

# Langford Medical Practice

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 10 February 2015. We inspected Langford Medical Practice and the linked dispensary at Ambrosden Surgery.

Overall the practice is rated as inadequate. The practice is rated as inadequate for providing safe services and the well led domain. The practice is rated as requires improvement for providing effective services. The population groups for older people, people with long term conditions, families children and young people, working age people, people whose circumstances may make them vulnerable and people experiencing poor mental health are rated as inadequate based on the overall rating of the practice. The practice is rated as good for providing a caring and responsive service.

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

- Some checks to the maintenance of the building had taken place, but necessary actions are not always carried out.
- Appropriate pre and post employment checks of staff are not always carried out.
- Staff do not always complete mandatory training in a timely fashion.
- We found medicine management systems did not always follow national guidance. There are not always appropriate procedures in place relating to medicines.
- Patient outcomes are average for the locality. Patients' needs are assessed and audits had taken place.
- Patients said that they are treated with compassion, respect and dignity and are involved in their care and decisions about their treatment.
- The practice recognises the needs of different people in accessing the service.
- The practice has some policies and procedures in place. However, some members of staff are not aware of how to access these and some of these had not been updated or fully completed.

# Summary of findings

- Information about how to complain is available and easy to understand.

The areas where the practice must make improvements are:

- Ensure medicines management systems are reviewed in line with national guidance
- Implement adequate recruitment procedures in order to ensure that no person is employed, unless that person is physically and mentally fit for work.
- Undertake and record a risk assessment to determine which roles require a DBS check and make a DBS application for those staff who require one.
- Ensure that recruitment information and other appropriate records are available for all staff employed at the practice.
- Develop suitable systems to ensure staff are appropriately supported in relation to their responsibilities, including by receiving appropriate training and supervision.
- Ensure that there are effective systems to identify, assess, and manage risks relating to the health, welfare, and safety of patients, and others who may be at risk.
- Ensure that all staff have access to appropriate policies, procedures, and guidance to carry out their role, such as information about whistleblowing and safeguarding.
- Develop and implement complete procedures for dealing with emergencies which are reasonably expected to arise from time to time. This includes a fully completed and up to date business continuity plan.
- Take action to review the whole regulation where breaches were identified in relation to medicines management that were raised in the previous compliance report of October 2014.

On the basis of this inspection and the ratings given to this practice the provider has been placed into special measures. This will be for a period of six months when we will inspect the provider again. Special measures is designed to ensure a timely and coordinated response to practices found to be providing inadequate care.

Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid having its registration cancelled.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made. Staff were aware of how to report significant incidents. The practice reviewed when things went wrong and lessons learned were communicated. However, there was no annual analysis of trends due to the low number of incidents recorded. Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. The practice must improve the way in which medicines and prescriptions are managed. Appropriate recruitment checks were not undertaken before staff started work. There were not adequate systems to identify, assess, and manage risks relating to the health, welfare, and safety of patients, and others who may be at risk. There were not appropriate procedures in place for dealing with emergencies.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Staff were not up to date with mandatory training and there was no formal supervision for nurses. Data showed that patient outcomes were average for the locality. Staff were aware of relevant legislation and guidance. There were some audits of treatment provision. Multidisciplinary working was taking place.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Patients said that they were treated with compassion, dignity, and respect and were involved in decisions about their care. We saw that staff made efforts to help people with differing needs understand information about their care and treatment and that staff maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had made changes to services in response to patient feedback. It had taken steps to ensure that services were accessible to people with varying needs. Patients were able to make appointments via the telephone and through an online booking system. Systems were in place to arrange routine and urgent appointments and also appointments at the surgery, home visits and telephone consultations. However, some patients reported that it was difficult to see their preferred doctor.

Good



# Summary of findings

## Are services well-led?

The practice is rated as inadequate for being well led. It had a business plan and strategy. However, this did not contain information about the values that underpinned this. There was a leadership structure and staff felt well supported by this. It was unclear who took responsibility for some aspects of the operation of the practice. The practice had a number of policies and procedures to govern activity. However, some members of staff were not sure of whether policies were in place, which were the most recent versions, and where policies could be located. Governance systems within the practice were not effective. The practice proactively sought feedback from patients and had an active patient reference group.

Inadequate



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were not always systems in place to ensure the safety and welfare of people using the service.

Doctors told us that people over the age of 74 had a named GP and received regular follow up appointments. The service was responsive to the needs of older people and offered home visits and visits to nursing homes for patients. The practice worked with multidisciplinary teams to provide services for patients with palliative care needs. We also saw that the practice provided information and advice about services relevant to the needs of older adults.

Inadequate



### People with long term conditions

The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were not always systems in place to ensure the safety and welfare of people using the service.

A recall system operates for people with long term conditions to ensure that they are regularly reviewed. Doctors and nursing staff had lead roles in chronic disease management. For example, some doctors and nurses had specialist training and interests in diabetes. We saw that a register of patients with diabetes was kept and that individuals with diabetes received regular follow up. Longer appointments and home visits were available if needed. Referrals were made to secondary services if required and information was provided relating to health promotion.

Inadequate



### Families, children and young people

The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were not always systems in place to ensure the safety and welfare of people using the service. There were processes in place to identify and follow up children who were at risk, for example children on the safeguarding register. However, not all staff had up to date child safeguarding training and some were unaware of how to locate the practice's policy regarding this.

Inadequate



# Summary of findings

We saw that childhood immunisation rates and flu vaccination rates for children were in line with rates for the clinical commissioning group. Staff were aware of the procedures for assessing capacity and consent for children and young people. The premises were suitable for children and babies. There were good arrangements in place for working with midwives and health visitors. The practice displayed information to promote the welfare of children and young people in the waiting room.

## **Working age people (including those recently retired and students)**

The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were not always systems in place to ensure the safety and welfare of people using the service.

The practice was proactive in offering online services to make appointments and order repeat prescriptions. It also offered health promotion that reflects the needs of this age group.

**Inadequate**



## **People whose circumstances may make them vulnerable**

The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were not always systems in place to ensure the safety and welfare of people using the service.

The practice offered appointments to people from the traveller community and described providing health promotion and advice as part of these appointments. Staff told us that there was a register of patients with learning disabilities maintained at the practice and that people were regularly reviewed. Staff understood the process of assessing mental capacity and seeking consent. Doctors described occasions where they had liaised with external services to safeguard the wellbeing of people with learning disabilities and their families. However, records demonstrated that some staff did not have up to date training in safeguarding adults and children. They were also unaware of where to find the practice policy on this.

**Inadequate**



## **People experiencing poor mental health (including people with dementia)**

The provider was rated as inadequate for safety and for well-led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were not always systems in place to ensure the safety and welfare of people using the service.

**Inadequate**



# Summary of findings

The practice provided information about how people with poor mental health could access various support groups and voluntary organisations. There was also a counsellor in the practice and staff described providing information to patients about this service and making referrals to the counsellor. However, staff described difficulties accessing secondary mental health services due to limited provision in the local area. Some staff did not have up to date training in safeguarding adults and were unaware of where to find the practice policy on this.



# Summary of findings

## What people who use the service say

We spoke with 11 patients during the inspection and received 16 comments cards. Comments were generally positive about the practice and staff. Comments included praise for how friendly and helpful the staff were and patients told us that they could get through to the practice on the telephone. They also said that they felt involved with care and treatment and treated with dignity and compassion. The majority of patients said that they

would recommend the practice to friends and family. Feedback on one comment card and from one person that we spoke with was that it could be difficult to get a suitable appointment times. Survey results indicated that some patients could have difficulties making appointments with their preferred GP. However, overall patient feedback about satisfaction with the practice was positive.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure medicines management systems are reviewed in line with national guidance
- Ensure that adequate recruitment procedures are in place in order to ensure that no person is employed, unless that person is physically and mentally fit for work.
- Undertake and record a risk assessment to determine which roles require a DBS check and make a DBS application for those staff who require one.
- Ensure that recruitment information and other appropriate records are available for all staff employed at the practice.
- Ensure there are suitable arrangements in place so that staff are appropriately supported in relation to their responsibilities, including by receiving appropriate training, updates and supervision. For example, training in safeguarding, infection control and basic life support.
- Ensure that there are effective systems to identify, assess, and manage risks relating to the health, welfare, and safety of patients, and others who may be at risk.

- Ensure that all staff have access to appropriate policies, procedures, and guidance to carry out their role, such as information about whistleblowing.
- Ensure there are procedures in place for dealing with emergencies which are reasonably expected to arise from time to time. This includes a fully completed and up to date business continuity plan.
- Take action to review the whole regulation where breaches were identified in relation to medicines management that were raised in the previous compliance report of October 2014.

### Action the service **SHOULD** take to improve

- Ensure that all staff have access to appropriate policies, procedures, and guidance to carry out their role, such as information about whistleblowing and safeguarding.
- Ensure all staff have their Hepatitis B vaccination status recorded.

# Langford Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP, a CQC pharmacist inspector, a specialist in practice management, a specialist in practice nursing and an expert by experience. An expert by experience is someone who has used or cared for someone who has used health or social care services.

### Background to Langford Medical Practice

Langford Medical Practice provides medical services to approximately 9300 patients. Care and treatment is delivered by four partner GPs, one salaried GP, three nurses, healthcare assistants, a phlebotomist, and dispensary staff. There are three full time male GPs and two part time female GPs. They are supported by a part time practice manager from another local practice, three members of practice management staff, and other reception and administrative staff. The practice is accredited to provide training for medical students and is a training and teaching practice. On the day of the inspection we were advised that the practice had not replaced one salaried GP who had left the practice.

Langford Medical Practice has seen a significant loss of practice earnings following changes in the Minimum Practice Income Guarantee (MPIG) . NHS England has attended several meetings with all practices in Bicester and

stakeholders to discuss the impact that reductions in MPIG at Langford and other practices in the Bicester area. There is also a significant housing development being built as Bicester has been selected as a new Garden City.

The practice was previously inspected by CQC on 9th July 2014. At this time it was judged that the essential standards of quality and safety were not being met in relation to management of medicines and infection control. The last inspection report stated that the provider did not protect people against the risks associated with the unsafe use and management of medicines. Furthermore, the provider did not have appropriate systems to assess the risk of, and to prevent, detect, and control the spread of infection. In the last inspection report a number of other recommendations were also made relating to improvements to governance systems to identify and respond to risks relating to patients, such as fire risks, training for dispensary staff, and information included in letters sent to patients in response to complaints.

We visited Langford Medical Practice, 9 Nightingale Place, Bicester, OX26 6XX. We also visited the dispensary at Ambrosden Surgery, Ambrosden, Bicester, OX25 2RH.

The practice does not provide out of hours primary medical services for patients. Outside surgery hours patients are able to access emergency care from an alternative out of hours provider.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had been inspected before and the previous inspection found that the practice was not meeting all the essential standards of quality and safety. Therefore, the current inspection also took place in order to follow up on the areas highlighted in the last inspection.

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.

## How we carried out this 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?

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations such as; the NHS England Area Team, Healthwatch and the Clinical Commissioning Group to share what they knew. We carried out an announced visit on 10th February 2015. During our visit we spoke with a range of staff. These included GPs, nurses, health care assistants, dispensary staff, practice managers, and administration staff. We also spoke with patients who used the service. We observed how people were being cared for and reviewed treatment records of patients.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and comments and complaints received from patients. Staff were aware of how to report incidents and complaints received from patients. We reviewed records and minutes of meetings where adverse incidents and issues to do with patient safety had been discussed. Staff told us about changes in practice and clinical actions that had occurred as a result.

However, we observed that some safety concerns were not consistently monitored and not all necessary actions took place in response to longstanding recommendations in reports. For example, some actions relating to infection control, maintenance and checking of the building, recruitment, and procedures in the event of an emergency had not been followed up or undertaken.

There were systems in place to ensure that necessary actions were carried out where medicine alerts were received.

### Learning and improving from safety incidents

Staff were aware of how to report significant incidents and knew how to refer to the practice policy on this. We saw records of recent incidents had been kept, and learning and action points were clearly described. We were told that information about incidents and learning points from these were shared with staff by email and also discussed at meetings. We saw records from a practice meeting which showed that this had occurred.

The practice had not undertaken an annual review of significant events in 2014/15 because there were very few incidents that had been identified and recorded. We were also told that administrative issues were not defined as significant events, which may have meant that learning did not occur from these.

Dispensing errors were recorded. We saw evidence that information about errors was used to make changes to the medicines policy and procedures to reduce the risk of future errors. We were shown records of a recent dispensary team meeting where incidents had been discussed.

### Reliable safety systems and processes including safeguarding

Some staff were not sure whether there were policies for safeguarding children and adults. Staff that were aware of the policies had access to several versions. This led to the risk of there being inconsistency and a delay in reporting safeguarding issues to local authority safeguarding teams.

The practice had appointed a senior partner GP as safeguarding lead. Most of the staff that we spoke with were aware of who the safeguarding lead for the practice was. The safeguarding lead told us that the practice kept a register of vulnerable children and adults and that these patients were regularly followed up by GPs.

GPs provided examples of situations where they had worked with other professionals to review and manage risks to children and adults. We were told that safeguarding concerns were routinely discussed at meetings with practice staff and other involved professionals. We observed such discussions occurring at a meeting on the day of the inspection. We saw that there was also information displayed in the waiting room from the National Society for the Prevention of Cruelty to Children to help patients know how to identify and prevent child abuse.

The safeguarding lead told us that all doctors had level three safeguarding training for children, and safeguarding training for vulnerable adults. The safeguarding lead GP had level three child safeguarding training. However records indicated that two GPs had level two training. We noted that one GP partner had not had updated their child or adult safeguarding training since 2013.

We also saw from the training records that there were no dates recorded for child and adult safeguarding training for some staff members. Records showed that six staff had not received an appropriate role specific level of safeguarding or updated their training since 2013. These staff members included trainee GPs, dispensary staff, receptionists, members of the practice management team, a phlebotomist, and a health care assistant.

A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure. There was a chaperone policy for the practice which was displayed in the waiting room. Staff we spoke with were aware of the chaperone policy. We were told that only nurses and health care

## Are services safe?

assistants acted as chaperones and that they had received appropriate training. Staff we spoke with were knowledgeable about where to stand when acting as a chaperone, and about maintaining confidentiality, privacy and dignity. There was no evidence from the practice records that nurses or health care assistants had undergone criminal records checks.

### Medicines management

During the inspection in July 2014 we identified that the practice had not always ensured there were safe systems in place for medicines management. For example, we identified that medicines transferred between the surgeries were not always being done so correctly. The expiry dates for medicines were not always being checked and prescription pads were not being stored securely. We also noted that GPs were not always signing repeat prescriptions before the medicine was dispensed to the patient. On the most recent inspection we found some of these concerns had been addressed. However, further breaches in relation to medicines management were also identified.

We checked how medicines were stored and handled at Langford Medical Practice and the dispensary which was located at Ambrosden surgery. Patients who live more than one mile away from the nearest pharmacy can choose to have their prescriptions dispensed by the GP practice.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely, in a clean and tidy manner and were only accessible to authorised staff. We did not see a clear policy for ensuring that medicines were kept at the required temperatures. We did not see a policy for what to do in the event of a power failure for the medicines requiring cold storage. The staff told us that all medicines would be discarded in the event of refrigerator failure but we did not see this documented and this would not be in line with advice from Public Health England regarding vaccines. We saw that medicines that were transported between sites and to people's homes were maintained at the correct temperatures.

Medicines were purchased from approved suppliers and the dispensary maintained an electronic list of the quantities of medicines in stock. Processes were in place to check medicines were within their expiry date. All the medicines we saw were within their expiry dates. Expired

and unwanted medicines were disposed of in line with waste regulations and confidential waste was appropriately handled. Systems were in place to action any medicine recalls.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw that some of these directions were out of date. The practice told us that they had raised this with the CCG who were responsible for reviewing these documents but they were the most current ones available.

We checked seven patients' electronic records to ensure important information regarding the use of medicines was recorded on the system. We saw that people's allergies were included in their records. In one case we saw that a drug which was prescribed for a patient by the hospital was not recorded on the GP system and therefore the GP may not be aware the patient was taking this medicine. There was a system in place for reviewing repeat prescriptions.

All prescriptions were reviewed and signed by a GP before they were given to the patient.

Blank prescription forms were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times. We saw that the initial receipt of prescriptions was recorded by reception staff and the prescriptions were stored in locked cupboards and only accessible to authorised staff. However, prescriptions were not tracked once they were removed from the cupboard and in use throughout the practice.

The practice held stocks of controlled drugs. These medicines require extra checks and special storage arrangements because of their potential for misuse. Standard procedures set out how they were managed and only authorised staff could access these drugs. Routine checking of the stock and the register had taken place. There were arrangements in place for the destruction of controlled drugs. There was a secure procedure in place for when controlled drugs were being transported between sites.

Dispensing staff ensured that all prescriptions were signed before medicines were handed to patients. Safe systems of dispensing were in operation with a system of second checking in place either by the electronic system or by another member of staff. Dispensary staff were keeping a log book of dispensing errors which was reviewed at a staff meeting every six weeks. The practice had established a

## Are services safe?

service for delivery of patient's medicines to their homes. We saw an example of where an incident involving the delivery of medicines to the wrong person had been acted upon and policy had changed. A new procedure had been implemented where both the delivery driver and the patient signed for the medicines.

The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff involved in the dispensing process had received appropriate training.

### Cleanliness and infection control

We observed the premises to be clean and tidy. Patients told us they found the practice clean and had no concerns about cleanliness or infection control. This was also reflected in the feedback from the CQC patient comments cards. A report from the Patient Reference Group (PRG) 2014 showed that the majority of patients were satisfied or very satisfied with the cleanliness of the practice.

We saw that notices about hand washing were displayed around the practice and that hand washing sinks, hand soap, hand gel, and paper towels were available. We saw that sinks were clean and free from clutter. Sterile hand wash and paper towels were available. There were also infection control signs displayed in the reception and waiting areas encouraging patients to use hand gel.

The practice had a lead for infection control. Staff told us that the infection control lead provided in house training on infection control, which included areas such as hand washing. We saw from the records that most staff had completed infection control training in the past year. However, the records showed no training dates for two dispensary staff. Records also showed that one nurse had not received infection control training since 2013.

The practice had infection control policies that were available to staff to refer to in hard copy and online. This guidance enabled staff to plan and implement measures to control infection. Clinical staff reported awareness of what to do in the event of a needle stick injury or spillage of bodily fluids and knew where to refer to relevant policy regarding this.

We found the practice policy on checking of hepatitis B immunity was not clear. Up to date records of staff hepatitis B immunity status were not available, this potentially posed a risk to staff of occupational exposure to this infection.

We saw that the practice had developed their first annual infection control statement in January 2015. This referred to a number of recent audits on areas such as hand washing and cleanliness. Staff that we spoke with confirmed that these audits had been carried out. The annual statement also identified a number of required actions. We were told that monthly meetings were held between the infection control lead and cleaning staff to discuss infection control and weekly cleaning of toys in the waiting area took place. There were cleaning schedules in place and cleaning standards were monitored.

Legionella is a bacterium that can grow in contaminated water and can be potentially fatal. We saw records of a legionella risk assessment that had been conducted by an external water company in February 2014. We saw that some of the recommended actions had still not been carried out. These included one recommendation that required immediate action following the assessment and two recommendations where action was required within three months following the report. The practice had not taken necessary steps to reduce the risk of infection to staff and patients. This had been raised with the practice during the last CQC inspection.

### Equipment

We saw that clinical equipment was well maintained and of a good standard. Staff told us that equipment was tested and maintained regularly and we saw logs which confirmed this. For example, we saw that scales and devices for measuring blood pressure had been serviced within appropriate time scales.

We observed that some portable electrical equipment had not been tested since July 2012. Practice staff told us that the next tests were due in 2015. However, stickers on appliances said that the next checks were due in 2013. We spoke to the practice regarding this and they confirmed that a written risk assessment had been undertaken to determine equipment required testing every three years. The inconsistency in labelling and the risk assessment could mean increased risk of equipment not being tested at the appropriate intervals.

# Are services safe?

## Staffing and recruitment

We saw from the records that some appropriate checks had taken place prior to staff employment. However, for some members of staff photo identification had not been provided and occupational health checks had not been completed. We saw a copy of the recruitment policy for the practice. However, this did not provide guidance about required checks that should take place during recruitment process.

The senior GP partner told us that all GPs at the practice had checks with the Disclosure and Barring Service (DBS). We reviewed records provided by the practice management team. These showed dates of checks undertaken by the DBS or the Criminal Records Bureau (CRB) for only three members of staff. We reviewed five files for nurses, reception, and dispensary staff and could not see any evidence of DBS or CRB certificates.

When we spoke to the practice management team they told us initially that there was no specific practice policy or detailed risk assessment process completed regarding whether DBS checks were required for staff. We were later provided with a risk assessment and policy that had been developed during the day. There was no mechanism for ensuring that criminal records checks had taken place for all clinical staff, or that checks indicated that staff were suitable for employment.

We spoke with a number of members of staff. They told us that in the case of staff absences colleagues or locum GPs cover staff shortages. It was reported that if this was not possible clinics and appointments would be rescheduled, and patients contacted so that this can be explained.

## Monitoring safety and responding to risk

The practice had some systems in place to monitor and manage risks to patients. However, some of the processes relating to infection control, medicine management, maintenance and operation of the premises, staff recruitment, and business continuity were not effective.

## Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies. Records showed that most staff had undertaken training in basic life support. Records showed that training had taken place in October 2013. No training dates were recorded for some clinical and non-clinical staff.

Emergency equipment was available, including access to oxygen and a defibrillator (used to attempt to restart someone's heart in an emergency). We saw records which confirmed that emergency equipment had been checked on a regular basis and staff told us that these checks occurred.

Emergency medicines were available and these included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. We were assured that processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

We saw that a fire risk assessment had been put in place in July 2014 and that some checks to fire equipment had been carried out. There were records of an emergency lighting maintenance test being carried out in January 2015. We saw that a test of firefighting equipment was last undertaken in April 2014. The fire risk assessment recommended monthly checks of fire fighting equipment and then a full check and test annually, and we did not see evidence of monthly checks. Firefighting equipment had not been checked in line with recommendations.

There were no records of a fire drill being carried out. Staff told us that a drill had not been carried out, but they were planning to have one. Staff described the fire evacuation procedure and we saw a written copy of this procedure. The absence of fire evacuation drills was noted as a concern during the last CQC inspection.

We saw that emergency exits had pictorial guidance on the door to show people how to open these. Staff told us that daily checks took place to ensure emergency exits were not blocked and we saw records of these check. However, one emergency exit for people with wheelchairs was through a medical consulting room. Easy access through the room and evacuation from the premises was obstructed for people using wheelchairs due to brambles outside and the lock on an outside gate being very high up. However, staff told us that alternative fire exits were also available.

A business continuity plan was in place. However, this had not been fully completed. Missing information included contact details for key organisations and people and the location of items, such as the disaster recovery box and water stop valve. Staff did not have access to the necessary procedures in the event of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff that we spoke with could outline their rationale for their approaches to assessment and treatment. They were familiar with current best practice guidance and could access relevant guidance online. Nurses told us that they kept up to date with relevant guidance and information by reading professional journals. We were told that the lead nurse had links with a diabetic nurse specialist and that they kept up to date with changes in guidelines for diabetes and disseminated this information to practice staff. We saw that some nurses followed out of date patient group directions for the administration of medicines and vaccines. They explained that they had raised this with the clinical commissioning group.

The GP told us that the practice had specialist clinical areas, such as diabetes, rheumatology, and family planning. This allowed them to assess, support, and treat to people with specific conditions. The GP showed us a register of patients who had diabetes and explained that there was a process for ensuring that people with diabetes were reviewed on a regular basis and as needed. The GP explained that pre-diabetes patients were screened and this meant that people developing multiple conditions were identified and supported through this route.

The practice made referrals to external clinics and secondary services, including those for people with diabetes when required. The GP described how diabetes services were provided on some Saturdays so that they could be attended by people who worked during the week.

Doctors and nurses that we spoke with were open about asking for and providing colleagues with support and advice. We were told that doctors met informally on at least a daily basis to discuss individual cases and referrals. Nurses told us that they felt supported by colleagues and said that they could ask the lead nurse for support and advice. We observed a meeting attended by a range of practice staff and external health professionals. During this meeting clinical cases were discussed and reviews took place of specific patient groups, such as people with palliative care needs and children on the 'at risk' register.

### Management, monitoring and improving outcomes for people

Practice staff described a number of areas that were audited and we saw that a number of clinical audits had been completed but these were not completed two cycle audits. Topics included use of intrauterine devices (a type of contraceptive device) and frequency of and reasons for removal, atrial fibrillation, diabetes, and cardiac events. Audit results were discussed at practice meetings and audits were available for viewing on the practice computer system.

The GP explained that referral rates were regularly reviewed and were in line with clinical commissioning group (CCG) rates over a range of conditions. We were told that referral rates were discussed on a weekly basis at clinician meetings. We saw evidence that referrals were made to external services and patient feedback was consistent with this. The GP explained that the practice had identified that access to psychiatry and secondary mental health services was limited. However, he described alternative services that patients with mental health difficulties could be referred to.

The GP and nurses told us that audits were often linked to the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The practice was not an outlier for any QOF clinical targets.

### Effective staffing

Practice staff included medical, nursing, managerial, dispensary, and administrative staff. We reviewed staff training records and saw that some staff were up to date with mandatory training. However, we saw that for some staff, no dates had been entered for mandatory training courses such as safeguarding children and adults, infection control, and emergency first aid. We saw from the records that some people had undertaken this training more than a year ago. For example, for emergency first aid there were no training dates recorded for seven people and for all other staff the records showed that training had not been completed since 2013.

Every GP undertakes an assessment every five years called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice. All GPs are on the Performers' List and are on the appraisal/revalidation cycle for GMC revalidation. GPs



# Are services effective?

(for example, treatment is effective)

described having a range of additional areas of training, for example in diabetes. All nurses had up to date professional registrations. Nurses told us that they undertook courses and training relevant to their roles, such as in family planning. We were told that each individual GP was responsible for ensuring that their own revalidation process was up to date. However, there was no system for practice managers to ensure that professional registrations of staff were checked and remained up to date.

Nurses told us that they attended locality practice nurse forums and accessed information and journals on the internet. Staff said that weekly educational meetings for doctors took place at varying local practices and that an external speaker may be invited.

We spoke with three nurses and they said that they had annual appraisals and that these were useful. The dates of most recent appraisals ranged from 2013 to 2014. Appraisals were brief and in some cases did not include objectives or plans for personal development. We were told that there was no formal clinical supervision in place for nurses. There was a system for ensuring that where poor performance had been identified appropriate actions had been taken to manage this.

## Working with colleagues and other services

Systems were also in place for making referrals to other services. Choose and book is a national electronic referral service which gives patients a choice of place, date, and time for outpatient appointments in hospital. Clinical staff said that the choose and book system was used to make such referrals. Staff also described making referrals to other services, such as specialist diabetes services, and we saw copies of referral letters. Information from patient comments cards was also consistent with this.

The practice held multidisciplinary meetings to discuss the needs of patients and we observed that one of these took place on the day of the inspection. At this meeting the needs of patients from specific groups were discussed. Staff told us that they worked closely with other professionals, such as midwives, health visitors and community nurses. Staff also described working with other professionals in order to safeguard the wellbeing of children and adults.

Staff described a system whereby if a clinician was on leave, a colleague reviewed the clinician's work and

ensured the necessary actions were carried out. Staff described working closely with the local out of hours service and systems were in place to share information with this service as needed.

## Information sharing

The practice had systems in place to enable staff to access the information they needed. Staff told us that patient information was received electronically and by post and fax. Reception staff were aware of their responsibilities in receiving this information and passing it on to relevant medical and nursing staff in a timely fashion. We saw that there was a system in place for ensuring that information about test results was scanned onto the electronic notes at the practice.

The practice described working closely with the local out of hours service. They told us that they practice received fax and electronic updates every morning from the out of hours service and that the practice used a notes system to inform out of hours clinicians of key issues relating to patients.

## Consent to care and treatment

Staff showed familiarity with issues of consent and mental capacity for children and adults. Doctors described having had training on the principles. They described some specific scenarios where they had assessed capacity and provided appropriate support in decision making. For example, they described the importance of assessing capacity for people with learning disabilities and when prescribing contraception for young adults under the age of 16. They were also knowledgeable about relevant guidance relating to these situations. Nurses described awareness and understanding of mental capacity. For example, nurses described the process of checking understanding and seeking consent before taking blood.

We saw that people were asked for consent for recording of consultations for training purposes. We saw that a poster in the waiting area provided patients with information about this and that consent forms were available for patients to complete. Reception staff told us that patients would either hand the completed consent forms to them and they would give them to the doctors, or that the doctors would complete these forms with patients during consultations.

## Health promotion and prevention

# Are services effective?

(for example, treatment is effective)

We observed that in the waiting area information was displayed supporting people to lead healthier lives. For example, we saw posters providing advice and information about immunisations in pregnancy, local child services, and childhood immunisations. We also saw information displayed relating to cancer, the British Heart Foundation, carer support, mental health services, and NHS health checks for adults and older people. Information to promote good health and providing details of other services was also present on the practice website. Therefore, people were provided with information about treatment and services that they could access in order to promote health and wellbeing.

Staff told us that they seized opportunities to promote good health. For example, staff said that if patients had not attended appointments then they may next time be offered longer appointments to fulfil a need. Nurses told us that they adopted this approach for people from the traveller community, and gave an example of discussing and offering childhood immunisations during a consultation. We saw that childhood immunisation rates and flu vaccination rates for children, working age adults, and older people were in line with rates for the CCG and the national average. For example, 78.87% of patients aged over 65 had received flu immunisations, and 60.27 % of

vulnerable patients between 6 months and 65 years old had received flu immunisations. The practice's performance for cervical smear uptake was 84.49%, which was in line with national figures.

Staff told us that they provided regular health checks for people with mental health difficulties. We saw from QOF data that 92.86% patients with mental health difficulties had a care plan which is in line with national figures. QOF data showed that 92.31% patients with dementia had received a face to face review in the past 12 months which is also in line with national data. Staff told us that they referred patients to the practice counsellor and external mental health services if necessary. However, they reported that access to secondary mental health services was limited.

Staff told us that there was a register of patients with learning disabilities maintained at the practice and that these people were regularly reviewed. This is also supported by the QOF data. Staff said that if people with learning disabilities did not attend appointments they received an individual follow up appointment, for example if they did not attend for a flu vaccination.

QOF data indicated that the practice maintained a register of people with palliative care needs. We observed that the needs of palliative care patients were discussed in meetings attended by a range of professionals.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent information available for the practice on patient satisfaction. The results from the GP patient survey in 2014 showed that 90.57% patients reported a positive overall experience at the practice. Patients indicated that they were treated with care and concern by GPs (93.77% of patients) and nurses (89.99% of patients). This was in line with national figures.

A survey was undertaken by the Patient Reference Group (PRG) for the practice in 2014. This showed that the majority of patients reported overall satisfaction with the practice and that the majority of patients said that they were satisfied with the friendliness of staff. The results of the friends and family test completed by the practice in January 2015 showed that 95% of patients were likely or very likely to recommend the practice to friends or family.

Patients completed CQC comments cards to tell us what they thought about the practice. We received 16 completed comments cards and the majority were very positive about the care received. Patients said that they thought that staff were helpful and supportive, and they felt treated with dignity and respect. One comment was less positive and this was about getting an appointment at a convenient time. We spoke with 11 patients at the practice and all indicated said that they felt that staff were caring.

Staff told us that consultations were carried out in consulting rooms to ensure privacy. We observed that consulting room doors were closed during consultations to ensure people's privacy and confidentiality.

We saw that the reception desk was located away from the waiting area which helped to keep patient discussions with reception staff private. We saw that other members of reception staff were located in an office behind reception in order that telephone calls from patients could not be overheard. Patient ratings in the Patient Reference Group report 2014 and the GP patient survey 2014 indicated that the majority of patients were satisfied with confidentiality in the practice. We observed a repeat prescription box on the reception desk. This was closed and information about repeat prescriptions could not be seen by members of the public.

Staff told us that if they had any concerns about discriminatory behaviour or about privacy and dignity not being respected they would report it to one of the practice management team or one of the GP partners. We were shown a recent report where a complaint had been received from a patient regarding discrimination. This had been investigated and disciplinary procedures had been followed.

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

The patient survey information that we reviewed showed that many patients responded positively to questions about their involvement in planning and making decisions about care. Information from the GP patient survey in 2014 showed that 85.91% patients felt that their GP involved them in making decisions about their care and treatment. It also showed that 82.63% patients said that the nurses at the practice involved them in making decisions about their care and treatment. This was in line with national figures. We spoke with 11 patients at the practice and all said that they felt involved in decisions about care when they saw a nurse or GP. Feedback from patients on CQC comments cards also indicated that patients felt listened to.

Staff told us that translation services were available and that these were used to help make appointments and hold consultations with patients. We also saw that a hearing loop was available in reception to help communication with people with hearing difficulties. Staff told us that they used an external service to help people with hearing difficulties to make appointments.

GPs described how they used alternative methods of communicating with people who experienced difficulty reading and writing. For example, they described repeating instructions to help the people memorise information about medicine, and using explanations about medicines that focused on visual information rather than written or numerical information.

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

The patients that we spoke with on the day of the inspection and the comment cards that we received indicated that patients felt treated with care and

## Are services caring?

compassion. For example, patients said that staff responded in a kind and respectful manner when providing care and support. One nurse described how they provided support to a patient who had experienced bereavement.

We saw notices and leaflets in the waiting room telling patients about how to access support organisations, including mental health services and support services for carers. The practice website also contained information

and contact details for external organisations to support people experiencing emotional or mental health difficulties, marital problems, and bereavement. An out of date poster was displayed in the waiting room relating to drug and alcohol services.

Staff told us that a counsellor worked at the practice and that referrals were made to this service. We also saw that this service was advertised on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had made changes to the way that delivered services in response to feedback from the Patient Reference Group (PRG). A member of the PRG told us that the practice listened to suggestions made by the group. For example, they told us the practice had obtained new toys and magazine rack for the waiting area in response to feedback from the group. We saw from the PRG 2014 survey that some patients were not aware of the practice website. We observed that signs advertising the website had been placed in the waiting area.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of the service. Staff described providing care and treatment for people from the traveller community. Staff provided examples of being able to offer short notice appointments if people arrived for appointments unexpectedly, and taking the opportunity to provide additional health information and promotion where appropriate. They also described providing health and treatment information in varying formats to people if they could not read or write.

The practice was situated on the ground and first floors of the building with most services for patients on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. Toilets were available for patients attending the practice, including accessible facilities with baby changing equipment.

### Access to the service

Appointments were available on Monday and Friday from 8am to 6.30pm, on Tuesday and Thursday from 7.30am to 6.30pm, and on Wednesday from 7am to 6.30pm. No appointments were held between 1pm and 2pm each day.

Information about appointments was displayed on the practice website. This included information about appointment times, how to arrange routine and urgent appointments via the telephone and online booking system. The website also provided information about how to arrange a telephone consultation or a home visit with a doctor and how to arrange longer appointments if needed. We saw information in the waiting area about appointment

times and how to book appointments online. Information about out of hours and emergency services was also displayed on the website and at the entrance to the practice so patients could seek assistance if the practice was closed. This information was displayed in a number of different languages.

We reviewed results of the GP patient survey 2014. This showed that the 85.76% of patients were positive about how easy it was to get through to the practice on the telephone. The survey also showed that 83.77% of patients were satisfied with the practice opening hours. These figures were in line with the national average. Ten of the 11 patients that we spoke with on the day of the inspection told us that they thought the practice was reasonably flexible in the appointment times provided.

Ten of the patients that we spoke with told us that they could make an appointment when required and see a GP of their choice if required. However, results from the Patient Reference Group report indicated that some patients found it difficult to see their preferred doctor. Comments received from some of the patients showed that patients in need of urgent care had been able to make telephone appointments, appointments at the practice, or home visit appointments on the same day that they contacting the practice. Doctors told us that people over the age of 74 had a named GP and that GP visits to nursing homes took place regularly.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We saw that information about the complaints procedure was displayed on the reception desk. Staff that we spoke with were aware of the different methods that patients could use to make a complaint, such as speaking to a member of staff or submitting the complaint in writing. They told us that they would provide this information to patients who wished to make a complaint.

We reviewed the complaints folder. This contained details of complaints made by patients, the practice's response to these, and records of appropriate actions taken to resolve complaints in a timely manner. Staff told us that if patients made a complaint they were given a copy of the complaints procedure, provided information about the Ombudsman, and also invited to meet for a meeting in person to discuss their complaint if they wished to do so.

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

We saw records of meetings with patients and staff members that were undertaken in order to investigate and resolve complaints and practice management staff confirmed that these had occurred.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

We saw the practice had a business plan and strategy. This described methods of managing financial challenges to the business. The plans contained information about roles and expectations relating to staff. However, the plan did not contain details of the values that underpinned the strategy or what these meant for patient experience. We looked at records of meetings and saw that plans for the practice were discussed with staff and staff confirmed that this had occurred.

### Governance arrangements

There were governance systems in place but these were not always sufficient or effective. In November 2014 the practice was issued with a Care Quality Commission report which highlighted regulatory breaches in medicines management and cleanliness and infection control. During the inspection in February 2015 we found there were further breaches within the regulation relating to medicines management. The full regulation had not been considered or reviewed following the previous inspection. The practice had failed to pay full heed to a report compiled by the commission, where action was required.

The practice did not identify and respond promptly to ensure the safety of patients. For example, fire evacuation drills were not completed, fire equipment checks were not completed in a timely fashion. We noted one emergency exit route was not easily accessible. Required actions relating to a legionella risk assessment had not been completed. All necessary checks and actions relating to employment of staff had not been carried out. The practice had not taken steps to monitor and reduce risks to patient safety and wellbeing.

The practice had a number of policies and procedures in place to govern activity. However, not all staff were aware of relevant policies and procedures. For example, some staff were not aware of how to access the most up to date safeguarding policy. We reviewed a number of different versions of the safeguarding policy, which were in use by staff, and the information within each policy differed. This meant the processes and procedures may have been applied inconsistently and could have led to a delay in the reporting of a concern. Whistleblowing is where a staff member reports suspected wrong doing or misconduct at

work. Two members of administrative staff told us that they did not know if the practice had a whistleblowing policy and were not able to locate an electronic or paper copy of one when asked. Although practice management staff were able to identify the whistleblowing policy. The arrangements in place to ensure all staff had access to information on whistleblowing were not clear.

We saw that a number of policies were not dated, such as the disciplinary procedure and the business contingency plan. The practice could not ensure that policies were reviewed and updated in a timely way and that staff had up to date written information to refer to for guidance.

There was a leadership structure with named members of staff in lead roles. For example, there were leads for infection control and safeguarding. Members of the practice management team had been given clearly defined roles relating to IT, dispensary, and reception. However, we observed that there were not adequate systems in place to ensure that staff had responsibility for checks and actions in a number of other areas. For example, checks and actions for staff prior to and during employment such as, checking professional registrations and arranging DBS and occupational health checks. It was also unclear who was responsible for ensuring that actions relating to the operation and maintenance of the building were carried out.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed that it was performing in line with national standards. The practice had undertaken clinical audits on areas such as diabetes and contraception in order to monitor quality and identify where improvements were needed.

### Leadership, openness and transparency

The practice leadership team was strengthened by the replacement of the previous practice manager by the appointment of a more experienced, albeit part-time, practice manager. The decision was supported by increasing the hours and the responsibilities of others in the Management Team. However, failures and concerns highlighted on the day of inspection, in relation to governance systems and risk, suggested the changes to management responsibilities were not effective.

# Are services well-led?

Inadequate 

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

As a result of the MPIG reduction the Partners took a positive decision to not replace a Salaried GP when they resigned. The remaining partners have adjusted their schedules to ensure that clinical services are maintained to the same level of patient satisfaction.

Staff told us that they would feel able to raise issues and suggestions with senior staff at the practice. We were told that individual meetings took place for doctors, nurses, dispensary staff, and administrative staff to discuss relevant issues relating to the operation of the practice and clinical concerns. We saw the minutes of some of these meetings. Staff told us that if any specific issues arose during these meetings then it was possible to discuss these with other relevant people at the practice such as the management team if needed.

We were shown copies of a number of policies relating to human resources which were in place to support staff, such as the disciplinary procedure. We were shown a copy of the staff handbook which was available to staff. This included sections on harassment and bullying at work, sick leave, and work related stress.

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

The practice had gathered feedback from patients through patient surveys and complaints received. We looked at the results of the patient reference group survey which were available on the practice website. The representative from the patient reference group told us that recommendations made by the group had been carried out by the practice. For example, they said that new toys and a magazine rack had been provided in the waiting area.

Staff told us that they felt able to provide feedback to senior staff and colleagues. We were told that issues were discussed with colleagues in meetings. Staff told us that where necessary feedback could be provided to management staff during and after these meetings if required. We were also told that management periodically held meetings with staff to discuss the direction of the practice. However, these did not occur routinely.

## **Management lead through learning and improvement**

We saw from records that for some staff, no dates had been entered for mandatory training courses such as safeguarding children and adults, infection control, and emergency first aid. It was difficult to evidence on the day of inspection which staff had undertaken which training and when. There was not a robust system to manage the update of mandatory training at the appropriate intervals.

Staff that we spoke with said that they had annual appraisals and that these were useful. However, the dates of most recent appraisals documented in files ranged from 2013 to 2014. Appraisals were brief and in some cases did not include objectives or plans for personal development. There was no formal clinical supervision in place for nurses.

The practice was a training practice with one fully accredited trainer and a second doctor awaiting accreditation. Staff said that weekly educational meetings for doctors took place at varying local practices and that an external speaker may be invited. Nurses and reception staff also stated that they had undertaken some training courses that helped them in their role. For example, one receptionist told us that they had recently attended some training to increase awareness of the needs of people with hearing difficulties.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration, and disposal of medicines used for the regulated activity. Regulation 12 (g).</p> <p>This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not ensure for persons employed for the purposes of carrying on a regulated activity the following information must be available in relation to each such person -</p> <ol style="list-style-type: none"><li>1. the information specified in Schedule 3, and</li><li>2. such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.</li></ol> <p>Regulation 19 (3)(a) and (b)</p> <p>This was a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not ensure such systems or processes were in place to enable the registered person, in particular, to-</p> <p>2a. 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);</p> <p>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;</p> <p>e. seek and act on feedback from other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>Regulation 17 (2)(a)(b) and (e)</p> <p>This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>