

# Dr The Viscountess Bearsted FarleyMed

## Inspection report

Farley Hall  
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### Ratings

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

### Overall summary

**This service is rated as Requires improvement overall.** This was the first inspection of this service using our current methodology.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at FarleyMed as part of our inspection programme.

FarleyMed is an independent GP and nursing service located near the town of Reading, Berkshire. The GP service had been reduced in the preceding two years and there had been no face-to-face GP consultations for 18 months. Patients requesting a GP consultation were signposted to other local GP services.

# Summary of findings

There were no patients accessing the service on the day of the inspection for us to speak with and there had been no patients in the two weeks prior to the inspection for us to collect comment cards from. We reviewed feedback from the provider to make our judgement.

## Our key findings were:

- Safeguarding systems kept patients safe and safeguarded from abuse.
- There were systems and processes in place to manage risk, although not all risks had been appropriately identified in relation to infection control and emergency processes.
- The service ensures that care and treatment was delivered according to evidence based research or guidelines.
- There was no established system to review the training requirements of the nurse and they had not received an annual appraisal.
- Quality improvement activity, such as clinical audit, was not established or embedded.

- Patient feedback to the service was positive and patients were satisfied with their care and treatment.
- The culture of the service encouraged candour, openness and honesty.
- Governance arrangements for identifying and responding to risk required a review.

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

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

(You can see full details of the regulations not being met at the end of this report).

## Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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

# FarleyMed

## Detailed findings

### Background to this inspection

FarleyMed is located in the grounds of Farley Hall in Berkshire. The medical facility is secluded from the main building which offers confidentiality to patients. There is a main waiting area a clinical room and a nurse treatment room.

FarleyMed services are provided by Dr The Viscountess Bearsted from the following address:

Farley Hall  
Castle Road  
Farley Hill  
Reading  
RG7 1UL

There is one GP (the sole provider) and a practice nurse who works on Tuesdays, Thursdays and occasional Saturdays, when required. In the preceding two years the GP has reduced the number of GP services and has had no face-to-face consultations for at least 18 months. Any requests for GP services from new or existing patients are responded to with signposting to other local providers. The GP oversees the vaccination and immunisation service and offers clinical support and guidance to the nurse when required.

The nurse provides a number of services including; vaccination and immunisation clinics, Spirometry, electrocardiograph testing, Cervical screening, phlebotomy, ear syringing and general nurse consultations.

Patients can access the service by telephone or email. Details of the services offered and how to contact them can be found on the service website: [www.farleymed.co.uk](http://www.farleymed.co.uk)

Opening times are flexible and can include evenings and weekends if required by the patient. The service does not offer home visits or an out of hours service. Patients are asked for their NHS GP details at the point of consultation and are encouraged to see their own GP out of hours service if required.

The service is registered with the CQC to provide treatment of disorder, disease or injury and diagnostic and screening procedures.

During the inspection we spoke with the sole provider GP and the practice nurse. We also viewed documents and made observations of the facility. There were no patients accessing the service on the day of the inspection for us to speak with and there had not been any patients to complete CQC comment cards within two weeks of the inspection.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### We rated safe as Requires improvement because:

There were limited risk assessments in place to identify potential risks to patients. We also identified some infection control concerns which had not been identified by the provider through audit processes.

The safety concerns we identified were actioned soon after our inspection.

### Safety systems and processes

#### The service had clear systems to keep people safeguarded from abuse. Infection control processes and safety risk assessments required review.

- The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The lead GP was the safeguarding lead for the service. Both the GP and nurse were trained to safeguarding children level three. The nurse and GP acted as each other's chaperone when required.
- The provider had conducted some safety risk assessments. There were safety policies, and many had been regularly reviewed, although we found a sharps policy and hand hygiene policy that had not been reviewed since June 2013 and June 2010 respectively. The policies outlined clearly who to go to for further guidance.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was a system in place to manage infection prevention and control, although an infection control audit had not been undertaken. There was an infection control risk assessment which did not identify all aspects of infection control risk, such as sharps bins and cleaning schedules. We found a sharps bin that had been assembled in August 2018 and was still in use (infection control standards limit use of sharps bins to three months before requiring destruction, even if they are not full). The spare sharps bin had been part assembled (the lid was partly fitted to the base) and there was no date when this had been undertaken. We found a used sharp had already been discarded into the bin which made it unfit for further use. The service arranged to order additional sharps bins after the inspection.
- Cleaning schedules had not been signed to identify which areas had been cleaned or when. There was an informal arrangement to clean the premises after patients had attended or every three days when unoccupied. We found the premises to be clean and free of any dust or debris. The service sent us a new cleaning log to commence after the inspection.
- We were told the privacy curtain in the treatment room had been recently laundered and this was undertaken every six months. The service was unable to show us how often this was vacuumed or checked for signs of dirt or debris.
- Fridge temperatures were checked and logged daily (including days when there were no patients and the service was not open). We were told the staff from the provider's estate undertook these checks. We noted five dates when the fridges had not been checked or the temperature logged. (The temperatures recorded were all within the Public Health England recommended range of 2 degrees Celsius to 8 degrees Celsius. This temperature range keeps vaccinations and other refrigerated items at optimum storage conditions).
- We saw evidence of water flushing and water temperature testing to reduce the risk of legionella. (Legionella is a bacterium that can be found in water systems). The service also had a legionella certificate and risk assessment which had identified minimal risk to the patients or staff.
- We were shown pre-acceptance agreements and contracts for disposing of healthcare waste.

## Are services safe?

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental and building risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### Risks to patients

#### There were systems to assess, monitor and manage risks to patient safety.

- The service was limited to nursing appointments for vaccinations and other nurse related duties (for example, cervical screening tests). The GP had not undertaken any face-to-face consultations for approximately 18 months and offered signposting guidance to clients requesting advice. There were no other staff working for the service and patients could organise an appointment at a time convenient for them.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe reactions, for example anaphylaxis.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

### Information to deliver safe care and treatment

#### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians had appropriate arrangements to make timely referrals in line with protocols and up to date evidence-based guidance, when necessary.

### Safe and appropriate use of medicines

#### The service had systems in place for appropriate and safe handling of medicines. However, we found the arrangements for monitoring medicines required a review.

- The systems and arrangements for managing medicines, including vaccines and emergency medicines and equipment minimised risks.
- Emergency medicines were accessible in a locked cabinet in the treatment room. We were told the cabinet was unlocked on days when the treatment room was in use, so they could access them quickly in an emergency. All the emergency medicines we saw were within their expiry date and fit for use. There was no log or record of checks of the emergency medicines to ensure they remained in date. The provider reviewed this arrangement after the inspection and sent us a document of emergency medicines checks which commenced the day after the inspection.
- Prescriptions were hand written on headed note paper and kept with the patient records. We reviewed a sample of these and found they contained all the relevant information in line with prescribing guidance.
- The service had not carried out any medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The GP told us they checked the nurse prescriptions at the time they were written to ensure they contained all the necessary information in line with prescribing guidance. The GP told us they would consider an audit of prescribing after the inspection.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

### Track record on safety and incidents

#### The service had a mixed safety record.

- There were risk assessments in relation to safety issues such as building security and infection control. We noted there were regular checks of fire safety equipment, fire alarms and emergency lighting. There was no formal fire risk assessment to determine any other risks and no health and safety risk assessment to

## Are services safe?

identify and minimise risks. In addition, we noted the service did not have a defibrillator and had not undertaken a risk assessment of this (a defibrillator is a device which can read heart electrical activity and discharge a shock to a patient in cardiac arrest). The service made arrangements to undertake these after the inspection and sent us several documents up to three weeks after the inspection.

### Lessons learned and improvements made

#### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- We were shown an incident from 2017 had been raised when an out of date emergency medication had been

found. The service increased the frequency of checking of the emergency medicines from annually to twice per year. They also risk assessed the out of date medicine as it was unavailable to purchase additional supplies.

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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- The lead GP acted on and learned from external safety events as well as patient and medicine safety alerts. There was no system in place to disseminate medicine safety alerts information to the nurse. On the day of the inspection we were told the nurse was aware of these from working in an NHS GP practice outside their working hours at FarleyMed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Requires improvement because:

The provider followed nationally available guidance to ensure patients received appropriate care. There had been no quality improvement activity to ensure care and treatment was effective and staff training had not been reviewed to identify any gaps. There was no appraisal process for the nurse.

### Effective needs assessment, care and treatment

#### The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

#### The service was not actively involved in quality improvement activity.

- The service undertook administrative risk assessments to ensure policies and procedures were up to date. There had been no audits of clinical processes or prescribing to ensure the correct and appropriate medicines were being administered to patients.
- The provider used feedback from patients to identify any concerns about quality and make improvements, where necessary.

### Effective staffing

#### Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council and were up to date with revalidation.
- The provider had informally discussed the learning needs of the nurse and provided protected time and some training to meet them. We saw training certificates and evidence for a variety of topics including fire safety, basic life support and safeguarding. Some of the training for the nurse had not been provided by FarleyMed. We were told the nurse had ensured they had updated themselves with these areas of training at the NHS service where they also worked. The nurse had not added copies of the external training to their file for the lead GP to review.
- The provider had not undertaken an appraisal for the nurse. The nurse told us they had received an appraisal from the NHS GP service where they also worked in April 2018.
- The records of skills, qualifications and training were kept in a file and had not been updated or reviewed. The provider was able to provide evidence of training after the inspection.
- The nurse had received specific training for immunisation and could demonstrate how they stayed up to date.

### Coordinating patient care and information sharing

#### Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- The GP had reduced the service to a vaccination and nursing service. We were shown documentation demonstrating their response to patients requesting GP services, which clearly took into account the urgency of the concern and offered appropriate signposting and guidance.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately, where necessary (this included when patients moved to other professional services). There were clear arrangements for following up on people who had been referred to other services.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

## **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, a patient was referred back to their own NHS GP for a test before another member of the family received care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### We rated caring as Good because:

Patient feedback was positive for all aspects of caring and the service was respectful towards patient's needs.

#### Kindness, respect and compassion

##### Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. We saw 12 patient feedback forms from the preceding 12 months. Patients expressed high levels of satisfaction with the way they were treated by staff.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

#### Involvement in decisions about care and treatment

##### Staff helped patients to be involved in decisions about care and treatment.

- The majority of communication from patients was via email or the telephone. Patients' needs could be accurately assessed at the first point of contact, enabling the service to make adjustments to patient care where necessary.
- Patients told the service that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of care available to them. We saw 12 feedback forms which had been completed in the preceding 12 months. All the patients expressed they received excellent or very good care, felt they were listened to and were given enough time during their consultation.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

#### Privacy and Dignity

##### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The medical facility building was secluded from the main estate building and offices which offered patients confidentiality and privacy.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

Patient feedback was positive for responsive services and the provider had considered the needs of the local population in offering services.

### Responding to and meeting people's needs

#### The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, patients could request vaccinations that were out of scope for NHS requirements such as the human papillomavirus (HPV). Current NHS guidance identifies young patients between 12 and 13 years of age are routinely offered the vaccine and the service had identified a local need for young patients outside this age range to be offered the HPV vaccine.
- The facilities and premises were appropriate for the services delivered.
- The provider could ascertain any specific needs of a patient before their first consultation and offer signposting if the service was unable to meet their needs. We saw examples of email conversations between the GP and patients, where a GP consultation had been requested. The GP advised they were no longer seeing patients and offered appropriate alternatives for sourcing care from both NHS and other independent healthcare providers.

- We saw 12 feedback forms from the preceding 12 months. All the patients stated they had received very good or excellent care and treatment. All patients would recommend the service to others.

### Timely access to the service

#### Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial appointment, assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Appointments were available at times suitable to the patient. Although the nurse only worked two days per week, they were able to also offer an additional day if it was more convenient.

### Listening and learning from concerns and complaints

#### The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- There had been no complaints made to the service in the preceding two years. The service had a complaints policy and procedures in place.
- The service told us they learned lessons from individual concerns and complaints and would make improvements to the service where necessary.
- There was a policy to inform patients of any further action that may be available to them should they not be satisfied with the response to a complaint.

# Are services well-led?

Requires improvement 

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

## Our findings

### We rated well-led as Requires improvement because:

Governance arrangements required a review to ensure processes and procedures were established, embedded, safe and effective.

### Leadership capacity and capability

#### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### Vision and strategy

#### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

### Culture

#### The service had a culture of high-quality sustainable care. Although, staff appraisal and monitoring of training required a review.

- The service focused on the needs of patients.
- Openness, honesty and transparency were the service priority when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were limited processes for providing all staff with the development they need. The nurse had not received an annual appraisal but had informally discussed their career development and was supported to meet the requirements of professional revalidation.

- Monitoring of essential training was inconsistent and certificates from online training (including training undertaken outside FarleyMed) were not routinely reviewed or requested.
- There was a positive relationship between the GP and nurse, although communication was not always effective.

### Governance arrangements

#### As a small organisation with only two staff, there were clear responsibilities, roles and systems of accountability to support good governance and management. However, there were areas of governance that required a review.

- There were structures, processes and systems in place to support good governance although these were inconsistently applied. For example, policies were regularly reviewed although we found two that had not been updated or reviewed since 2010 and 2013.
- There were a number of policies, procedures and activities relating to safety although, these were not known to the nurse and they were unable to locate the most appropriate and up to date policies to ensure they were providing up-to-date protocols.
- The GP and nurse met monthly to discuss any issues, risks or concerns and formulated action plans to address these. Known risks were reviewed to ensure the actions had improved safety.

### Managing risks, issues and performance

#### There was no clarity around processes for managing risks, issues and performance.

- The service undertook risk assessments to identify, understand, monitor and address risks including risks to patient safety. We found some unidentified risks that had not been considered including a lack of cleaning logs, concerns relating to the management of sharps bins and no health and safety or defibrillator risk assessments.
- Performance of clinical staff had not been reviewed (for example, through audit of their consultations, prescribing and referral decisions).
- There had been no clinical audits undertaken to review quality of care and outcomes for patients.
- The lead GP had oversight of safety alerts, incidents, and complaints. There was no process to disseminate safety alerts to the nurse.

# Are services well-led?

Requires improvement 

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

- The provider had plans in place for major incidents.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and sustainability were discussed in relevant meetings. However, the service did not review performance information to ensure and improve performance.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service was registered with the Information Commissioner's Office.

## **Engagement with patients, the public, staff and external partners**

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. We saw several examples of feedback received by the service which reflected positively on staff and the care received.

- The GP and nurse met regularly to discuss patient feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- The service had been reduced to offer only nursing services in the preceding 18 months. There had been 66 patient contacts during this time, all for vaccination or immunisation services. The provider could monitor these numbers informally and adapt to patient needs as required.
- There was a focus on continuous learning and improvement. When risks were identified, the provider acted on them. For example, during the inspection we found there was no record of cleaning. The provider showed us cleaning logs the day after the inspection for immediate implementation.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Infection control assessments had not considered all risks and we found issues with sharps bins and a lack of cleaning logs.</li><li>• There had been no risk assessment of fire safety or health and safety and the service had not considered the risks associated with not stocking a defibrillator.</li></ul> |
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>  |

This section is primarily information for the provider

## Requirement notices

- The provider had not carried out any clinical quality improvement activity to ensure safety and efficiency of the service.
- Monitoring of staff training was limited and there was no schedule of appraisal for the nurse.
- Communication between the GP and nurse required improving as the nurse had limited knowledge of policies and processes of the service.
- Not all policies had been suitably reviewed and updated.