood tests were prioritised immediately following consultation where possible to prevent patients having to return to the practice on the same day.
- The practice offered flu vaccination drop-in clinics on Saturday mornings to assist working age patients who required it.

**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, effective, caring and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

**Requires improvement**



# Summary of findings

- The practice held registers of patients whose circumstances may make them vulnerable such as carers and those with a learning disability. Potentially vulnerable patients were identified via health checks, consultations, and interactions with staff.
- Longer appointments were available for patients who needed them.
- The staff we spoke to knew how to recognise signs of abuse in vulnerable adults and children and they were aware of their responsibility to escalate any concerns. There was a lead member of staff for safeguarding, and GPs were trained to an appropriate level in safeguarding adults and children.
- Disabled facilities were available at the practice including parking, step free access to consultation rooms and a hearing loop.
- The practice had appointed a lead for homeless patients, who were registered by the practice using the local Salvation Army's address. Homeless patients were advised to attend to see the GP when they needed to and wait for an appointment the same day.
- The practice had a number of patients resident in a local probation hostel which it worked closely with to tailor services as required. For example, there was an arrangement for any prescriptions for this group of patients to be sent directly to a specific pharmacy for collection.
- The practice employed an interpreter specifically to accommodate the practice's large Punjabi speaking population. Approximately one third of the practice's consultations were conducted in languages other than English. External translation services were available for speakers of other languages. The entrance to the practice displayed a welcome sign and information on the repeat prescription box in a variety of different languages.

## 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, effective, caring and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



# Summary of findings

- The practice contacted patients on its mental health register annually to offer them a review. The practice used both written and telephone communication to encourage these patients to engage with them.
- Dementia patients had personalised care plans which were updated during annual reviews to ensure they met with patients' current needs.
- Performance for mental health related indicators was similar to or higher than CCG and national averages. For example, 98% of patients experiencing poor mental health had a comprehensive agreed care plan documented within the last 12 months. This was higher than the CCG average of 93% and the national average of 88%. Exception reporting for this indicator was 31%, significantly higher than the CCG average of 11% and the national average of 13%. The practice had a number of patients resident in a local mental health hospital who did not receive treatment for their mental health from the practice. The practice contacted mental health patients who had missed an appointment to invite them to make another one, by sending a maximum of three letters and following up by telephone. Where applicable the practice also contacted the wider community healthcare team to coordinate care and encourage patients to attend.
- 90% of patients diagnosed with dementia had a face to face care review in the past 12 months, compared with an average 85% in the CCG area 84% nationally. The practice's exception reporting was 9%, higher than the CCG average of 6% and in line with the national average of 8%.
- Longer appointments were available to patients experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice performance was mixed, but the practice was performing below local and national averages in a number of areas. 366 survey forms were distributed and 81 were returned. This represented a 22% response rate and 2% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 91% and the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 78%.

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

We spoke with one patient during the inspection, who said they were satisfied with the standard of care they received and found staff friendly. We also spoke with four members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who work with the practice team to improve services and the quality of care. The PPG told us they felt the practice had a friendly team and was offering continuity of care. They told us that the practice was open and solved problems quickly and effectively.

The practice provided care to a small number of older patients living in one local care home. The care home's staff told us that while they were satisfied with clinical care they received the practice was not responsive to their patients' needs. We discussed this with the practice and were assured that the issues raised had been resolved by speaking with care home staff. The practice also provided us with details of contact with each patient to show how they responded to requests for visits and telephone consultations, and we were satisfied that these had been responded to in a timely manner.

## Areas for improvement

### Action the service MUST take to improve

- Take action to improve the management of medicines and emergency equipment.
- Improve the process for updating Patient Group Directions (PGDs) to ensure these are signed before they are acted upon.

### Action the service SHOULD take to improve

- GPs should receive up to date training in infection control and fire safety.

- Improve the process for managing significant events to ensure that changes are implemented when lessons are learned from significant events.
- Implement measures to encourage patient uptake of breast, bowel and cervical cancer screening to improve health outcomes.
- Continue to monitor and encourage patient uptake of childhood immunisations to improve health outcomes.

# Lisle Court Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Lisle Court Medical Centre

Lisle Court Medical Centre provides GP services to a diverse population of over 4,600 patients living in the heart of Royal Leamington Spa. One third of the practice's consultations are conducted in languages other than English and the patient list has seen an increasing prevalence of young families and students. There are pockets of high and low deprivation within the practice catchment area resulting in a patient list with a broad variety of needs. The practice premises are converted from former flats and there is a small adjoining car park and on street parking available. Disabled facilities were available at the practice including parking, step free access to consultation rooms and a hearing loop.

The clinical team consists of one male and one female GP, a female regular sessional GP, a nurse practitioner and three practice nurses, a healthcare assistant and a phlebotomist. The team is supported by a practice manager, a finance manager, an assistant practice manager, an interpreter, a head receptionist, two administrators and four reception staff.

The practice is open between 8.30am and 6pm from Monday to Friday, closing for an hour daily between 12.30 and 1.30pm. At the times between 8am and 6.30pm when the practice reception is closed the telephone system diverts to the duty doctor's mobile phone to deal with any

urgent patient needs. Appointments are from 9.20am to 12.10pm and 2.30pm to 5.10pm daily. Additional appointments are also available on selected days from 8.30am, from 2pm and until 5.40pm. Extended hours appointments are offered with a GP from 6.30pm to 8pm on Tuesday each week, and with a GP and a nurse from 9am to 11am on one Saturday morning per month. A nurse practitioner is available on one Tuesday evening per quarter. There are arrangements to direct patients to the NHS 111 out of hours service from 6.30pm to 8am.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 July 2016. During our visit we:

- Spoke with staff and patients.
- Reviewed seven patient comment cards.
- Reviewed the practice's policies and procedures.
- Carried out visual checks of the premises, equipment, and medicines stored on site.

# Detailed findings

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

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

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

- Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events.

- There was a significant event book in reception with forms for recording any incidents. Staff told us they would immediately inform the practice manager of any incidents and document them accordingly.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a verbal or written apology.
- The practice maintained a log of significant events. This showed a summary of the incident, details of who reported it, the dates of the initial meeting held to discuss it and the date of a further meeting where it was reviewed. The log did not include full details about how lessons learned had been implemented. Staff we spoke with were able to give us examples of learning that had been applied as a result of incidents.

Safety alerts and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received by the practice manager. These were then logged and distributed to relevant staff to be actioned. Alerts were also discussed at monthly clinical meetings. We reviewed the log of recent safety alerts and saw that these had been disseminated and actioned.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- One of the GP partners was the practice's safeguarding lead. Staff we spoke with told us they would report any incidents or concerns to one of the GP partners, a practice nurse or the practice manager. There was a safeguarding policy available to staff on the practice's computer system and a printed copy was kept in the practice manager's office. Staff we spoke to were able to demonstrate their understanding of their safeguarding responsibilities and staff had received training on safeguarding children and vulnerable adults relevant to their role.

- There was a notice in the waiting room that advised patients' chaperones were available if required. The practice nurses and assistant practice manager 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 was observed to be visibly clean and tidy during our visit and we saw evidence that cleanliness and hygiene standards were maintained. One of the practice nurses was the infection control lead and staff followed protocols to deal with infection control issues such as spillages and handling clinical specimens. The infection control lead conducted audits which identified areas for improvement. We saw evidence that actions were taken as a result.
- The practice had made arrangements for managing medicines to keep patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines; including emergency medicines and vaccines.
- Staff used established processes in liaison with the GPs to deal with repeat prescriptions. Prescriptions were securely stored and serial numbers recorded to monitor their use. The practice had shared care agreements in place for patients who were prescribed high risk medicines, who also received treatment from specialists in their particular illness. The practice followed up any patients who did not attend for secondary care monitoring such as blood testing to ensure that they could be prescribed medicines safely.
- The practice monitored fridge temperatures by keeping a log and appropriate action was taken if cold storage medicines deviated from the recommended temperature range. During the inspection we carried out a check of fridges and found one medicine that had expired.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. During our visit we noted that some PGDs had not been signed by all of the nurses using them, and this was quickly rectified.
- We looked at five personnel files and found evidence that appropriate recruitment checks had been carried out before employment. For instance, proof of identity,



## Are services safe?

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### Monitoring risks to patients

Some risks to patients were assessed and well managed.

- The practice used a number of procedures to manage risks to staff and patient safety. There were up to date health and safety and fire risk assessments which had been completed in October 2015. We saw evidence of regular fire drills and alarm checks, as well as extinguisher checks and staff training. One of the GPs did not have up to date fire safety training. Portable appliance testing had been carried out in February 2016, and equipment had been calibrated in December 2015. They had also undertaken a variety of other risk assessments to monitor the safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice manager assessed the number and skill mix of staff needed to meet patients' needs and ensured the necessary staff were on duty. Staff worked rotationally and annual leave was managed accordingly. While there were sufficient numbers of nurses and non-clinical staff to cover one another's absences, locums were used to cover GPs annual leave or other absences. The practice used the same two locums where possible to provide continuity of care.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents but these did not fully protect patients against potential risks.

- The practice computers' instant messaging system was used to alert all members of staff in the event of an emergency.
- Staff received basic life support training and there were emergency medicines available.
- The practice did not have a defibrillator available on the premises. The practice explained that this was because an ambulance could arrive at the premises in less than eight minutes. At the time of the inspection a formal risk assessment had not been carried out. Following our visit the practice provided a risk assessment which looked at ambulance call outs and arrival time to the postcode area over the past year. This showed that 65% of emergency call outs arrived within eight minutes. The practice also told us that they intended to purchase a defibrillator before the end of the year. There was a resuscitation bag containing oxygen with adult and children's masks, but both were found to have expired. The practice ordered new adults and children's masks following the inspection. A first aid kit and accident book was available.
- The supply of emergency medicines were accessible to staff and were stored in a secure area of the practice which staff were aware of.
- The practice had completed a business continuity plan to deal with major incidents such as power failure or building damage. This was last updated in March 2016 and additional copies were stored off site with the Practice Manager and GP partner. The plan included emergency contact numbers for current staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice reviewed needs and provided care that met with current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Systems were in place to keep all clinical staff up to date. Staff told us they could access guidelines from NICE electronically, and this information was used to deliver care and treatment appropriate to patients' needs.
- The practice GPs attended local education events to improve practice in relation to new guidance and standards.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results showed the practice had achieved 99% of the total number of points available. The practice's total exception reporting was 9%, the same as the national average of 9% and slightly higher than the local Clinical Commissioning Group (CCG) average of 7%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2014/2015 showed:

- The practice's performance for diabetes related indicators was similar to CCG and national averages. For example, 85% of the practice's patients with diabetes had a blood glucose reading within the target range recorded in the preceding 12 months. This was similar to the CCG average of 82% and higher than the national average of 78%. 95% of the same group of patients had received the flu immunisation during the QOF year, line with the CCG average of 97% and the national average of 94%. Exception reporting for diabetes overall was 12%, close to the national average of 11% and the CCG average of 9%.

- Performance for mental health related indicators was similar to or higher than average. For example, 90% of the practice's patients with dementia had received a face to face review of their care in the previous 12 months, compared with the CCG average of 85% and the national average of 84%. Alcohol consumption had been recorder in the last 12 months for 92% of patients with schizophrenia, bipolar affective disorder or other mental illness, similar to the average 94% of patients in the CCG and an average of 90% nationally. Exception reporting for mental health was high at 28%, compared with a 10% average in the CCG and 11% nationally. The practice population had an above average prevalence of mental health patients, a number of whom were resident in a local mental health hospital and did not receive treatment for their mental health from the practice. The practice contacted mental health patients who had missed an appointment to invite them to make another one, by sending a maximum of three letters and following up by telephone. Where applicable the practice also contacted the wider community healthcare team to coordinate care and encourage patients to attend.

There was evidence of some clinical audit.

- There had been three clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local and national benchmarking to monitor its performance.
- We looked at two full cycle clinical audits carried out over the previous year and saw that findings were used by the practice to improve services. For example, the practice had carried out an audit to ensure that care of patients prescribed a high risk medicine used to treat a number of illnesses including cancer minimised the risk of harm. The audit identified three patients who were receiving a too high a quantity of the medicine and each received a medication review and a shorter prescription in order to monitor them more closely.

### Effective staffing

During the inspection we were satisfied that staff had the skills, knowledge and experience to deliver effective care and treatment.

# Are services effective?

## (for example, treatment is effective)

- All newly appointed practice staff underwent an induction programme covering essential topics. These included health and safety, infection prevention and control, fire safety, confidentiality and accommodating different languages.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. All cervical sample takers had completed updated training at three yearly intervals. Staff who administered vaccines had also completed relevant annual refresher training. The nurse team also kept up to date by attending clinical nurse forums, by accessing online resources, liaising with pharmaceutical representatives and through discussion at internal meetings.
- The practice used annual staff appraisals to identify learning needs, as well as open communication between the practice manager and other staff on an ongoing basis. Appropriate training was available to meet these learning needs and to cover the scope of individual roles. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs and practice nurses.
- Mandatory staff training included: fire safety, first aid, infection control and confidentiality. E-learning resources allowed staff to complete and update training modules at their convenience, and a variety of in-house and externally provided training was used in addition to this. For one GP, we did not see evidence that they had received training from the practice in infection control or fire safety.

### Coordinating patient care and information sharing

Staff were able to access the information that was needed to appropriately plan and deliver care and treatment through the practice's patient record system and shared computer drives.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice coordinated and exchanged information with other services to support continuity of care. For instance information was handed over when patients were referred to other services.

- The practice held multidisciplinary team meetings with members of local community healthcare teams every three months to discuss specific patients with enhanced needs.

### Consent to care and treatment

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

- Staff followed legislation and guidance when gaining consent for treatment and when confirming patients' capability to be able to make decisions about their care. For example the Mental Capacity Act 2005 was adhered to.
- Clinical staff assessed the capacity of children and young people to provide consent for care and treatment when necessary and in line with current relevant guidance.
- GPs gained written consent from patients undergoing minor surgery and made assessments of capacity where necessary before proceeding. Nurses confirmed the identity of the person responsible before gaining verbal consent for procedures such as children's immunisations.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients with long term conditions including diabetes, asthma and heart conditions were reviewed regularly and offered advice on health living. Patients were signposted to appropriate services such as dietary advice.
- Smoking cessation advice was available from the practice nurse.
- The practice offered a variety of health checks and screenings to identify patients who may require extra support.
- A blood pressure screening machine was available to patients in the waiting room to encourage them to monitor their own health.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 83% and the national average of 82%. Exception reporting was higher than average for cervical screening at 27%, compared with the CCG average of 5% and the national average of 6%. There was a policy to send three reminder

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

letters for patients who did not attend for their cervical screening test and these were followed up with text messages and phone calls. GPs and nurses also discussed cervical screening with patients on an opportune basis when they attended for other appointments. The practice made the in-house interpreter available to provide patients with information in Punjabi where required. A female sample taker was always available. There were failsafe systems in place 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, but uptake for both was lower than local and national averages. For instance, 64% of women aged 50 to 70 had been screened for breast cancer within the target period, compared with the CCG average of 75% and the national average of 72%. Only 43% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with 64% in the local CCG and 58% across England overall.

Childhood immunisation rates for the vaccinations given were similar to or lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to children between 12 months and two years of age ranged

from 69% to 96%, which was significantly lower than the CCG range of 84% to 99%. Immunisation rates for five year olds ranged from 74% to 98%, whereas the CCG averages ranged from 93% to 98%. The practice told us their childhood immunisation rates were lower than average because of a high number of patients working at a local factory which regularly recruited from overseas. These patients often brought their families with them to take up employment and registered their children with the practice. Due to immunisation schedules differing in other countries or due to documentation not being presented to the practice to confirm which vaccinations had already been given, it was difficult for the practice to manage childhood immunisations for this group. The practice had also experienced higher than average refusal rates. The practice told us they made frequent contact with families who did not attend to discuss the benefits of child immunisations with them and encourage uptake.

Health assessments and checks were accessible to patients. The practice offered new patient health checks, NHS health checks for patients aged over 40, an over 75s health check and a Well Man Clinic. Follow-ups were conducted where concerns were identified. The practice also offered a range of reviews for patients with long term illnesses such as dementia, diabetes, asthma, hypertension and mental health.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our visit we saw that members of staff were considerate and respectful of patients.

- Curtains in consulting rooms protected patients' privacy and dignity during examinations, investigations and treatments.
- Doors to consultation and treatment rooms were closed during patient sessions and we could not hear the conversations taking place.
- Reception staff explained to us that they would offer to take patients to a private room if they were very unwell or upset, or if they needed to discuss something of a personal nature.

Seven Care Quality Commission comment cards were returned by patients and all were positive about the service experienced. Patients said that practice staff were always helpful, polite and cheerful and that the service provided was excellent.

We spoke with four members of the Patient Participation Group (PPG) during the inspection. A PPG is a group of patients registered with the practice, who work with the practice team to improve services and the quality of care. The PPG told us the practice team was friendly and provided good continuity of care. They found the practice open and believed they solved problems quickly and effectively.

We also spoke with an individual patient during the inspection, who told us they were satisfied with the standard of care they received and found staff friendly. The patient said their treatment was explained to them and they felt involved in making decisions about their care, and that the practice asked them to provide feedback.

Results from the national GP patient survey showed that not all patients were satisfied with how they were treated. The practice had lower scores than local and national averages in respect of aspects of their interactions with GPs and reception staff. For example:

- 74% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.

- 82% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice carried out an in-house survey focusing on these results, and held a meeting with staff and the Patient Participation Group (PPG) to discuss the results of both surveys. It was noted that although results in these areas of the GP Patient Survey were below average, there was an improvement from the practice's results the previous year. The practice decided to continue with its ongoing methods of improving patient experience.

### Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive about making decisions about their care. For instance, two patients commented that their clinician was good at talking with them about their care; explaining, listening and answering questions. Results from the national GP patient survey showed that not all patients were satisfied, as these were lower than local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

## Are services caring?

Again, the practice was aware that these ratings were lower than average and had discussed these with the PPG and hoped to continue improving patient experience.

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

- We saw evidence that translation services were available for patients who did not have English as a first language. A sign by the reception desk informed patients this service was available. The practice also employed a full time interpreter to cater for their large population of Punjabi speaking patients, and one of the GPs was able to offer appointments in Hindi.
- There was a communication poster in the waiting area which told patients information could be made available to them in easy read, large print, braille, sign language and email and SMS formats.
- A welcome sign and a repeat prescription request box were located by the entrance to the practice, both of which were displayed in several different languages.

### **Patient and carer support to cope emotionally with care and treatment**

A number of posters and leaflets were displayed in the patient waiting area, to provide information about organisations and support available for a range of illnesses and circumstances. 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 48 patients as carers (1% of the practice's patient list). The practice used the register to offer services to carers such flu vaccinations. The practice liaised with Age UK to support carers who they identified as vulnerable older people. There was information on display asking carers to complete a registration form and a survey.

The practice had implemented a protocol for staff to follow after a patient death. All staff were notified of patient deaths and these were also discussed in multidisciplinary team meetings to ensure support was available. Bereaved families received a sympathy card from their usual GP and were directed to available support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice employed an interpreter specifically to accommodate the practice's large Punjabi speaking population. Approximately one third of the practice's consultations were conducted in languages other than English. The staff member was available on a full time basis and completed administrative and reception duties in between consultations. One of the GPs was able to offer consultations spoken in Hindi. External translation services were also available for speakers of other languages and when staff members who interpreted were unavailable. The entrance to the practice displayed a welcome sign and information on the repeat prescription box in a variety of different languages.
- The practice held extended hours appointments with a GP from 6.30pm to 8pm on Tuesday each week, and with a GP and a nurse from 9am to 11am on one Saturday morning per month to assist patients who worked during the day. A nurse practitioner was additionally available one Tuesday evening per quarter, and flu clinics were offered during extended hours according to demand.
- The nurse practitioner at the practice acted as a care coordinator for older patients and engaged with local support groups. She was also involved with organising events and supported patients to participate in these. At the time of our visit she was working on setting up a dementia group specifically for Punjabi speaking men, as she had identified that there was limited external support for this group locally.
- Longer appointments were available for patients who needed them, such as those with a learning disability.
- Homeless patients were registered by the practice using the local Salvation Army's address. Homeless patients were advised to attend to see the GP when they needed to and wait for an appointment the same day. One of the GP partners was the lead for this group of patients, and made time available to see any who were waiting.

- The practice had a number of patients resident in a local probation hostel which it worked closely with to tailor services as required. For example, there was an arrangement for any prescriptions for this group of patients to be sent directly to a specific pharmacy for collection.
- The practice offered home visits house bound patients and those clinical needs which resulted in difficulty attending the practice.
- The practice provided care to a small number of older patients living in one local care home. The care home's staff told us that while they were satisfied with clinical care they received the practice was not responsive to their patients' needs. We discussed this feedback with the practice and were provided with information which showed that requests had been responded to in a timely manner.
- Appointments could be arranged on the same day for children and patients with medical problems that required an urgent consultation.
- The practice offered patients travel vaccinations in house, including those only available privately for a fee as well as those available through the NHS.
- There were suitable disabled facilities in the practice for patients who needed them. A hearing loop available and a communication poster advised patients that information could be provided in easy read formats, large print, braille and sign language.

### Access to the service

The practice was open between 8.30am and 6pm from Monday to Friday, closing for an hour daily between 12.30 and 1.30pm. At the times between 8am and 6.30pm when the practice reception was closed the telephone system diverted to the duty doctor's mobile phone so that any urgent patient needs could be dealt with.

Appointments were available from 9.20am to 12.10pm and 2.30pm to 5.10pm daily. Additional appointments are also available on selected days from 8.30am, from 2pm and until 5.40pm.

Extended hours appointments were offered with a GP from 6.30pm to 8pm on Tuesday each week, and with a GP and a nurse from 9am to 11am on one Saturday morning per month. A nurse practitioner was available on one Tuesday evening per quarter. In addition to pre-bookable appointments that could be booked up to 13 weeks in

# Are services responsive to people's needs?

## (for example, to feedback?)

advance or a day ahead, urgent appointments were available on the same day for people that needed them. The practice had made arrangements to direct patients to the NHS 111 out of hours service from 6.30pm to 8am.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed, with several areas higher than local and national averages as well as some areas that were lower. For example:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 65% of patients usually got to see or speak to their preferred GP compared to the CCG average of 67% and the national average of 59%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 91% and the national average of 85%.
- 83% of patients described their experience of making an appointment as good compared to the CCG average of 81% and the national average of 73%.
- 48% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and the national average of 65%.
- 41% feel they did not normally have to wait too long to be seen compared to the CCG average of 61% and the national average of 58%.

The practice had held a meeting with staff and the Patient Participation Group to discuss areas identified for improvement following the GP Patient Survey. For example, as a number of patients said they had to wait longer than 15 minutes for their appointment the practice had worked a number of catch-up slots into the day.

The practice had a nurse practitioner carry out telephone triage three days each week to help manage appointments. We spoke with this nurse practitioner during the inspection and were satisfied that she had the appropriate support and competence for this role, and was able to access advice from GPs where necessary. The practice also had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. All home visit requests were directed to the GPs, who then telephoned each patient to discuss their needs and prioritise their visit accordingly. 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 in place to deal with complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated individual responsible for managing all complaints.
- We saw that information was available to help patients understand the complaints system. Details were displayed by the reception desk, and forms were available to assist people who wanted to put their complaint in writing. Information was also on the practice website.

We looked at 15 complaints received in the last 12 months and found these had been handled satisfactorily. Records showed these had been responded to in a timely way and the practice had met with patients face to face where appropriate to resolve matters. Lessons were learned from individual concerns and complaints and used to improve the quality of care.



# 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 aimed to offer inclusive high quality care and services to what they recognised as a diverse population with a number of social challenges. Staff we spoke with during the inspection described the practice's priorities as putting patients first, treating people with dignity, providing a caring and safe environment, and accommodating a multi-cultural population. The key challenge faced by the practice at the time of the inspection was planned housing development in the local area, as the premises would not be able to accommodate a significant increase in the patient list size. The practice was working with local authorities to find or develop larger premises without leaving their existing patient group.

### Governance arrangements

The practice's governance arrangements used structures and procedures, but not all of these were effective. During our visit we found that:

- The practice did not have effective systems to enable them to have clear and proactive oversight of the quality of service being provided by effectively monitoring and improving patient outcomes. For example there was no clear action plan to address some areas where exception reporting was high, or where patients were not attending for breast, bowel and cervical cancer screening to maintain their health and wellbeing.
- The measures in place to identify and mitigate risks did not adequately protect staff and patients. This included, for example, training the practice considered mandatory, and the arrangements for ensuring medicines and emergency equipment were in date.
- Staff had a clear understanding of their own remits, and knew which of their colleagues to report to regarding matters outside of these.
- The policies in operation were specific to the practice and easily accessible to all staff.
- The practice monitored its performance against local and national indicators and undertook some audits to monitor quality and to make improvements.

### Leadership and culture

The GP partners and practice manager told us their goal was to provide safe, good quality care that was supportive and fully inclusive. There was an open door policy and staff told us they found the partners friendly, professional, and easy to communicate with.

The practice ensured it complied with the requirements of the duty of candour by using applied processes for dealing with incidents. 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. Staff were encouraged to be upfront about mistakes and near-misses. When things went wrong with care and treatment the patients involved were offered reasonable support, detailed information and a verbal or written apology. Significant events were recorded, analyzed and revisited; but a more robust system was needed to ensure that improvements were made as a result of lessons learned.

There was a leadership structure at the practice to help support staff. For example:

- We saw evidence that the practice held quarterly team meetings to engage all staff as well as monthly clinical team meetings.
- Staff told us they got on well with the GP partners and practice manager, and felt able to approach them if they needed to discuss something.
- Staff we spoke with on the day of the inspection said they felt valued and appreciated in their roles. They enjoyed being part of a small practice team and felt involved in the development of the practice.

One of the GPs was not up to date with mandatory training, such as fire safety and infection control. We saw that the practice manager had begun work on creating an improved training log to better manage this.

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

- The practice had not addressed a number of areas where patient satisfaction and feedback was lower than average. We saw evidence that the practice had engaged with patients to obtain feedback about the service it provided through both the GP Patient Survey and a survey carried out by the patient participation group (PPG). We saw that improvements had been made in areas relating to the responsiveness of the service.

# Are services well-led?

Requires improvement 

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

- Feedback from care home staff was positive regarding clinical practice, but mixed regarding responsiveness to patients' needs. The practice informed us they had discussed the issues raised with the care home and resolved these, and we were provided with evidence that requests for telephone consultations and visits were responded to in a timely manner.
- The practice had an active PPG which provided feedback and offered suggestions for improvements. The practice was pro-active in considering ideas raised by the PPG. For example, the practice had installed a blood pressure machine in the waiting area to encourage patients to self-monitor. Additionally, a TV had been placed in reception to promote information about health and services available.
- Staff feedback was gathered through annual appraisals and quarterly staff meetings. Staff told us they would feel confident in giving feedback and discussing any concerns with their colleagues or management.

- The practice had participated in a number of local fundraisers and events, as well as holding its own raffle, to help charities relevant to their patients such as Age UK, Myton Hospice, and the Salvation Army.

## Continuous improvement

The practice was part of a buddy group with four other local surgeries. This involved the practice manager and GPs meetings with the other practices to engage in peer review and feedback as well as best practice discussions. The practice was also participating in a local initiative to identify and support older patients in the early stages of frailty by liaising with social services and the community nursing team to manage their package of care.

The practice was also a member of a GP federation, which had recently presented its nurse practitioner with the Extra Mile Award for her personal investment in patient care.

There was individual engagement with local groups, including practice management and nurse forums. The GP partners met with a local clinical journal group which often had guest speaker so share expertise.

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<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users of receiving care and treatment.</p> <ul style="list-style-type: none"><li>• The practice did not ensure suitable overall management of medicines and emergency equipment.</li></ul> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to ensure the systems and processes in place assessed, monitored and mitigated any risks relating the health, safety and welfare of people using services and others.</p> <ul style="list-style-type: none"><li>• The practice did not ensure the relevant staff had signed Patient Group Directions (PGDs) before putting them into action.</li></ul> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |