Horsefair Surgery

Quality Report

Horsefair Surgery,
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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?	Requires improvement
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Horsefair Surgery on 24 August 2016. The overall rating for the practice was requires improvement with one rating of inadequate for providing effective services, requires improvement for providing safe and well-led services and good for caring and responsive services. We issued requirement notices in relation to breaches of the regulations in safe care and treatment, good governance and staffing. The full comprehensive report from the inspection can be found by selecting the 'all reports' link for Horsefair Surgery on our website at www.cqc.org.uk.

We undertook a comprehensive follow up inspection on 9 May 2017. This inspection was undertaken to determine whether improvements were made following the inspection in August 2016. Whilst improvements had been made in relation to some of the concerns highlighted at the last inspection, there were areas relating to patient care and treatment and breaches of regulation which had not been addressed. . The practice is rated inadequate overall and specifically as inadequate for providing effective and well-led services, requires improvement for providing safe services, but good for providing caring and responsive services.

Our key findings were as follows:

- Governance arrangements had not improved since our previous inspection and had not enabled the provider to make improvements to all of the areas where we found breaches of regulations.
- Specifically, those relating to the care and treatment of patients with long term conditions had not been addressed by the practice. Effective action had not been taken to mitigate the risks highlighted and ensure improved patient outcomes.
- National data submissions from 2016/17 showed a decline in performance around the care and treatment of patients with long term conditions.
- Risks related to medicines were not always appropriately managed. Patients' medicine reviews were still not being recorded or undertaken in line with national guidance to enable appropriate monitoring.

Summary of findings

- There was no system in place to monitor outcomes and drive improvements, including completed clinical audit cycles.
- Staff were able to access clinical training in order to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, training requirements were not monitored to ensure they were being undertaken by all staff.
- There was a system in place for reporting and recording significant events. Reviews of complaints, incidents and other learning events were thorough.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient feedback in CQC comment cards showed patients were satisfied with the approach of staff and they felt they received a quality service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

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

Importantly, the provider must:

- Assess, monitor and improve the quality and safety of the services provided in the delivery of care to patients.
- Ensure medicine reviews are recorded in an accurate and timely manner to support patient care.
- Review and improve long term conditions management to ensure improved patient health outcomes.
- Improve the monitoring of clinical care to ensure areas where improvements are required are identified and acted on. For example, through completion of clinical audits.
- Ensure all staff undertake the necessary training related to their roles and appropriate records are kept to monitor training.
- Review policies to ensure they are practice specific and that staff can access the appropriate guidance.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take further 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 varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

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?

Requires improvement

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

- Patients on long term medicines, including high risk medicines, were not always reviewed to ensure they were safe to continue taking their prescriptions.
- Emergency medicines were not risk assessed to ensure that all medicines and equipment potentially required was available. A medicine not stored which may be required was also identified as not being stocked at our last inspection.
- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were not always being met due to a lack of long term condition reviews taking place. The results for 2016/17 had significantly declined from 2015/16 with high instances of exception reporting (where patients were excluded from care performance data on the basis of not attending reviews or not being able to receive care in line with guidance).
- Reviews of patients' medicines were not being undertaken in line with national guidance or recorded properly to enable appropriate monitoring of repeat prescribing.
- Reviews of patients with learning disabilities were not routinely taking place, with a significant proportion of these patients having had no review in at least two years.

Summary of findings

- There was limited evidence that clinical audit was used in response to areas where improvements were needed or that they improved services, care and treatment.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment. However, staff training was not monitored effectively or recorded to ensure training required by staff was undertaken.
- There were no appraisals for staff since March 2016 but a new system was being implemented in the coming months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There was easily accessible information for patients about the services available.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- A local volunteer driving service was based at the practice without charge to enable patients who had difficulty attending the practice to use the service.
- Patients were able to receive travel vaccines.
- A hearing loop had been installed and translation services were available.
- The building was modern and accessible for patients with limited mobility or a disability.
- There were toilets accessible to disabled patients, baby changing facilities and breast feeding area.
- The local citizens' advice bureau ran a weekly clinic at the surgery.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Inadequate

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

- The practice was in a period of transition and was working with an external provider called Independent Medical Holdings (IMH). New partners associated with IMH were due to take over the practice from July 2017.
- We found governance issues identified in August 2016 had not ensured improvement in care outcomes for patients (which had deteriorated) and the inaccurate monitoring data for repeat medicines.
- The practice did not demonstrate a focus on continuous learning and improvement in clinical care. Concerns from data monitoring or care outcomes were not identified as potential areas for improving clinical care.
- The leadership structure did not have clearly defined responsibilities for lead roles, which ensured clear oversight and management.
- Staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. However, some policies were duplicated meaning staff may not access the right ones or did not contain the necessary information to support staff.
- Staff had had not received recent performance reviews and training was not adequately monitored.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
- The practice proactively sought feedback from patients via the friends and family test. The practice engaged with the patient participation group.

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

Inadequate

The provider had not resolved the concerns for effectiveness and leadership identified at our inspection on 24 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been rated to reflect the continued concerns we identified.

The practice is rated as inadequate for the care of older people.

- We found significant governance concerns which affected patient outcomes.
- National data indicators showed patients were not always receiving care in line with national guidance.
- Medicine reviews were not always being undertaken to ensure repeat prescribing was always done safely.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered personalised care to meet the needs of the older patients in its population.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Inadequate

The provider had not resolved the concerns for effectiveness and leadership identified at our inspection on 24 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been rated to reflect the continued concerns we identified.

The practice is rated as inadequate for the care of people with long-term conditions.

Summary of findings

- We found significant governance concerns which affected patient outcomes.
- National data indicators showed patients with long term conditions were not always receiving care in line with national guidance.
- Medicine reviews were not always being undertaken to ensure repeat prescribing was always done safely.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Refer as appropriate to diabetes indicators from the data pack
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.
- The practice participated in a social prescribing project. This was part of a local GP practice initiative where patients could be referred for additional support related to care or social needs.
- A local volunteer driving service was based at the practice without charge to enable patients who had difficulty attending the practice to use the service.

Families, children and young people

Inadequate

The provider had not resolved the concerns for effectiveness and leadership identified at our inspection on 24 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been rated to reflect the continued concerns we identified.

The practice is rated as inadequate for the care of families, children and young people.

- We found significant governance concerns which affected patient outcomes.
- National data indicators showed patients were not always receiving care in line with national guidance.
- Medicine reviews were not always being undertaken to ensure repeat prescribing was always done safely.

Summary of findings

- From examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours if requested and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Inadequate

The provider had not resolved the concerns for effectiveness and leadership identified at our inspection on 24 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been rated to reflect the continued concerns we identified.

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

- We found significant governance concerns which affected patient outcomes.
- National data indicators showed patients were not always receiving care in line with national guidance.
- Medicine reviews were not always being undertaken to ensure repeat prescribing was always done safely.
- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, the appointment system had been amended to ensure appropriate appointments were available.
- Same day appointments were available and routine appointments could be booked.
- 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.
- Although extended hour appointments were not available, patients were offered later appointments by arrangement if required in certain circumstances.

Summary of findings

- The practice participated in a social prescribing project. This was part of a local GP practice initiative where patients could be referred for additional support related to care or social needs.

People whose circumstances may make them vulnerable

Inadequate

The provider had not resolved the concerns for effectiveness and leadership identified at our inspection on 24 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been rated to reflect the continued concerns we identified.

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

- We found significant governance concerns which affected patient outcomes.
- National data indicators showed patients were not always receiving care in line with national guidance.
- Medicine reviews were not always being undertaken to ensure repeat prescribing was always done safely.
- The majority of patients with learning disabilities were not provided with routine health checks and many had not received a check in over two years.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. The practice participated in a social prescribing project. This was part of a local GP practice initiative where patients could be referred for additional support related to care or social needs.
- A local volunteer driving service was based at the practice without charge to enable patients who had difficulty attending the practice to use the service.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate 

The provider had not resolved the concerns for effectiveness and leadership identified at our inspection on 24 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been rated to reflect the continued concerns we identified.

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

- We found significant governance concerns which affected patient outcomes.
- National data indicators showed patients were not always receiving care in line with national guidance.
- Medicine reviews were not always being undertaken to ensure repeat prescribing was always done safely.
- The practice carried out advance care planning for patients living with dementia.
- 77% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months.
- The practice considered the physical health needs of patients with poor mental health and dementia, but only 70% of these patients had received a physical health check and had their care plans reviewed in 2016/17.
- Only 62% of the national data outcomes were achieved in 2016/17 for mental health indicators.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. There were 242 survey forms distributed and 104 were returned. This represented 0.6% of the practice's patient list.

- 86% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 83%.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a caring service and staff were helpful, caring and treated them with dignity and respect. Comments highlighted that staff responded compassionately when they needed help and provided support when required. The only negative comments raised were by three patients regarding the telephone triage system. This was a significant improvement on the feedback regarding appointments from the previous inspection in August 2016.

The NHS Friends and Family test was used to collect feedback from patients. This showed that in April 2017 84% of the 45 patients who responded said they were likely or highly likely to recommend the practice. In March 2017 it was 77% and in February 2017 it was 85%.

Horsefair Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.**The team included a GP specialist adviser.

Background to Horsefair Surgery

We undertook an inspection of this practice on 9 May 2017. The practice provides services from Horsefair Surgery, Banbury, Oxfordshire, OX16 9AD. The branch surgery at Middleton Cheney Surgery closed in October 2016. We visited Horsefair Surgery as part of this inspection.

Horsefair Surgery has a modern purpose built location with good accessibility to all its consultation rooms. The practice serves 16,300 patients from the surrounding town and villages. The practice demographics show that the population closely matches the national profile for age spread, with a slightly higher proportion of older patients. According to national data there is minimal deprivation among the local population, although staff are aware of areas in Banbury where economic deprivation was a concern. There are patients from minority ethnic backgrounds, but this is a small proportion of the practice population.

The practice had been under pressure due to recruitment problems and losing partners, including a bereavement of one long term partner since our last inspection. The number of GPs overall had decreased since our last inspection. Nursing vacancies also added to the pressure to the existing clinical team.

The current CQC registered partners were planning to leave the practice at the end of June 2017and a new provider called Independent Medical Holdings (IMH) was supporting the practice through the coming transition. The executive partner's associated with IMH Dr Jones & Dr Meyer have been in place since December 2016 and are due to take over the practice from July 2017. The new partners were in the process of registering with CQC.

There are three GP partners and one salaried GP working at the practice, including three female and one male GP. There are three practice nurses, two health care assistants and one emergency care practitioners (ECPs). A number of administrative staff and a practice manager support the clinical team.

There are 2.25 WTE partner GPs and a 0.5 WTE salaried GP, 2.4 WTE advanced nurse practitioners 3.7 WTE nurses and ECPs and 3.57 WTE healthcare assistants.

Horsefair Surgery is open between 8.00am and 6.30pm Monday to Friday. There are no extended hours appointments available. Out of hours GP services were available when the practice was closed by phoning NHS 111 and this was advertised on the practice website.

There is currently no registered manager in post at the practice. In August we requested the practice register a new manager and again in April 2017. At the time of this inspection a new registered manager application had still not been received. We have undertaken discussions with the practice regarding the lack of registered manager this and monitoring the progress of a new registration closely. The practice has subsequently advised CQC that the practice manager has completed their DBS application in May 2017, in order to progress the registered manager CQC application.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection on 24 August 2016 at Horsefair Surgery under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement including an inadequate rating for provision of effective services. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Horsefair Surgery on our website at www.cqc.org.uk.

We undertook a comprehensive follow up inspection of Horsefair Surgery on 9 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting we reviewed a range of information we hold about the practice. We carried out an announced visit on 9 May 2017. During our visit we:

- Spoke with a range of staff including three GPs, two nurses, a healthcare assistant, three support staff, the practice manager and spoke members of the patient participation group who also used the service.
- Observed how patients were being cared for in the reception area.
- 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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.

Requires improvement

Are services safe?

Our findings

At our inspection in August 2016 we found that checks for emergency medicines and equipment were not being undertaken appropriately. Emergency medicines were stored in a room which was easily accessible to the public and easily seen from public areas. The process for ensuring action had taken place following medicine and safety alerts was not effectively managed. Fridges used to store medicines were not monitored appropriately and we found instances where medicines had been stored out of temperature range with no action taken by staff. In addition we reported that a medicine which may be required in an emergency was not stored and no risk assessment had taken place to determine whether it should or should not be in place.

During this inspection on 9 May 2017 we found the practice had taken action to mitigate some risks that we had identified at the previous inspection. However, we still identified concerns which have led to a rating of requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform their line manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- From the sample of significant events we reviewed we found that when things went wrong with care and treatment, learning outcomes were identified and shared with staff. In one example there had been an incident regarding an injury in the waiting area. The practice identified that not all staff had responded appropriately in recording and reporting the incident at the time and took action to re-communicate the process for logging the concern. The patient received a formal response following the event analysis.
- Patients received a written apology when they raised concerns that the practice identified any failings and were told about any actions to improve processes to prevent the same thing happening again.
- The practice also monitored trends in significant events in designated meetings and evaluated any action taken.
- We reviewed medicine and other safety alerts and found they were recorded, sent to a clinical lead who determined if any action was required and shared with relevant staff. Alerts were then discussed at meetings. Action was taken where required in response to any alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- There were not appropriate arrangements for monitoring patients on high risk medicines. Data we requested from the practice showed that only 58% of patients on more than four repeat medicines had up to date reviews of their medicines to ensure they were safe. Only 28% of those on less than four medicines had up to date reviews. The GPs we spoke with did not provide any evidence that this continued level of low recording had been identified and responded to. Therefore there was no means by which the practice had assured itself that those patients included in the figures who were on high risk medicines were receiving their medicines safely. A small sample of patients on lithium were reviewed by our GP specialist adviser and we found reviews had taken place for this sample. However, this represented a small minority of patients on repeat medicines.
- Arrangements for safeguarding were in place and there was a safeguarding lead. Policies were accessible to all staff. One policy outlined who to contact for further guidance if staff had concerns about a patient's welfare but there were newer safeguarding policies available which did not. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- Notices advised patients that chaperones were available if required. All 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol. We saw certificates that indicated nurses undertook infection control training, but there was no monitoring system to determine which staff had received up to date infection control training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).

- The practice had been operating on low staffing numbers and the recruitment of nurses and GPs was ongoing. A new GP had joined the practice but another had left in recent months. New nursing staff had been employed including a diabetes nurse, but the practice had not been able to retain them. A new respiratory nurse was also in the process of recruitment. The practice had identified that additional support staff were needed and had recently recruited two new secretaries to support the processing of correspondence, including referrals.

Arrangements to deal with emergencies and major incidents

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

- There was an alert system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We saw training certificates which indicated staff received annual basic life support training.

Requires improvement

Are services safe?

- There were emergency medicines available and equipment. These were all within date. The medicines stored were those which may be required in a medical emergency other than hydrocortisone. We identified that this medicine was not stored at the last inspection. The practice purchased the medicine during the course of the inspection. However, the practice had not reviewed its medicines via a risk assessment since the last inspection.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

During our last inspection in August 2016, we found that the monitoring of patient care was inadequate, specifically those with long term conditions. Medicine reviews were not undertaken or monitored appropriately to ensure patients were receiving their medicines safely and effectively. There was not an appropriate system to assess patients for any urgent concerns when they called and requested a call back from a GP. There was higher than average exception reporting in the reporting of patients' clinical outcomes. We asked the provided to consider the uptake of health checks for patients with learning disabilities.

During this inspection on 9 May 2017, we found the practice had taken action to mitigate some risks related to emergency medicines, safety alerts, patient triage and the storage of medicines in fridges. However, performance data showed a decline in relation to the patients' outcomes; specifically their long term conditions care and treatment.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, we found concerns with the ongoing assessment of patients with long term conditions.

- The practice had systems to keep all clinical staff up to date with national guidance.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Due to staff retention and recruitment issues there was limited nurse capacity to undertake reviews of diabetes or respiratory care. However, the practice employed a diabetic nurse who was able to offer limited appointments for Diabetes. A respiratory nurse was in the process of being recruited. Quality outcomes framework (QOF) data from 2015/16 showed there were 245 chronic obstructive pulmonary disease (COPD) (a type of lung disease) patients at the practice and since losing the respiratory nurse no employed staff were able to undertake routine assessments for patients with COPD using spirometry. However, a local respiratory specialist GP had supported the practice by providing 15 patients with reviews including spirometry since February 2017.
- Since the last inspection reception staff had been provided with a system to ensure that any urgent patient concerns could be identified and prioritised.

There were 62 patients on the learning disabilities register of which 15 had a health check within 2016/17 (24.19%). Figures for the previous year were 11%, which showed some improvement since August. However, these low figures indicated that many of these patients had not had a review for over two years. Patients with learning disabilities are at risk of specific medical conditions and not have physical health checks can delay identification and care for these conditions, placing them at risk.

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 unpublished results from 2016/17 (these results had been submitted awaiting validation and then publication in October 2017) were 95% of the total number of points available compared with the clinical commissioning group (CCG) average from 2015/16 of 97% and national average of 95%.

Exception reporting had increased from 2015/16 (14%) in 2016/17 to 20% overall. (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 was particularly high in some clinical areas; 25% in diabetes, 26% in asthma, 20% in COPD and 23% in depression indicators. This level of exception reporting meant that a large proportion of patients had either not had reviews of their conditions, incomplete reviews or had not been included in the data to enable monitoring of how well these conditions were managed overall. During the inspection we asked GPs to identify why exception reporting was so high but we were not provided with any particular rationale for this reporting.

This practice's QOF data submitted to us regarding 2016/17 achievement was not significantly different overall to local

or national averages. However, in some clinical areas performance was lower than the national and CCG averages. These included clinical areas where exception reporting was high. Data showed:

- Performance for diabetes related indicators was 95% compared to the 2015/16 CCG average of 95% and national average of 89%.
- Performance for mental health indicators was 62% compared to the 2015/16 CCG average of 93% and national average of 96%. Seventy per cent of patients with mental health conditions had updated and agreed care plans in place.
- Performance for asthma was 82% compared to the 2015/16 CCG average of 98% and national average of 97%.
- Performance for COPD indicators was 85% compared to the 2015/16 CCG average of 98% and national average of 96%.
- Performance for atrial fibrillation indicators was 100% compared to the 2015/16 CCG average of 99% and national average of 99%. Exception reporting was 7%.

There was minimal evidence of quality improvement including completed clinical audits:

- There had been four first cycle clinical audits undertaken. The examples we were provided with had commenced in May 2017, and two since our previous inspection, one of which (regarding checking for diabetes in women who have had gestational diabetes during pregnancy) was planned to be repeated in October 2017. The audits selected did not demonstrate improvements in clinical care as a result of their findings. The newer audits were also planned for repeat to identify improvements.
- One audit from May 2017 was for patients on a specific medicine for various conditions called methotrexate, which requires a nutritional supplement (folic acid) to be taken by patients. It was identified that 13 patients were not on the supplement as their repeat prescription for this had lapsed. This was not noted in the actions of the audit but no action had been undertaken. We spoke with the clinical lead about this action and they assured us that these patients would be contacted regarding their supplements after the inspection. The audit actions included training for reception staff on methotrexate prescription requests and a re-audit in six months.

Information from care data outcomes was not used to make improvements. Including where the Care Quality Commission had identified specific areas for investigation at our previous inspection. For example, data showed only 40% of patients on repeat medicines had up to date reviews of these medicines in August 2016. We requested data prior to this inspection regarding medicine reviews. Only 58% of patients on more than four repeat medicines had up to date reviews and 28% of those on less than four medicines.

A pharmacy technician employed at the practice told us patients on high risk medicines had a reduced period of repeat medicines. When they came close to needing a review staff were prompted to book an appointment or consultation as necessary. GPs informed us they believed the practice had a high threshold for what is deemed a review of repeat medicines, such as a consultation in some circumstances and this led to a lack of recording of up to date reviews. However, the lack of recording meant the monitoring of the medicines was not sufficient to assure the practice that patients received the appropriate medicines, in the right quantities and therapeutic levels were maintained.

Effective staffing

Although staff we spoke with were confident about their skills and knowledge to deliver effective care and treatment, there was not an effective system for monitoring training.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. There was no training log or system for the practice to identify who had undertaken which training.
- A nationally recognised electronic training programme specifically for GP practice staff had been implemented to support staff with their training, but this was not monitored to identify the levels of training and update across all the staff groups. We saw certificates in nurse folders for training on infection control, basic life support and clinical topics such as immunisations and contraception.
- Nurses told us they could access clinical training when they requested it in order to improve their clinical

practice. The reviews and follow up for patients diagnosed with diabetes and COPD had been limited because the practice did not have any nursing staff who were appropriately trained to carry these out.

- 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.
- . Staff had not received appraisals since March 2016. A new system of appraisals was being implemented but not yet in place.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was monitored and processed in a timely way and was accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and investigation and test results.
- We looked at the correspondence system used to allocate patient summaries from external services, some of which required actions. We saw that this system had no backlog of correspondence and that administration staff dealt with referral letters, discharge summaries and other information daily.
- The referral system operated by administration staff ensured that urgent referrals were dealt with the same or next day. There was a backlog of 62 non-urgent referrals dating back to 24 April 2017 but staff informed us that the addition of two new secretaries was reducing this backlog.
- 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 when required.
- There were 269 patients (2% of the patient population) who were on the avoidable unplanned admissions register and we were informed they all care plans in place. This register and the care planning for these patients was aimed at reducing the risk of their admission to hospital and to provide any assistance or care they may need at home.

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. There had been training provided on the Act.
- There was a supporting policy in place but this did not include reference to the principles of assessing capacity or making best interest decisions. This may have been required by staff if undertaking an assessment.
- Staff understood their responsibilities regarding obtaining consent from patients under 16 years of age.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- Dietician referrals were available on the premises and smoking cessation advice was available from a local support group.
- The practice's uptake for the cervical screening programme was 82% in 2015/16, which was comparable with the CCG average of 82% and the national average of 81%.
- Breast cancer screening rates were 78% compared to the CCG average of 76% and national average of 73%.
- Bowel cancer screening rates were 59% compared to the CCG average of 60% and national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given during 2015/16 were higher than national averages. For example, rates for the vaccines given to under two year olds ranged from 93% to 96% and five year olds from 94% to 97%.

Patients were offered health assessments and checks. These included health checks for new patients and NHS

Inadequate

Are services effective?

(for example, treatment is effective)

health checks for patients aged 40–74. Out of 809 patients invited for an NHS health check in 2016/17 371 (46%) had a completed health check during the year and 14 declined the assessment.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a caring service and staff were helpful, caring and treated them with dignity and respect. Comments highlighted that staff responded compassionately when they needed help and provided support when required. The only negative comments raised were by three patients regarding the telephone triage system.

We spoke with three members of the patient participation group who spoke highly of the practice's services. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.
- 98% of patients said the last nurse they saw was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients reported in comment cards 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results from July 2016 were in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 88%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90% and CCG average of 91%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 327 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. A local charity regularly promoted support available to carers via a stand within the practice.

Staff told us that if families had experienced bereavement, they were contacted by the practice. If patients wanted they could book a consultation regarding any support needs they had.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice cared for patients in six care homes and visits were organised where necessary.
- The practice participated in a social prescribing project. This was part of a local GP practice initiative where patients could be referred for additional support related to care or social needs.
- A local volunteer driving service was based at the practice. This provided a free service to enable patients who had difficulty attending appointments.
- Patients were able to receive travel vaccines.
- A hearing loop had been installed and translation services were available.
- The building was modern and accessible for patients with limited mobility or a disability.
- There were toilets accessible for disabled patients, baby changing facilities and breast feeding area.
- The local citizens' advice bureau ran a weekly clinic at the surgery. This was helpful for patients requiring benefits or legal advice.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

Horsefair Surgery was open between 8.00am and 6.30pm Monday to Friday. There were no extended hours appointments available. A new phone triage system had been implemented since August 2016 where patients would be allocated an appropriate appointment following an initial assessment by a trained receptionist. Urgent needs were able to be prioritised via this system. A local primary care hub enabled some patients to see a GP or nurse at an alternative location in Banbury if the practice could not offer an appointment for an acute condition.

National GP survey data from July 2016 showed:

- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%.
- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 94% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 86% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 61% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.

Patient comment cards showed positive feedback with some negative comments regarding appointment booking. Only three patients out of 29 commented negatively regarding the system. This was a significant improvement on the feedback regarding appointments from the previous inspection in August 2016.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.
- There was an emergency care practitioner (ECP) able to undertake home visits and this enabled earlier visits to take place than if waiting for GP availability.
- If there were concerns that may not be appropriate for an ECP to deal with then a GP home visit could be promoted for a thorough GP consultation and any additional care or treatment required. A GP told us that a third successive request for home visit in a short period of time would automatically prompt a GP home visit.

Listening and learning from concerns and complaints

The practice had a system 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 complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system.

We looked at an example of a complaint review received in April 2017 and found it was investigated, responded to and satisfactorily handled within a timely manner. There was contact information made available to the complainant on the response letter. We saw minutes of meetings where complaint investigations and learning was discussed with staff.

Are services well-led?

Inadequate

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

Our findings

In August 2016 we found the practice had poor governance arrangements which led to a lack of monitoring of patient care and treatment. There were risks to patients related to their care and welfare which had not been identified, assessed and mitigated. There was minimal quality monitoring and improvement systems used to identify where improvements were required and to drive changes to care and treatment. Where the practice was an outlier for not including patients in care data, there was no monitoring of whether this was appropriate and whether the practice could include more patients in their data to ensure they received appropriate care and treatment wherever possible.

During this inspection on 9 May 2017 we found the practice had taken action to mitigate some risks but there were still significant governance issues related to the monitoring of patients' with long terms conditions and their care and treatment. We saw areas of concern identified at our previous inspection which had declined further or not improved. The provider is now rated as inadequate for providing well-led services.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However, the delivery of high-quality care is not assured by the leadership, governance or

culture in place.

- The current CQC registered partners were planning to leave the practice at the end of June 2017 and a new provider called Independent Medical Holdings (IMH) was supporting the practice through the coming transition. New partners associated with IMH were due to take over the practice from July 2017. The new partners were in the process of registering with CQC.
- Therefore the business plan and strategy was in a time of transition with the existing and new partners and IMH Involved in the transition process.

Governance arrangements

The practice had a governance framework which was not always effective in the delivery of the strategy and in ensuring that patient outcomes were appropriately monitored and action taken as required.

- Although there was a clear staffing structure, staff were not always aware of the roles and responsibilities of other staff members. For example, we spoke with a GP who suggested nurses saw housebound patients requiring long term condition reviews in their home, but nursing staff told us this was not the case.
- A comprehensive understanding of the performance of the practice was not maintained to ensure improved patient outcomes. We found limited clinical audits were undertaken and these were not in response to specific areas where improvements were needed. National care data indicators for the management of long term conditions had shown a downward trend since our last inspection but the practice had implemented a plan to identify and improve these outcomes.
- Some aspects of the service did not have clear lead roles for ensuring their appropriate management, such as the management of training and records. This was not monitored to identify whether staff were undertaking core training requirements. The nursing team was well managed and clear on their responsibilities.
- Where we identified risks related to medicines storage the practice had mostly managed these risks. However, a full risk assessment of the emergency medicines had not taken place to determine whether any medicines which may be required in the event of an emergency were available. This was highlighted in our previous report.
- Practice policies were implemented but we found duplicates of safeguarding policies and some policies did not contain the guidance staff may need to refer to, such as the Mental Capacity Act 2005 policy. Policies were easily accessible to staff.
- Practice wide meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. Staff commented they valued these meetings and that they were informed about learning outcomes from significant events and complaints. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The leadership team did not demonstrate they had the capacity and structures in place to run the practice and ensure high quality care. Despite having an action plan to

Are services well-led?

Inadequate

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

improve the services provided, many areas where we found concerns in August 2016 had become higher risks or remained the same. It was not clear who was leading on the programme of improvements required within the practice. The practice had experienced significant staff turnover due to partners, GPs and nurses leaving the practice. This had impacted on the ability to drive improvements. However, the core leadership team which remained had not ensured that governance and leadership had been clearly defined and delegated. During the feedback session at the end of the inspection the new partners currently registering with CQC, who were due to take responsibility for the practice in July 2017, did not attend the session to receive feedback regarding our findings.

The provider was aware of and had systems 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). The partners encouraged a culture of openness and honesty. From complaint examples and significant events we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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.
- Staff said they felt respected, valued and supported, 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 and staff. It proactively sought feedback from:

- We spoke with three members of the patient participation group (PPG). The PPG met periodically and discussed changes within the practice. They were not involved in developing proposals for changes in the practice but explained proposals were tested with the PPG.
- The NHS Friends and Family test was used to collect feedback from patients. This showed that in April 2017 84% of the 45 patients who responded said they were likely or highly likely to recommend the practice. In February 2017 it was 85% and March 2017 it was 77%.
- Patient feedback was also received and considered in the form of complaints and compliments. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was some focus on improvement, but this was limited due to the lack of monitoring.

- A new telephone triage system had been implemented which included training staff to enable the correct allocation of appointments to patients.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment The provider was not fully managing all risks to the health and safety of service users. Specifically risks related to prescribing medicines, emergency equipment risk assessments and clinical care. This was in breach of Regulation 12 (1) Good governance

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good Governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance There were not sufficient systems of clinical governance to ensure that the provider could 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 or 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). This included not acting on risks previously identified and reported by the commission, including monitoring of medicine reviews, long term condition care and patients with learning disabilities. This was in breach of Regulation 17 (1) Good governance