

Ratings

Manage all of the ratings in this report using the options below.

You only need to add/update your ratings here and the ratings will be automatically updated throughout the report.

Overall Rating

Overall rating for this service

Good



Key Questions

Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



The six population groups

Older people

Is the service safe? Is the service effective? Is the service caring?
Is the service responsive? Is the service well-led?

Good
Requires improvement



Good



Good



Good



Good



People with long term conditions

Is the service safe? Is the service effective? Is the service caring?
Is the service responsive? Is the service well-led?

Good
Requires improvement



Good



Good



Good



Good



Families, children and young people

Is the service safe? Is the service effective? Is the service caring?
Is the service responsive? Is the service well-led?

Good
Requires improvement



Ratings

Manage all of the ratings in this report using the options below.

You only need to add/update your ratings here and the ratings will be automatically updated throughout the report.

	<p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p>
<p>Working age people (including those recently retired and students)</p> <p>Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?</p>	<p>Good </p> <p>Requires improvement </p> <p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p>
<p>People whose circumstances may make them vulnerable</p> <p>Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?</p>	<p>Good </p> <p>Requires improvement </p> <p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p>
<p>People experiencing poor mental health (including people with dementia)</p> <p>Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?</p>	<p>Good </p> <p>Requires improvement </p> <p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p>

Mrs Suhasini Nirgude

Quality Report

Abbey Medical Centre
41 Russell Street
Reading
Berkshire
RG1 7XD
Tel: 01189 573752
Website: www.abbeymedicalreading.co.uk

Date of inspection visit: 21 January 2016
Date of publication: 10/03/2016

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.

x Do not include ratings table in report

Ratings

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

Summary of findings

Contents

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Summary of this inspection

	Page
Overall summary	4
The five questions we ask and what we found	6
The six population groups and what we found	9
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Mrs Suhasini Nirgude	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

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Overall summary

For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mrs Suhasini Nirgude (also known as Abbey Medical Centre) on 21 January 2016. This was the second

comprehensive inspection of the practice. In January 2015 when we last visited, the practice was rated as requires improvement. Specifically the practice was rated as requiring improvement for the delivery of safe, effective and well led services.

We undertook this second inspection to see whether the practice had completed the actions included in the

Summary of findings

action plan they sent us and because the practice wished for the ratings to be updated. Overall the practice is now rated as good. Specifically it is rated as good for the delivery of effective, caring, responsive and well led services. However, it remained rated as requires improvement for delivering safe services.

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

- The practice had made improvements to ensure an open and transparent approach to safety. Effective systems were in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they could make an appointment with a named GP. However, one of the salaried GPs was on extended leave and their duties were being covered by locum GPs at the time of inspection. Urgent appointments were available the same day.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.

- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Not all staff who undertook chaperone duties had received a Disclosure and Barring service check. The practice could not be assured that these staff did not have a criminal record or any restrictions placed upon them working with children or vulnerable adults.

The areas where the provider must make improvement are:

- To ensure all staff who undertake chaperone duties complete a Disclosure and Barring Service (DBS) check.
- Ensuring appropriate authorisation is in place for the phlebotomist to administer flu immunisations.

The areas where the provider should make improvement are

- Consider the mixed responses from patients who took part in the national survey in regard to the caring nature of GPs and the nurse. Reflecting upon how this might be improved.
- Ensuring all staff are aware of the process to book interpreters.

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?

Instructions For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

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

- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some staff who undertook chaperone duties had not received a DBS check.
- Flu vaccinations had been administered by an appropriately trained member of staff, they had used inappropriate authority to administer these.

There were some areas of good practice:

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed.
- Most medicines were stored and used appropriately.
- The practice had updated processes for maintaining a clean environment and reducing the risk of cross infection.

Requires improvement



Are services effective?

Instructions

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. These also showed a significant improvement compared to our last visit in January 2015.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Instructions

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed mixed responses from patients rating the service across different aspects of care.
- Patients we spoke with and those who completed Care Quality Commission comment cards said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, patients who completed the national survey were not as positive about their involvement in decisions.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

Instructions

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. For example in identifying and offering advice to patients on reducing their alcohol consumption as part of a local initiative.
- Patients said they found it easy to make an appointment with a named GP and there was usually continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was well equipped to treat patients and meet their 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.

Good



Are services well-led?

Instructions

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff.
- The practice had reformed a patient participation group to encourage a structured channel of feedback from patients.
- There was a strong focus on improvement and on maintaining a local service for patients by working in partnership with other GP practices and health care providers.

Summary of findings

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The six population groups and what we found

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

Older people

Instructions For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients was similar or better than local and national averages. For example it achieved 97% of the national targets for care of patients with lung disease compared to the local and national average of 96%.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was 74%, which was better the clinical commissioning group and national averages.
- Longer appointments and home visits were available for older patients when needed, and this was acknowledged positively in feedback from patients.

Good



People with long term conditions

Instructions

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

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 87% of the monitoring measures for patients diagnosed with diabetes had been met compared to the local average of 80% and the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.

Good



Summary of findings

Families, children and young people

Instructions

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 85% of women eligible for cervical screening had been screened compared to the CCG average of 77% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

Instructions

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- A late evening clinic was held on Monday to assist patients who found it difficult to attend the practice during working hours.

Good



People whose circumstances may make them vulnerable

Instructions

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

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- 91% of patients with a learning disability had received a health check and a flu immunisation in the last 12 months.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability and visited them in their own home if they found it difficult to attend the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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. However, some staff who undertook chaperone duties had not received a Disclosure and Barring Service (DBS) check.

People experiencing poor mental health (including people with dementia)

Instructions

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

- 95% of patients diagnosed with a severe mental health problem had a care plan compared to 90% local average and 88% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

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What people who use the service say

Instructions

The national GP patient survey results were published in July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and thirty nine survey forms were distributed and 96 were returned. This represented a 22% return rate and was approximately 4% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 75% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.

- 78% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 77% and a national average of 73%.

However

- 64% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 75% and a national average of 78%.

This recommendation rate was not reflected in the results of the friends and family test for 2015 completed by 30 patients where a 75% recommendation rate was achieved.

x Do not include in report

Areas for improvement

x Do not include in report

Action the service MUST take to improve

Instructions

For guidance on writing this section, please refer to the WORD inspection report template on the intranet **here**

- To ensure all staff who undertake chaperone duties complete a Disclosure and Barring Service (DBS) check.
- Ensuring appropriate authorisation is in place for the phlebotomist to administer flu immunisations.

x Do not include in report

Action the service SHOULD take to improve

Instructions

- Consider the mixed responses from patients who took part in the national survey in regard to the caring nature of GPs and the nurse. Reflecting upon how this might be improved.
- Ensuring all staff are aware of the process to book interpreters.

x Do not include in report

Outstanding practice

Instructions

Mrs Suhasini Nirgude

Detailed findings

x Do not include in report

Our inspection team

Instructions

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

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Background to Mrs Suhasini Nirgude

Instructions

For guidance on writing this section, please refer to the WORD inspection report template on the intranet **here**

Mrs Suhasini Nirgude is the registered manager and owner of the practice operated from The Abbey Medical Centre. The practice has a registered population of approximately 2,250. There is a higher than average number of patients of working age and fewer older patients than average registered. The practice is located in an area of Reading with a high density of rented accommodation which results in a greater than average turnover of patients.

Approximately 300 patients leave and 300 register with the practice each year equating to nearly 14% turnover.

There are limited car parking facilities on site but the practice is within a short walk of main bus routes and is walkable from the mainline Reading railway station. The

main entrance to the practice is accessed via steps but there is ramped access from the car park at the rear of the premises for patients with a disability or those with prams and pushchairs.

It is a relatively small practice with few staff. Normally there are two GPs covering the all the appointment sessions per week. One male and one female. However, at the time of inspection the male GP was on a period of extended leave and cover was being provided by two locum GPs who were both female. There is a part time practice nurse who works one day a week, a part time phlebotomist and four members of the administration and reception team. The practice is working with two other practices to secure the shared appointment of an advanced nurse prescriber to enhance the services and to provide more nursing time at the practice.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are from 8.40am to 11.30am every morning and 3.30pm to 6pm daily. Extended surgery hours are offered between 6.30pm and 7.45pm on a Monday evening every week.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: The Abbey Medical Centre, 41 Russell Street, Reading, Berkshire, RG1 7XD.

The practice is registered with the CQC for the carrying on of the regulated activities of: Diagnostic and screening procedures, Family planning services, Maternity and midwifery services and Treatment of disease, disorder or injury and Surgical Procedures.

Detailed findings

The practice has been inspected before in January 2015 when it was found to require improvement for the delivery of safe, effective and well led services giving rise to an overall rating of requires improvement. This second comprehensive inspection was carried out to check the progress the practice had made to meet regulations and because the practice wished to have the original rating reviewed.

x Do not include in report

Why we carried out this inspection

Instructions

We inspected this service as part of our comprehensive inspection programme. 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 practice had been inspected before in January 2015. We undertook this inspection to ensure the practice had made the improvements they told us they were going to make and to update the ratings for the service.

x Do not include in report

How we carried out this inspection

Instructions

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 21 January 2016. During our visit we:

- Spoke with a GP and a locum GP, the phlebotomist, two receptionists and two members of the administration team.

- We spoke with 13 patients including three members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 46 comment cards where patients and members of the public shared their views and experiences of the service.

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?

Detailed findings

Our findings

Instructions

For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in the staff procedures file.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a diagnosis of a complicated pregnancy was not made at the practice because they did not have pregnancy testing kits available. The patient had to take a home pregnancy test and this delayed the diagnosis. The practice arranged immediate purchase of urinary pregnancy test kits to avoid similar delays in the future.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children and had received training in safeguarding vulnerable adults. We noted that all staff were scheduled to attend a safeguarding update later in January 2016.

- 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. However, reception staff who had been trained to undertake chaperone duties had not received a Disclosure and Barring Service check (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 receptionist and a member of administration staff we spoke with told us they carried out chaperone duties on rare occasions. The GPs, the practice manager, practice nurse and phlebotomist had all received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The phlebotomist was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training relevant to their roles in reducing the risk of cross infection. Annual infection control audits were undertaken and we noted that the practice had involved the clinical commissioning group (CCG) infection control lead to undertake the last audit. When we visited the provider in January 2015 we noted that action arising from infection control audits was underway but there was not a clear timetable for completing the actions. During this inspection we saw evidence that action was taken to address any improvements identified from the audit. For example, the practice had replaced carpets with easily washable hard flooring in all clinical areas.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. We found the phlebotomist had been appropriately trained to administer flu vaccinations. They were originally trained as a doctor. However, they were using a PGD to enable them to deliver the immunisations. This should not have been used to support a member of staff who was not a registered practitioner because a patient specific authority to administer the immunisation should have been obtained from the GPs on each occasion. When we advised the practice of our findings the process was stopped immediately. The procedure was changed to require the phlebotomist to obtain written authorisation for each patient from the GPs before administering a flu vaccination. The practice manager confirmed, following our visit, that the patients who received their flu vaccination from the phlebotomist had been identified and a register retained in case any complications arose.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff. The practice had made significant improvement because when we visited in January 2015 this information had not been completed. We also checked the information held for the two locum GPs working at the practice and found that appropriate checks had been undertaken prior to them starting work at the practice.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. When we visited the practice in January 2015 they did not have a fire risk assessment. During the inspection in January 2016 we saw a fire risk

assessment had been completed in February 2015. We also noted that the recommendations from the assessment had been fulfilled. For example the fire exit door near the treatment room had been upgraded and fire doors had been fitted on the first floor. Fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. In January 2015 we found the practice did not have a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This assessment had been completed in 2015 and the practice was following the recommendations from the assessment by undertaking regular hot and cold water temperature monitoring.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There were arrangements in place to ensure staff covered absences when colleagues were away.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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. However, when we checked the defibrillator we found the pads were past their expiry date. The children's mask held with the emergency oxygen was also past expiry date. When we brought this to the attention of the practice manager they ordered replacements.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place 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

Instructions

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available, with 4% exception reporting compared to the clinical commission group (CCG) exception reporting rate of 7% and national average of 9% (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 87% which was above CCG average of 80% and similar to the national average of 89%.
- The percentage of patients with hypertension achieving target blood pressure was 85%. This was above the CCG average of 81% and similar to the national average of 84%.
- Performance for mental health related indicators was above both CCG and national averages. The practice achieved 100% compared to the CCG average of 91% and national average of 93%.

- When we visited the practice in January 2015 they were achieving only 32% of the monitoring standards for patients diagnosed with depression. In January 2016 the practice had achieved 100% of the standards showing an improvement of 68% compared to the previous year.
- When we visited the practice in January 2015 they were achieving 35% of the standards required for patients diagnosed with heart failure. In January 2016 they had achieved 100% compared to the CCG average of 92% and national average of 98%. We noted that the practice had made a 65% improvement and that this was achieved without any patients being made an exception to the monitoring targets.
- 95% of patients diagnosed with a severe mental health problem had a care plan compared to 90% CCG average and 88% national average.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years. One of these was in a second cycle but had not yet been completed.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included, changing the referral arrangements for patients who see their GP with a specific type of lump in their neck. Such lumps were identified as possible signs of cancer and the practice decided that a diagnosis of this type must result in referral for the patient to be seen within two weeks.

Information about patients' outcomes was used to make improvements such using a 'telemedicine' service (pictures that could be sent to specialists to make a diagnosis) for patients with moles that change shape or colour. Use of this service meant the community dermatology team could offer prompt advice or call the patient to be seen by a specialist.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering immunisations and vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during day to day discussions appraisals, coaching and mentoring and facilitation and support for revalidating GPs. We noted that the GPs sought clinical supervision and support from colleagues at neighbouring practices. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use external courses, CCG learning time 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that contact with the local multi-disciplinary team took place on a regular basis via telephone conferences and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The GPs referred patients to local services as and when their condition warranted. For example referrals were made for exercise, dietary advice and to smoking cessation counsellors.
- The practice had identified that they needed to improve their identification of smokers. They had recorded the smoking status of 77% of patients aged over 16 compared to the CCG average of 83% and national average of 86%. However, they compared well in offering advice on the benefits of stopping smoking for those identified as smokers with 98% receiving advice compared to the CCG average of 94% and national average of 95%.

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice had been given to 98% of patients within a specified range of long term conditions compared to the CCG and national average of 95%.

The practice's uptake for the cervical screening programme was 85%, which was above the comparable to the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98% compared to the CCG range of 88% to 93%. The immunisation rate for five year olds ranged from 73% to 90% compared to the CCG range of 81% to 92%. We noted that there were very

few patients in the group requiring immunisation by the age of five. The failure to attend for immunisation of one or two patients made a significant difference to the rates achieved.

The Flu vaccination rate for the over 65s was 74% compared to the national average of 73%. For at risk groups the flu vaccination rate was 69% compared to the national average of 53%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. The practice had completed 160 out of 186 new patient health checks for those that were eligible. This was an 84% new patient check rate. NHS health checks for people aged 40–74 were also undertaken. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

One of the GPs had completed 10 out of 11 annual health checks for patients with a learning disability. They had achieved this by visiting the homes where these patients lived and combining the health check with administration of the seasonal flu immunisation.

For guidance on writing this section, please refer to the WORD inspection report template on the intranet **here**

Are services caring?

Our findings

Instructions

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in the consulting room and treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Forty one of the 46 Care Quality Commission comment cards, completed by patients, we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three patients commented on the recent lack of continuity of care arising from locum GPs covering the absence of one of the GPs.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had received mixed responses from patients when asked about their satisfaction with consultations with GPs and the nurse. For example:

- 86% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.

- 93% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.

However,

- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average 85%.
- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 89% and national average 91%.
- 85% said they found the receptionists at the practice helpful which matched the CCG average of 85% and was marginally below the national average of 87%.

The practice was aware of their ratings in the national survey and had commenced working with two other practices to recruit a shared advanced nurse practitioner with a prescriber's qualification. This new recruit would enhance the workforce and give more opportunity for time to be spent with patients.

Some of the patients we spoke with gave us examples of the GPs supporting them and their families with significant time input and kindness when dealing with both a diagnoses of cancer and a family member having mental health problems.

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients were not as positive as others when answering questions about their involvement in planning and making decisions about their care and treatment. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.

Are services caring?

- 74% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered 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.

For guidance on writing this section, please refer to the WORD inspection report template on the intranet **here**

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Instructions

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. For example, it was working on a local project to identify patients who required advice on reducing their alcohol consumption. The public health team had identified high levels of alcohol consumption in the population of South Reading.

- The practice offered an extended hours clinic on a Monday evening until 7.45pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as some that were only available privately. When a travel vaccination could not be administered at the practice patients were referred to other clinics.
- One of the GPs supported patients with a learning disability in local group homes. They visited the homes to support patients who found it difficult to attend the practice.
- There were some facilities for patients with a disability. The practice had access to translation services available for patients whose first language was not English and for patients who used British Sign Language. Longer appointments were made for patients who required a translator. However, the practice did not have a hearing loop to assist patients who used hearing aids and one member of staff was not clear about the process to book interpreters.
- The practice had assessed the accessibility of the consulting rooms during 2015. Following the assessment the working arrangements for the GPs had been reorganised. This enabled the consulting room on

the first floor to be taken out of use. All GP appointments were undertaken on the ground floor which assisted patients who found it difficult to get up and down stairs.

- There was parking available for patients with a disability. Ramped access to the rear of the practice was available. For security reasons associated with the layout of the premises staff were called to let patients in to the door at the top of the ramp. The practice provided a sub waiting area on level access from the car park for patients in wheelchairs and those with pushchairs and prams. Reception staff booked these patients in for their appointments to avoid them having to negotiate steps to the reception desk.
- We noted that neither the treatment room or the consulting room in use had a height adjustable couch but there was one in the first floor consulting room that was no longer in use. The practice manager told us they needed to find assistance to have this couch moved to the ground floor.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8.40am to 11.30am every morning and 3.30pm to 6pm daily. Extended surgery hours were offered between 6.30pm and 7.45pm on a Monday evening every week. 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.

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

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 94% of patients said the last appointment they got was convenient compared to 92% CCG average and national average of 92%.
- 78% of patients said the surgery opening hours were convenient compared to a CCG average of 78% and a national average of 75%

Patients told us on the day of the inspection that they were able to get appointments when they needed them. We

Are services responsive to people's needs? (for example, to feedback?)

reviewed the appointments system and found that urgent appointments were available on the afternoon of the inspection and pre-bookable appointments were available within three days.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a notice in the waiting room and guidance in both the practice leaflet and on the website.

We looked at the two complaints the practice had received in the last 12 months and found they were dealt with in an open and honest way. Both had been investigated in a timely manner and the patient was given an explanation of the findings and an apology. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, when a patient complained about staff not listening to their issues and had been abrupt in their dealings with the patient. One of the GPs reviewed the complaint and spoke with the staff to ensure they did not act in a similar way in the future. The complaint was discussed openly at the practice staff meeting and all staff were reminded of the need to allow patients to explain their concerns and issues before responding.

For guidance on writing this section, please refer to the WORD inspection report template on the intranet **here**

Are services well-led?

Good 

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

Our findings

Instructions

Vision and strategy

The practice had a patient charter that included a clear vision to deliver high quality care and promote good outcomes for patients. However, this was not displayed for patients.

- The practice staff knew and understood the vision and were able to describe how they contributed to delivery of high quality care. For example a member of staff described how they ensured any concerns identified from a new patient check were immediately referred to a GP. They also described how they entered relevant details in the patient record for the GP to review.
- The practice had a developing strategy and a supporting plan. This identified the need to work more closely with other practices or to seek a partnership with a larger health care provider to enhance the range of service provided and establish a long term future for the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- The practice had developed a better understanding of their performance since their first inspection in January 2015 including a sharper focus on improved patient outcomes.
- Staff undertook delegated duties that supported both improvement in delivery of services and maintenance of a safe environment. For example the phlebotomist had taken the lead for control of infection and had appropriate knowledge to fulfil the role.
- A programme of continuous clinical and internal audit which was underway to monitor quality and to make improvements

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had identified and mitigated most risks. However, the risk assessment of staff requiring a DBS check had not been sufficiently thorough. Permitting the phlebotomist to administer flu immunisations without individual authorisation from a GP had not been identified as a risk.

Leadership and culture

The practice manager and lead GP prioritised safe, high quality and compassionate care. The manager and GP were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted the practice team used learning time made available by the clinical commissioning group to discuss developments and undertake practice wide learning.
- Staff said they felt respected, valued and supported by their manager and the lead GP.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had reformed their PPG in October 2015. The previous group had disbanded due to some members retiring. We met with three members of the PPG and they told us the practice was very open to receiving suggestions from patients and that they were looking forward to working in a more structured way with the practice. We noted that the PPG had reported concerns with access to physiotherapy services and that the practice was liaising with the local hospital to improve this.

- The practice gathered feedback from staff through day to day discussions, appraisals and the practice meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on securing a future for the practice. The registered manager had opened negotiations with other health care providers in the locality to assess the opportunity of joining a larger health care organisation. The practice could also demonstrate that they were working with other practices in the CCG to develop services to meet the challenge faced by GP practices. This included sharing the appointment of staff such as an advanced nurse prescriber.

For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

This section is primarily information for the provider

Requirement notices

x Do not include in report

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.

Add Regulation

Regulated activity	Regulation
	<div style="display: flex; justify-content: space-between;"> Edit Delete </div>
Instructions	Instructions
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">2) Select Regulated Activities</div> <ul style="list-style-type: none"> • Accommodation and nursing or personal care in the further education sector • Accommodation for persons who require nursing or personal care • Accommodation for persons who require treatment for substance misuse • Assessment or medical treatment for persons detained under the Mental Health Act 1983 • Diagnostic and screening procedures • Family planning services • Management of supply of blood and blood derived products • Maternity and midwifery services • Nursing care • Personal care • Services in slimming clinics • Surgical procedures • Termination of pregnancies • Transport services, triage and medical advice provided remotely • Treatment of disease, disorder or injury 	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">1) Select Regulation</div> <ul style="list-style-type: none"> • Regulation 4 HSCA 2008 (Regulated Activities) Regulation 2010 Requirements where the service provider is an individual or partnership • Regulation 4 HSCA (RA) Regulations 2014 Requirements where the service providers is an individual or partnership • Regulation 5 HSCA 2008 (Regulated Activities) Regulation 2010 Requirement where the service provider is a body other than a partnership • Regulation 5 (Registration) Regulations 2009 Registered manager condition • Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors • Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to registered managers • Regulation 6 (Registration) Regulations 2009 Cancellation of registration due to failure to pay fees, has made a statement which is false or misleading • Regulation 6 HSCA (RA) Regulations 2014 Requirements where the service provider is a body other than a partnership • Regulation 7 HSCA 2008 (Regulated Activities) Regulation 2010 Registered person: training • Regulation 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers • Regulation 8 HSCA (RA) Regulations 2014 General • Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

Requirement notices

- Regulation 9 HSCA (RA) Regulations 2014
Person-centred care
- Regulation 10 HSCA 2008 (Regulated Activities)
Regulations 2010 Assessing and monitoring the quality of service provision
- Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
- Regulation 11 HSCA 2008 (Regulated Activities)
Regulations 2010 Safeguarding people who use services from abuse
- Regulation 11 HSCA (RA) Regulations 2014 Need for consent
- Regulation 12 HSCA 2008 (Regulated Activities)
Regulations 2010 Cleanliness and infection control
- Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 13 HSCA 2008 (Regulated Activities)
Regulations 2010 Management of medicines
- Regulation 13 CQC (Registration) Regulations 2009
Financial position
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 14 HSCA 2008 (Regulated Activities)
Regulations 2010 Meeting nutritional needs
- Regulation 14 CQC (Registration) Regulations 2009
Notifications – notice of absence
- Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs
- Regulation 15 HSCA 2008 (Regulated Activities)
Regulations 2010 Safety and suitability of premises
- Regulation 15 CQC (Registration) Regulations 2009
Notifications – notice of changes
- Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
- Regulation 16 HSCA 2008 (Regulated Activities)
Regulations 2010 Safety, availability and suitability of equipment
- Regulation 16 CQC (Registration) Regulations 2009
Notification of death of a person who uses services
- Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints
- Regulation 17 HSCA 2008 (Regulated Activities)
Regulations 2010 Respecting and involving people who use services

Requirement notices

- Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
- Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints
- Regulation 19 CQC (Registration) Regulations 2009 Fees
- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
- Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
- Regulation 20 (Registration) Regulations 2009 Requirements relating to termination of pregnancy
- Regulation 20 HSCA (RA) Regulations 2014 Duty of candour
- Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments
- Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
- Regulation 21 (Registration) Regulations 2009 Death of service provider
- Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
- Regulation 22 (Registration) Regulations 2009 Appointment of liquidators
- Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff
- Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010 Cooperating with other providers
- Section 10 HSCA Carrying on a regulated activity without being registered
- Section 33 HSCA Failure to comply with a condition
- Section 36 HSCA False description of concerns, premises etc.
- Section 37 HSCA False statements in applications
- Section 43 HSCA Carrying on or managing a regulated activity when registration is suspended or cancelled
- Section 63 HSCA Obstruction of CQC

This section is primarily information for the provider

Requirement notices

- Section 64 HSCA Failure to provide information or document requested under s64
- Section 65 HSCA Failure to comply with a requirement to provide an explanation of a relevant matter under s65
- Section 76 HSCA Disclosure of confidential information "knowingly" or "recklessly"

Regulated activity

Regulation

Edit Delete

Instructions

2) Select Regulated Activities

- Accommodation and nursing or personal care in the further education sector
- Accommodation for persons who require nursing or personal care
- Accommodation for persons who require treatment for substance misuse
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning services
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Nursing care
- Personal care
- Services in slimming clinics
- Surgical procedures
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Instructions

1) Select Regulation

- Regulation 4 HSCA 2008 (Regulated Activities) Regulation 2010 Requirements where the service provider is an individual or partnership
- Regulation 4 HSCA (RA) Regulations 2014 Requirements where the service providers is an individual or partnership
- Regulation 5 HSCA 2008 (Regulated Activities) Regulation 2010 Requirement where the service provider is a body other than a partnership
- Regulation 5 (Registration) Regulations 2009 Registered manager condition
- Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors
- Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to registered managers
- Regulation 6 (Registration) Regulations 2009 Cancellation of registration due to failure to pay fees, has made a statement which is false or misleading
- Regulation 6 HSCA (RA) Regulations 2014 Requirements where the service provider is a body other than a partnership
- Regulation 7 HSCA 2008 (Regulated Activities) Regulation 2010 Registered person: training
- Regulation 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers
- Regulation 8 HSCA (RA) Regulations 2014 General
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Requirement notices

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- Regulation 12 HSCA 2008 (Regulated Activities)
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Requirement notices

- Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
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Requirement notices

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- Section 65 HSCA Failure to comply with a requirement to provide an explanation of a relevant matter under s65
- Section 76 HSCA Disclosure of confidential information "knowingly" or "recklessly"

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance (1) & (2), (a), (b) & (c)

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

- The practice had not identified that the phlebotomist was administering flu immunisations using an inappropriate authorisation.
- The risk assessment of for staff requiring DBS checks did not identify that three members of staff undertaking chaperone duties had not been subject to DBS checks. The practice could not be sure they were not subject to any barring from working with children and vulnerable adults when undertaking this role.

Select the regulated activity from the list provided. If there are no compliance actions, check the 'Do not include in report' option.

Insert the relevant regulation and justification of how it was not being met. If there are no compliance actions, check the 'Do not include in report' option.

This section is primarily information for the provider

Enforcement actions

x Do not include in report

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.

Add Regulation

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	<div style="display: flex; justify-content: space-between;"> Edit Delete </div>
Instructions	Instructions
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">2) Select Regulated Activities</div> <ul style="list-style-type: none"> • Accommodation and nursing or personal care in the further education sector • Accommodation for persons who require nursing or personal care • Accommodation for persons who require treatment for substance misuse • Assessment or medical treatment for persons detained under the Mental Health Act 1983 • Diagnostic and screening procedures • Family planning services • Management of supply of blood and blood derived products • Maternity and midwifery services • Nursing care • Personal care • Services in slimming clinics • Surgical procedures • Termination of pregnancies • Transport services, triage and medical advice provided remotely • Treatment of disease, disorder or injury 	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">1) Select Regulation</div> <ul style="list-style-type: none"> • Regulation 4 HSCA 2008 (Regulated Activities) Regulation 2010 Requirements where the service provider is an individual or partnership • Regulation 4 HSCA (RA) Regulations 2014 Requirements where the service providers is an individual or partnership • Regulation 5 HSCA 2008 (Regulated Activities) Regulation 2010 Requirement where the service provider is a body other than a partnership • Regulation 5 (Registration) Regulations 2009 Registered manager condition • Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors • Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to registered managers • Regulation 6 (Registration) Regulations 2009 Cancellation of registration due to failure to pay fees, has made a statement which is false or misleading • Regulation 6 HSCA (RA) Regulations 2014 Requirements where the service provider is a body other than a partnership • Regulation 7 HSCA 2008 (Regulated Activities) Regulation 2010 Registered person: training • Regulation 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers • Regulation 8 HSCA (RA) Regulations 2014 General • Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

Enforcement actions

- Regulation 9 HSCA (RA) Regulations 2014
Person-centred care
- Regulation 10 HSCA 2008 (Regulated Activities)
Regulations 2010 Assessing and monitoring the quality of service provision
- Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
- Regulation 11 HSCA 2008 (Regulated Activities)
Regulations 2010 Safeguarding people who use services from abuse
- Regulation 11 HSCA (RA) Regulations 2014 Need for consent
- Regulation 12 HSCA 2008 (Regulated Activities)
Regulations 2010 Cleanliness and infection control
- Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 13 HSCA 2008 (Regulated Activities)
Regulations 2010 Management of medicines
- Regulation 13 CQC (Registration) Regulations 2009
Financial position
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 14 HSCA 2008 (Regulated Activities)
Regulations 2010 Meeting nutritional needs
- Regulation 14 CQC (Registration) Regulations 2009
Notifications – notice of absence
- Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs
- Regulation 15 HSCA 2008 (Regulated Activities)
Regulations 2010 Safety and suitability of premises
- Regulation 15 CQC (Registration) Regulations 2009
Notifications – notice of changes
- Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
- Regulation 16 HSCA 2008 (Regulated Activities)
Regulations 2010 Safety, availability and suitability of equipment
- Regulation 16 CQC (Registration) Regulations 2009
Notification of death of a person who uses services
- Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints
- Regulation 17 HSCA 2008 (Regulated Activities)
Regulations 2010 Respecting and involving people who use services

Enforcement actions

- Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
- Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints
- Regulation 19 CQC (Registration) Regulations 2009 Fees
- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
- Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
- Regulation 20 (Registration) Regulations 2009 Requirements relating to termination of pregnancy
- Regulation 20 HSCA (RA) Regulations 2014 Duty of candour
- Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments
- Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
- Regulation 21 (Registration) Regulations 2009 Death of service provider
- Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
- Regulation 22 (Registration) Regulations 2009 Appointment of liquidators
- Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff
- Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010 Cooperating with other providers
- Section 10 HSCA Carrying on a regulated activity without being registered
- Section 33 HSCA Failure to comply with a condition
- Section 36 HSCA False description of concerns, premises etc.
- Section 37 HSCA False statements in applications
- Section 43 HSCA Carrying on or managing a regulated activity when registration is suspended or cancelled
- Section 63 HSCA Obstruction of CQC

This section is primarily information for the provider

Enforcement actions

- Section 64 HSCA Failure to provide information or document requested under s64
- Section 65 HSCA Failure to comply with a requirement to provide an explanation of a relevant matter under s65
- Section 76 HSCA Disclosure of confidential information "knowingly" or "recklessly"

Select the regulated activity from the list provided. If there are no enforcement actions, check the 'Do not include in report' option.

Insert the relevant regulation and justification of how it was not being met. If there are no enforcement actions, check the 'Do not include in report' option.