

# South Norwood Hill Medical Centre

## Quality Report

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

### Ratings

#### Overall rating for this service

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Norwood Hill Medical Centre on 5 May 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for South Norwood Hill Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 1 February 2017. Overall the practice still rated as inadequate.

Our key findings were as follows:

- There was not a consistent system in place for reporting and recording significant events, and there was no system in place to record action taken in response to patient safety alerts.
- The practice did not have systems in place to ensure that all staff (including those employed temporarily) had received relevant recent training in safeguarding children and vulnerable people and basic life support.

- The practice was not taking appropriate action to prevent and control the spread of infections, although there was some improvement since the last inspection.
- The practice did not have valid Patient Group Directions (PGDs) in place for all the nurses working in the practice, and some of the PGDs in place were out of date. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- Appropriate recruitment checks had not been undertaken and documented for non-permanent staff employed.
- Not all risks to patients were assessed and well managed, and not all of the emergency medicines needed to treat common medical emergencies were available.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

# Summary of findings

- Results from the national GP patient survey published in July 2016 showed patient satisfaction with their involvement in planning and making decisions about their care and treatment was below average for several aspects of care, and had deteriorated since the results published in January 2016. Results relating to access to care and treatment showed an improvement in some areas but others remained below average.
- The practice did not have an effective system in place for handling complaints and concerns. Although information was available for patients about how to complain and we saw evidence that patients who complained were contacted and, where appropriate, received an apology; none of the complaints we looked had been handled in line with the practice policy and national guidance.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not embedded in the culture of the practice. For example, when we inspected in 2016, we found there was no process to ensure that sharps bins were emptied regularly. Although systems had since been established to manage sharps bins safely, they were not effective.
- Governance structures and processes were not in place to ensure that a comprehensive understanding of the performance of the practice was maintained and that practice was able to deliver good quality care.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Implement systems to assess, monitor and mitigate risks, including those related to managing the risk of infection, staff areas and cleaning chemicals.
- Ensure significant events are consistently analysed and documented so that future risks are reduced.
- Ensure the proper and safe management of medicines, including the use of valid Patient Group Directions for all nurses providing vaccinations.
- Ensure that necessary recruitment records are kept in relation to all persons employed in the carrying on of the regulated activity, including non-permanent staff.
- Ensure that non-permanent staff receive training necessary for their role, and that records of this training is kept.
- Operate effectively a system for recording, handling and responding to complaints.

In addition the provider should:

- Repeat the audit of post-operative infection rates.
- Monitor and continue to take action to improve patient satisfaction as demonstrated in the national GP patient survey.

This service was placed in special measures in May 2016. Insufficient improvements have been made such that there remains a rating of inadequate for safety and being well led. We previously issued enforcement action in relation to safety, we have taken action in line with our enforcement procedures.

If the provider fails to make improvements such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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.

- There was no consistent system in place for reporting and recording significant events; however, we found that when incidents were recorded, lessons were shared to make sure action was taken to improve safety in the practice, and that the practice did communicate appropriately with patients when things went wrong.
- There was no system in place to record action taken in response to patient safety alerts.
- The practice did not have systems in place to ensure that all staff (including those employed temporarily) had received relevant recent training in safeguarding children and vulnerable people and basic life support.
- The practice was not taking appropriate action to prevent and control the spread of infections, although there was some improvement since the last inspection. The practice lead for infection control had not received specialist training for the role and systems to ensure cleanliness were not effective.
- Patient Group Directions (PGDs) were not in place for all the nurses working in the practice, and some of the PGDs that were in place were out of date. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- Appropriate recruitment checks had not been undertaken and documented for non-permanent staff employed.
- Not all risks to patients were assessed and well managed; for example, the practice had failed to ensure that substances which could be harmful were stored securely. They had also failed to ensure that staff had access to all of the emergency medicines needed to treat common medical emergencies.

Inadequate



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

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

- Results from the national GP patient survey published in July 2016 showed patient satisfaction with their involvement in planning and making decisions about their care and treatment was below average for several aspects of care, and had deteriorated since the results published in January 2016.
- Patients we spoke to during the inspection said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

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

- The practice did not have an effective system in place for handling complaints and concerns. Although information was available for patients about how to complain and we saw evidence that patients who complained were contacted and, where appropriate, received an apology, none of the complaints we looked had been handled in line with the practice policy and national guidance.
- Results from the national GP patient survey published in July 2016 relating to access to care and treatment showed an improvement in some areas since the previous publication of results in January 2016, but others remained below average.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice hosted a benefits advisor to support patients to access support services and offered in-house phlebotomy and minor surgery.

**Requires improvement**



# Summary of findings

- The practice had good facilities and was generally well equipped to treat patients, but had not fully considered the risks to patients when managing and maintaining them.

## Are services well-led?

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

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not embedded in the culture of the practice. For example, at our last inspection we told the practice to establish a system to manage sharps bins safely. A system was put in place, but this was not effective, since we found sharps bins that had not been recorded or emptied in line with guidance.
- Systems for monitoring staff recruitment and training had not been comprehensively implemented for all staff working in the practice, including those on non-permanent contracts.
- Governance structures and processes were not in place to ensure that a comprehensive understanding of the performance of the practice was maintained and that practice was able to deliver good quality care. Practice systems had failed to identify that the complaints policy was not being followed consistently.
- There was a clear leadership structure and staff felt supported by management.

**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 being caring and responsive. The issues identified affected all patients including this population group.

- The practice was not taking adequate steps to prevent and control the spread of infections. This is of particular concern for frail older people, for whom a minor infection is more dangerous.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had a named GP to support their care.

Inadequate



### People with long term conditions

The provider was rated as inadequate for safety and for well-led and requires improvement for being caring and responsive. The issues identified affected all patients including this population group.

- Not all of the emergency medicines needed to treat common medical emergencies were available to staff, such as those needed to treat a sudden deterioration in a long term condition.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



### Families, children and young people

The provider was rated as inadequate for safety and for well-led and requires improvement for being caring and responsive. The issues identified affected all patients including this population group.

Inadequate



# Summary of findings

- The practice had not ensured that the premises were suitable for children. Cleaning chemicals, such as bleach, were left in unlocked cupboards in areas that patients could access.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances, but the practice did not have evidence of recent training in safeguarding children from abuse for non-permanent staff working at the practice.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **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 being caring and responsive. The issues identified affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. However, in the national GP patient survey, 54% of patient felt that they normally had to wait too long to be seen, compared to the local average of 40% and the national average of 35%.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for 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 being caring and responsive. The issues identified affected all patients including this population group.

- The practice had no evidence of training in safeguarding vulnerable adults for non-permanent staff working in the practice. The staff we spoke to (mainly permanent staff) knew

**Inadequate**



# Summary of findings

how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Twelve out of the 16 patients on the practice learning disability register had received an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

## **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 being caring and responsive. The issues identified affected all patients including this population group.

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for other mental health indicators were comparable to or higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Inadequate**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Three hundred and six survey forms were distributed and 111 were returned. This represented fewer than 2% of the practice's patient list. The results showed the practice below local and national averages for some measures of patient satisfaction.

- 63% of patients found it easy to get through to this practice by phone compared to the local average of 75% and the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 75% and the national average of 76%.
- 71% of patients described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 78% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, but did report some issues with making appointments.

# South Norwood Hill Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to South Norwood Hill Medical Centre

South Norwood Hill Medical Centre is based in South Norwood, Croydon, a suburban area of south London, and is in Croydon Commissioning Group (CCG).

The practice offers GP services (diagnostic and screening procedures, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury, and family planning) under a Personal Medical Services contract. The practice has signed up to provide some additional services that are not required by the standard GP contract: extended hours access, facilitating timely diagnosis and support for people with dementia, minor surgery, remote care monitoring, rotavirus and shingles immunisation and avoiding unplanned admissions.

There are two doctors who are partners (one male and one female) and one (male) GP is employed as a long-standing locum. There is also an agency GP locum in the practice at present, who does two clinical sessions per week. In total the practice offers 21 – 24 GP sessions per week. The practice aims to offer 24 sessions per week, but is not always able to staff all of these sessions.

The (all female) nursing team has two practice nurses. They both work part-time, with all of the nursing hours adding up to seven sessions per week. There are two (female) reception staff who also work as phlebotomists who (together) provide 0.8 clinical sessions. There is also an agency locum nurse in the practice at present, who does two clinical sessions per week.

The practice is open between 8am and 6.30pm Monday, Wednesday and Friday, and between 8am and 8pm on Tuesday and Thursday. Appointments with GPs are available on Monday 9am to 12.30pm and 2pm to 6pm, Tuesday 9am to 12.30pm and 5.20pm to 7.40pm, Wednesday 9am to 12.30pm and 3pm to 5.30pm, Thursday 9am to 2.30pm and 3pm to 7.40pm, and Friday 9am to 1pm and 4.30pm to 6.30pm.

There are approximately 6,380 patients at the practice. Compared to the England average, the practice has more patients aged five to nine, and more aged 30 to 59. The practice has fewer young adults (age 15 to 29) and many fewer patients aged 60+ than an average GP practice in England.

The practice has a significant proportion of Black African or Black Caribbean patients. The largest group of patients that do not have English as their first language speak Eastern European languages, such as Polish.

Life expectancy of the patients at the practice is in line with CCG and national averages. The surgery is based in an area with a deprivation score of 4 out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the average English GP practice, more patients are unemployed.

# Detailed findings

This is the second time that the CQC has inspected the practice.

## Why we carried out this inspection

We undertook a comprehensive inspection of South Norwood Hill Medical Centre on 5 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months. We also issued a warning notice to the provider in respect of safe care.

The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for South Norwood Hill Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of South Norwood Hill Medical Centre on 1 February 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 February 2017.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 5 May 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of cleanliness, infection control, medicines management, checks on staff and for overall risk management were not adequate. Most staff had not received recent training at the appropriate level in child safeguarding and appropriate checks had not been undertaken through the Disclosure and Barring Service (DBS). Patient records were not stored securely.

We issued a warning notice in respect of cleanliness, infection control and medicines management.

Although there was considerable improvement in some areas, for example, in arrangements to ensure that medicines stored were in date, there were other areas that still needed to be improved, in particular systems to ensure infections are prevented and controlled, and that procedures are applied to all staff (not just permanent employees). As a result, the practice remains rated as inadequate for providing safe services.

### Safe track record and learning

There was not a consistent system in place for reporting and recording significant events.

- There were several templates for recording significant events, but staff told us that not all of the clinical staff would formally record significant events.
- We were told of examples of significant events that had not been documented to ensure that a thorough analysis took place and actions followed up. These included an assault on a staff member and an occasion when the cold chain for vaccine storage was not correctly followed. Significant event records were not all stored in the same place, so not all staff could access them.
- We saw evidence that significant events, including those not formally recorded, were discussed in meetings and that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

There was no system in place to record action taken in response to patient safety alerts. We looked at patient

records against three medicine safety alerts, and did not find any patients on combinations of medicines that had been advised against. After the inspection, the practice sent us details of a new process, to include recording action taken in response to patient safety alerts.

### Overview of safety systems and processes

There were systems and processes in place to keep patients safe and safeguarded from abuse, but these had not been implemented consistently.

- Practice policies reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff we met demonstrated they understood their responsibilities, and permanent staff had all had received recent training on safeguarding children and vulnerable adults relevant to their role (GPs trained to child protection or child safeguarding level 3, nurses to at least level 2 and non-clinical staff to at least level 1.) However, the practice did not have evidence of recent training for non-permanent staff working at the practice. The child safeguarding certificate for an agency nurse was from November 2015 (with no evidence of updating). The practice had no evidence of training in safeguarding vulnerable adults for an agency nurse, an agency GP or for a long-term locum GP. After the inspection, the practice told us that the agency GP and long-term locum GP had completed training in safeguarding adults, and the agency nurse had not worked at the practice since the inspection.
- A notice in the waiting room advised patients that chaperones were available if required. All non-clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice was not taking appropriate action to assess the risk of, prevent and control the spread of infections, although there was some improvement since the last inspection.

## Are services safe?

- When we inspected in May 2016, we raised concerns about cleanliness, monitoring of cleanliness, and overall arrangements to prevent and control the spread of infections. At this inspection, we found that the practice was generally tidy and that overall cleanliness had improved since we last inspected, but that overall infection control arrangements remained insufficient. Unlike when we inspected in May 2015, privacy curtains and screens were visibly clean and all staff had received some training in infection control. The practice was inspected by the NHS England infection control team in September 2016, who found that the practice was clean. The last inspection from NHS England identified only some flooring and sinks that needed updating to meet current requirements. The practice had applied for funding for this work.
- However, in the room used for minor surgery we found dust on high shelves, on the legs of the folding privacy screen and the base of the examination couch.
- A nurse had been appointed as the infection control clinical lead, but she had not received any specialist training for the role. According to information held by the practice, the locum agency nurse had not completed infection control training since 2015. The practice sent us evidence that the nurse had completed specialist infection control lead training after the inspection and told us that the nurse had devised a work programme and system of checks, and was reviewing the infection control policies and procedures. The practice also told us that the agency nurse had not worked at the practice since the inspection.
- Monitoring of cleanliness and adherence with guidance and the practice policy had not improved since the last inspection. There was no record of what was checked during the monthly 'walk around' of the practice manager and the supervisor from the cleaning company. The brief notes that were kept showed one issue had occurred more than once (the cleaner using only one mop to clean the whole practice), and there was no record of the action that had been taken to address it.
- When we inspected in May 2016, we found there was system to ensure that sharps bins were managed in line with guidance. After the inspection, the practice established a system of checks, but this was not effective, since at this inspection the sharps bin in the minor surgery room was unsigned and not dated, and the sharps bin in another room was dated 19 September

2016. This is not in line with national guidelines that GP practices are expected to follow, to prevent and control the risk of infections from sharps. After the inspection, the practice told us that staff had been reminded of the guidance with regards to sharps bin dating and disposal.

- The practice had not carried out its own infection control audit in the last year, as expected by national guidance.

Arrangements for managing medicines, including emergency medicines and vaccines, had improved but were not consistently implemented.

- The practice told us that Patient Group Directions (PGDs) had been adopted to allow nurses to administer medicines in line with legislation, but were unable to provide any valid PGDs during the inspection, although there was a file of unsigned documents. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) We were sent PGDs for the two permanent nurses after the inspection. The practice told us that no PGDs were in place to allow the agency practice nurse to legally administer medicines, including vaccinations, and that the practice were unaware of the need for PGDs for non-permanent staff. After the inspection, the practice told us that locum nurses would no longer be allowed to administer vaccinations in the practice without patient group directions. The PGDs that were sent to us after the inspection for the two permanent nurses included four that were out of date, for hepatitis A and hepatitis B, for both nurses. For example, the Hepatitis B PGD template was marked for expiry 31 March 2016. Some time after the inspection, the practice sent us an authorisation issued by NHS England for the continued use of the PGDs in question. This document states that it should be attached to the PGDs in question. It was not submitted to CQC with the PGDs immediately after the inspection.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

## Are services safe?

- Blank prescription forms and pads were securely stored and there were now systems in place to monitor their use.
- Issues identified on the last inspection with systems to ensure the safety and security of medicines had been resolved. All medicines we saw were securely stored and were in date.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken and documented for permanent staff employed, but not for temporary staff recruited since we last inspected. The file of a long term agency nurse had no recent DBS check (was dated 2011), no references, no CV, no evidence of qualifications or registration, or evidence of medical indemnity. The file of an agency GP did not have references or a CV. The file of a long term locum had no signed contract or evidence of medical indemnity. After the inspection, the practice told us that missing documents were now in the files of the agency GP and the long-term locum GP agency nurse had not worked at the practice since the inspection.

### Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- The door to the staff kitchen area was unlocked. In a low cupboard and on a worktop there was a bottle of bleach that did not have a child-safe cap, and other cleaning chemicals. The practice premises risk assessment did not assess any risks posed by the kitchen area or by cleaning chemicals. After the inspection, the practice told us that bleach and cleaning materials had been removed from an unlocked cupboard and that staff had been reminded to lock the door to the kitchen.
- The practice had up to date fire risk assessments and carried out regular fire drills. Most staff had not had formal fire training, but those we spoke to understood their role in the event of an emergency. After the inspection, the practice told us that staff had completed fire safety training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents, but these had not been comprehensively or consistently implemented.

- All permanent staff had received annual basic life support training, but the practice had no record of basic life support training for the agency nurse or GP. Evidence of basic life support training was supplied for the agency GP after the inspection.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. When we inspected in May 2016, we found that the range of medicines stored in the practice was not sufficient to deal with common medical emergencies. At this inspection we found that the medicines stocked had been increased to allow more medical emergencies to be treated, but there was no diazepam to treat epileptic seizures. Staff told us that the decision not to stock diazepam had been taken after discussion with the Clinical Commissioning Group medicines team, but this discussion had not been documented. After the inspection, the practice sent us evidence that diazepam had been ordered.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 5 May 2016, we rated the practice as requires improvement for providing effective services as the care of patients with diabetes and some mental health conditions (as measured by the Quality and Outcomes Framework (QOF)) were below average, and written consent was not being recorded for minor surgery, in breach of the practice policy and national guidance.

These had significantly improved when we undertook a follow up inspection on 1 February 2017. The provider is now rated as good for providing effective services.

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

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

The most recent published results (2015/16) were 96% of the total number of points available, compared to the local average of 93% and the national average of 95%.

Rates of exception reporting were also similar to local and national averages. The overall exception rate was 4%, compared to a Clinical Commissioning Group (CCG) average of 5% and a national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the national average.
- 70% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 71% and the national average of 78%. Twenty-two patients were excepted, a rate of 7%, compared to a CCG average of 9% and a national average of 13%.
- 76% of patients with diabetes had well controlled blood pressure, compared to the local average of 78% and the national average of 78%. Thirteen patients were excepted, a rate of 4%, compared to a CCG average of 6% and a national average of 9%.
- 73% of patients with diabetes had an influenza immunisation, compared to the local average of 76% and the national average of 80%. Sixteen patients were excepted, a rate of 5%, compared to a CCG average of 10% and a national average of 13%.
- Performance for mental health related indicators was comparable to or higher than the national average.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 89% and the national average of 89%. No patients were excepted, a rate of 0%, compared to a CCG average of 9% and a national average of 13%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 92% and the national average of 89%. No patients were excepted, a rate of 0%, compared to a CCG average of 7% and a national average of 10%.
- 95% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 84% and the national average of 84%. One patient was excepted, a rate of 5%, compared to a CCG average of 5% and a national average of 7%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where

# Are services effective?

## (for example, treatment is effective)

the improvements made were implemented and monitored. In one example, the practice improved their identification of patients with diabetes from 68% in 2015 to 74% in 2016 by agreeing criteria with clinical staff, contacting patients for testing and protocols for recording a diagnosis.

### Effective staffing

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

- The practice had an induction programme for all newly appointed permanent staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All permanent staff had received an appraisal within the last 12 months.
- Permanent staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Arrangements were not in place to ensure that other staff, not permanently employed, had completed recent relevant training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Since the inspection in 2016, the practice had introduced written consent for minor surgery.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the Clinical Commissioning Group (CCG) average of 81% and the

# Are services effective?

(for example, treatment is effective)

national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved this target for one of the four immunisation targets. :

- 87% of children aged 1 completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)
- 89% of children aged 2 received their booster immunisation for Pneumococcal infection

- 87% of children aged 2 received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC)
- 91% of children aged 2 completed immunisation for measles, mumps and rubella.

These measures can be aggregated and scored out of 10, with the practice scoring 8.8, compared to a national average score of 9.1.

The uptake of the MMR vaccination in five year olds was 86% and 66% (for the first and second doses) compared to the CCG average of 91% and 73% and the national average of 94% and 88%.

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

# Are services caring?

## Our findings

At our previous inspection on 5 May 2016, we rated the practice as good for providing caring services, as survey data and evidence from the inspection showed that patients rated the practice higher than others for several aspects of care, although survey data was below average for some measures.

When we undertook a follow up inspection on 1 February 2017 we found that survey data showed deterioration in some measures of patient satisfaction. The practice is therefore rated as requires improvement for providing caring services.

### Kindness, dignity, respect and compassion

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

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

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published in July 2016 showed that patients generally felt they were treated with compassion, dignity and respect, although satisfaction scores for the practice for some aspects of consultations with GPs was below average, for example:

- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%. (This is deterioration from the results published in January 2016, when 92% said that they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.)
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%. (In the January 2016 data, 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.)
- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 87%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in July 2016 showed patient satisfaction with their involvement in planning and making decisions about their care and treatment was below average. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%. (This is a deterioration from 85% in January 2016, compared to the CCG average and national average of 84% and 86%.)

## Are services caring?

- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%. (This is a deterioration from 73% in January 2016, compared to the national average of 82%.)
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%. (This is a deterioration from 80% in January 2016, compared to the national average of 85%.)

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 295 patients as carers (just under 5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 5 May 2016, we rated the practice as requires improvement for providing responsive services as results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages, and patients told us that they were not always able to get appointments when they needed them.

When we undertook a follow up inspection on 1 February 2017, we found that the practice had made changes to the appointment system and results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment had improved in some areas. However, some results were still below average and we found that complaints had not been handled in line with national guidance. As a result, the practice remains rated as requires improvement for providing responsive services.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice hosted a benefits advisor to support patients to access support services and offered in-house phlebotomy and minor surgery. Nurses performed electrocardiogram (ECG) tests and sent the results electronically to consultants at the local hospital for analysis. (An ECG measures the electrical activity of your heart to show whether or not it is working normally.)

- The practice offered appointments until 7.40pm on Tuesday and Thursday to support patients who could not attend during normal opening hours. Practice staff told us that it was not always possible to staff all of the extended hours sessions.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday, Wednesday and Friday, and between 8am and 8pm on Tuesday and Thursday. Appointments with GPs were available on Monday 9am to 12.30pm and 2pm to 6pm, Tuesday 9am to 12.30pm and 5.20pm to 7.40pm, Wednesday 9am to 12.30pm and 3pm to 5.30pm, Thursday 9am to 2.30pm and 3pm to 7.40pm, and Friday 9am to 1pm and 4.30pm to 6.30pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Acting on patient feedback, the practice had increased the number of urgent appointments available, from 8 – 18 per day to 16 – 27 per day (variation depending on how many GPs were working per day).

Results from the national GP patient survey showed that patient satisfaction with how some aspects of access care and treatment had improved from the January 2016 data, but others remained below average.

- 71% of patients were satisfied with the practice's opening hours compared to the local average of 76% and the national average of 76%. (In the January 2016 results, 68% of patients were satisfied with the practice's opening hours, compared to the national average of 78%.)
- 63% of patients said they could get through easily to the practice by phone compared to the local average of 75% and the national average of 73%. (In the January 2016 results, 55% of patients said they could get through easily to the practice by phone, compared to the national average of 73%.)
- 54% of patients felt that they normally had to wait too long to be seen, compared to the local average of 40% and the national average of 35%. (In the January 2016 results, 54% of patient felt that they normally had to wait too long to be seen, compared to the national average of 35%.)

# Are services responsive to people's needs?

(for example, to feedback?)

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

GPs called patients requesting a home visit to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system, for example a poster in reception.

We looked at four complaints received in the last 12 months and found that none had been handled in line with the practice policy and national guidance. None of the complainants had received an acknowledgement, and none had been sent the ombudsman details with their final response. Notes suggested that the complainants had received phone calls and/or face to face meetings, but no records of these were kept. Two of the complaints had final responses later than the 10 days stated in the practice policy. There was no tracking system in place to monitor adherence to the policy.

Patients did receive an apology where things went wrong, in the examples we looked at.

After the inspection, the practice told us that the complaints procedures and patient information had been revised and a new system introduced to check the new procedures were followed.

# Are services well-led?

Inadequate 

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

## Our findings

At our previous inspection on 5 May 2016, we rated the practice as inadequate for providing well-led services as there were not sufficient structures and processes in place to ensure that a comprehensive understanding of the performance of the practice was maintained and that practice was able to deliver good quality care. The practice had failed to act on evidence from the national GP Patient survey of deteriorating patient satisfaction.

Although there was some improvement, we found evidence that there were still significant issues with the practice governance when we undertook a follow up inspection of the service on 1 February 2017. The practice remains rated as inadequate for being well-led.

### Vision and strategy

- Staff had a general understanding of the practice values.
- There was no strategy or formal business plan in place, but the practice had some written aims and objectives.

### Governance arrangements

There were not sufficient structures and processes in place to ensure that a comprehensive understanding of the performance of the practice was maintained. Although there were systems to monitor patient care, there were other areas where there was not sufficient oversight:

- Monitoring of the practice performance (through clinical and internal audit) was not comprehensive. In 2015, audit identified high post-operative infection rates, which reduced after the practice changed dressing type. The practice had not repeated the audit of post-operative infection rates to ascertain current infection rates.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were weak. There were weaknesses in the practice arrangements for ensuring cleanliness and adherence to good practice for preventing and controlling infections, which the practice had not identified. The practice premises risk assessment had failed to identify the risks from an unlocked staff kitchen where bleach and other cleaning chemicals were stored.
- Practice specific policies were implemented and were available to all staff. We saw evidence of review and updating of policies, but policies had not been

implemented consistently, for example recruitment checks had not been carried out on locum staff and training checks had not been documented for temporary as well as permanent staff. The complaints policy had not been followed consistently. After the inspection, the practice told us that arrangements for managing risks and handling complaints had been strengthened and that a recruitment and training checklist had been implemented, and a similar system to ensure full checks were made on non-permanent staff.

- Patient satisfaction with several aspects of the practice remained below average, and there was no formal plan in place for improvement.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

### Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty, however there was insufficient senior leadership with regards to learning from significant events. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

# Are services well-led?

Inadequate 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and discussed improvements with the practice management team. For example, changes to the appointment system.

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

## **Continuous improvement**

The practice had made various improvements since we last inspected in May 2016. However, these had not all been successful in creating and sustaining improvement, and the practice had not identified this.

The system to learn from significant events was inconsistently applied, meaning that the practice was not carrying out a complete analysis to learn and improve. Events that were not managed as significant events included an assault on a staff member by a patient.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>There were not adequate systems to ensure proper and safe management of medicines.</p> <p>There were not valid Patient Group Directions (PGDs) in place for all the nurses working in the practice, and some of the PGDs in place were out of date.</p> <p>Arrangements to prevent and control the spread of infections were not effective.</p> <p>This was in breach of regulation 12(1)(2) 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There were not adequate systems to assess, monitor and improve the quality and safety of services. The practice had failed to identify ongoing issues with infection prevention and control, medicines management. The practice had also failed to identify that policies (including on complaints) were not being implemented consistently.</p> <p>The registered person did not have effective systems and processes in place to assess, monitor and mitigate risks. Not all risks had been assessed and mitigated, including those from cleaning chemicals.</p> <p>There were not effective systems to ensure that necessary recruitment and training records were kept in relation to all staff employed in the practice.</p>

This section is primarily information for the provider

## Enforcement actions

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.