

Worden 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Worden Medical Centre on 21 November 2016. Overall the practice is rated as requires Improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Significant events were shared with all staff.
- The practice had protocols and procedures to safeguard patients from abuse however these were not sufficient to keep patients safe.
- Not all risks to patients and staff had been assessed and well managed. Staff were acting as chaperones without training or being risk-assessed for the role. There was a lack of risk assessment for infection prevention and control and for the workplace. One of the fridge records showed that daily temperatures had not been recorded on several occasions and patient samples and vaccines were kept in the same fridge.
- The management of prescriptions was good although the practice had not considered the risk of loose prescriptions in printers that were accessible to non-practice staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients 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.
- There were shortfalls in practice governance processes and procedures. Some policies were not being followed or were insufficient and there was a lack of risk assessment in some areas.
- The practice had won a Quality Teaching Practice Gold award in 2016 for training students from Manchester University and a Bronze award in 2015. We saw evidence of positive feedback from students who had trained at the practice.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that there are comprehensive processes and procedures in place to protect patients from abuse;

address the risks identified by the practice safeguarding risk assessment tool and ensure thorough management and documenting of all safeguarding concerns.

- Ensure that all staff acting as chaperones are risk assessed for the role.
- Carry out a comprehensive practice infection prevention and control audit.
- Maintain records of temperature recordings for all fridges every working day and separate the storage of patient samples and vaccines.
- Establish processes and procedures to ensure comprehensive governance is established in order to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.
- Ensure that the security of prescriptions fully reflects the NHS security of prescription forms guidance.

The areas where the provider should make improvement are:

- Provide health and safety risk assessments for staff working at the practice and the practice environment.
- Support the comprehensive documentation of audit activity.
- Implement processes to improve the identification of carers in the practice population.

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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 systems, processes and practices to keep patients safe and safeguarded from abuse were sometimes insufficient and practice procedures with regard to some aspects of safeguarding needed review.
- The practice had a comprehensive policy with regard to chaperoning but we found that this policy was not being followed and some staff were acting as chaperones without being risk-assessed for the role.
- The practice maintained appropriate standards of cleanliness and hygiene. However, there had been no documented infection prevention and control audit undertaken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe although blank prescription forms in printers were sometimes accessible to people other than surgery staff and this had not been risk-assessed.
- We found that there were gaps in the daily recording of temperatures for the fridge in the reception office and that patient samples and vaccines were kept together in that fridge.
- Some risks to patients had been assessed, however, the practice had not carried out any health and safety risk assessments for staff working practice or for the practice environment.

Requires improvement



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 generally at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Good



Summary of findings

- Clinical audits demonstrated quality improvement although records of these audits were sometimes incomplete.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The advanced nurse practitioner had recently completed training to initiate insulin for diabetic patients and nurses had trained to provide foot screening.
- There was evidence of appraisals and personal development plans for all staff. The nurse manager provided regular formal clinical supervision for nurses every eight weeks and had an informal “team huddle” with them every week.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients’ needs. Multi-disciplinary team meetings were held every month.

Are services caring?

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.
- Patients 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.
- The practice had identified 97 patients as carers (0.8% of the practice list). They told us that they knew that this was low and planned to implement processes to improve the identification of carers.

Good



Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. They had improved the patient pathway for patient maternity services at the hospital and developed a new pathway of care for patients newly diagnosed with cancer.
- Patients 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.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. Staff had been involved in developing the practice mission statement which was displayed in the patient waiting areas.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, we saw that these policies were not always followed.
- The practice had identified opportunities to improve quality and identify risk however, there was a lack of risk assessment in some areas of service delivery. Clinical audits were not always documented appropriately so that learning was clearly identified.
- The practice had failed to act to mitigate risks identified by an audit of safeguarding procedures and there was evidence of a lack of safeguarding controls for vulnerable patients.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice was a teaching practice for medical students. They had won a Quality Teaching Practice Gold award in 2016 for training students from Manchester University and a Bronze award in 2015.

Requires improvement



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 requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- 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.
- The community specialist practitioner visited care homes in the practice area, sometimes jointly with a GP or with the medicines co-ordinator, to provide care and support for patients in these homes. She visited every care home once a month.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening; they displayed posters in the patient waiting area.
- The practice was a hub for the palliative care service and a member of the local hospice team attended the practice once a month.

Requires improvement



People with long term conditions

The provider was rated as requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice averages were lower than the local and national averages for the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2015/16, but higher for asthma.
- 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.

Requires improvement



Summary of findings

- The advanced nurse practitioner had recently completed training to initiate insulin for diabetic patients and nurses had trained to provide foot screening.
- The practice had streamlined patient appointments for patients with more than one long-term condition wherever possible. They also reviewed the care pathway of these patients to ensure that they were managed more safely.

Families, children and young people

The provider was rated as requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- 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. 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 local average of 85% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given were comparable to the CCG average and a midwife offered an antenatal clinic twice a week.
- The practice had improved the patient pathway for patient maternity services at the hospital.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- 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.

Requires improvement



Summary of findings

- 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.
- A physiotherapist visited the practice three times a week.
- The practice offered a 'Commuter's Clinic' on a Saturday from 9am to 11.30am and on Sunday from 8.30am to 11.30am for working patients who could not attend during normal opening hours. These clinics were staffed by both GPs and nurses.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- The practice held a register of patients living in vulnerable circumstances including protected children and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- They had developed a cancer care pathway for patients with a new diagnosis of cancer. The nurse manager telephoned patients as soon as they were diagnosed with cancer to offer support and signpost any services that were available.
- The practice had appointed a community specialist practitioner to support vulnerable patients in the community. She visited all patients in their own homes to assess their health and social care needs and provide care plans that could be shared with other services. These patients were also telephoned after discharge from hospital to identify any unmet needs.
- The practice had volunteered to provide patient services for Syrian refugee families who were new to the country. They carried out new patient health checks and children's vaccinations and immunisations as needed.
- A counsellor for patients taking benzodiazepine medication visited the practice once a fortnight.

Requires improvement



Summary of findings

- The practice was a hub for the palliative care service and a member of the local hospice team attended the practice once a month.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- 94% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the local average of 91% and national average of 84%.
- 88% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 92% and national average of 89%.
- 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.

Requires improvement



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was generally performing in line with local and national averages. 251 survey forms were distributed and 116 were returned (46%). This represented 0.9% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 86% 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 88% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.
- 78% 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 81% and the national average of 78%.

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. Patients said that staff were kind, helpful and professional and said that they received an excellent service from the practice. Patients also praised the caring nature of all staff. Two patients also made negative comments about two different staff members' attitude.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We saw results from the Friends and Family Test (FFT) for the month of October 2016. Of the 95 patient responses for this period, 97% indicated that they were extremely likely or likely to recommend the practice to others.

Areas for improvement

Action the service MUST take to improve

- Ensure that there are comprehensive processes and procedures in place to protect patients from abuse; address the risks identified by the practice safeguarding risk assessment tool and ensure thorough management and documenting of all safeguarding concerns.
- Ensure that all staff acting as chaperones are risk assessed for the role.
- Carry out a comprehensive practice infection prevention and control audit.
- Maintain records of temperature recordings for all fridges every working day and separate the storage of patient samples and vaccines.

- Establish processes and procedures to ensure comprehensive governance is established in order to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.
- Ensure that the security of prescriptions fully reflects the NHS security of prescription forms guidance.

Action the service SHOULD take to improve

- Provide health and safety risk assessments for staff working at the practice and the practice environment.
- Support the comprehensive documentation of audit activity.
- Implement processes to improve the identification of carers in the practice population.

Worden Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Worden Medical Centre

Worden Medical Centre is situated West Paddock in the Leyland area of Preston at PR25 1HR serving a mainly urban population. The building is a purpose-built health centre which has been extended. It consists of two floors and all patient facilities are located on the ground floor. The practice provides level access for patients to the building with disabled facilities available.

There is ample parking provided for patients in the practice car park and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS) with NHS England.

There are five male and two female GP partners and one male salaried GP assisted by an advanced nurse practitioner, a nurse practitioner, a community specialist practitioner, three practice nurses and one healthcare assistant. A practice manager, nurse manager, assistant manager and 17 additional administrative and reception staff also support the practice along with a medicines co-ordinator who is employed by the practice and funded by the CCG. The practice is a teaching practice for medical students and also conducts research.

The practice is open from Monday to Friday from 8am to 6.30pm (doors close at 6pm) and extended hours are offered on Saturday from 9am to 11.30am and on Sunday from 8.30am to 11.30am. Appointments are offered from 8.10am to 11.30am and from 2pm to 5.40pm on weekdays and from 9am to 11.20am on Saturdays and from 8.30am to 11.10am on Sundays. When the practice is closed, patients are able to access out of hours services offered locally by the provider GoToDoc Ltd. by telephoning 111.

The practice provides services to 12,517 patients. The practice population is generally comparable to the local and national averages with lower numbers of patients aged between 20 and 35 years of age (17%) than the national average of 21%.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is the same as the national average, 79 years, and slightly lower for females at 82 years compared to the national average of 83 years.

The practice has a lower proportion of patients experiencing a long-standing health condition than average practices (52% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is lower (55%) than the local and national average of 62% and the proportion of patients with an employment status of unemployed is 4% which is higher than the local average of 3% and lower than the national average of 5%.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 21 November 2016. During our visit we:

- Spoke with a range of staff including three GPs, one nurse practitioner, the community specialist practitioner, the medicines co-ordinator, the nurse manager, the practice manager and three members of the practice administration team.
- Spoke with four patients who used the service including one member of the practice patient participation group.
- Observed how staff interacted with patients and talked with family members.

- Reviewed an anonymised 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

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. They reviewed actions put in place as a result of these events in a timely way and carried out an annual analysis to compare events with previous years to identify any possible trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had identified that the system for reviewing and addressing patient safety alerts needed improvement and had recently put a new system in place. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a patient collapse after minor surgery, the practice post-operative policy and procedure was amended so that more pro-active care was given to these patients.

Overview of safety systems and processes

The practice did not have fully comprehensive systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. There was however evidence that indicated that there was a lack of appropriate documentation of safeguarding controls. We were told about an incident involving a vulnerable patient and that details had been discussed in a practice meeting and with the safeguarding team. However, details of these discussions had not been recorded and did not allow for the patient to be identified. There was no evidence of shared learning. The practice had identified areas of improvement during a safeguarding self-assessment in July 2016 including the need for a better system of reviewing patient attendances at A&E departments which it had not started to address.

- Notices in all clinical rooms advised patients that chaperones were available if required. The practice policy indicated that 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). However, we found that some staff were acting as chaperones without being DBS-checked or risk-assessed for the role. This was not in accordance with the practice protocol.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and regular, documented cleaning audits had been done. The nurse manager was the infection control clinical lead, however there had been no documented infection prevention and control audit undertaken. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

Are services safe?

prescriptions which included the review of high risk medicines. The practice medicines co-ordinator 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. Blank prescription forms and pads were generally securely stored and there were systems in place to monitor their use, although blank prescription forms in printers were sometimes available to people other than surgery staff and the surgery had not risk-assessed this. Vaccines were stored and monitored appropriately in the practice treatment room fridges however, we saw that there were some gaps in the daily recording of temperatures for the fridge in reception, the longest period being one week. All recorded temperatures were within the accepted range. This fridge was used to store samples left by patients, for the temporary storage of vaccines needing refrigerating when they were delivered to the practice and for storage of other frequently used vaccines. At the time of the inspection we saw 'flu vaccines in the fridge and a patient urine sample. Five of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. The nurse prescribers received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice healthcare assistant was trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber. We saw that on one occasion not all required information was recorded on the patient record when the vaccine was given and the surgery addressed this and put changes in place to prevent this happening again.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There was a system in place to record and check professional registration with the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for all clinical staff was up to date and valid.

Monitoring risks to patients

Risks to patients were generally assessed and well managed.

- There were procedures in place for monitoring and managing many of the risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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). However, the practice had not carried out any health and safety risk assessments for staff working practice or for the practice environment.
- 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. The majority of surgery staff were part time and we were told that this made it easy to cover staff absence.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents although there were deficiencies in these arrangements in some areas.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Clinical staff received annual basic life support training and staff we spoke to were knowledgeable about how to respond to medical emergencies.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw however that the oxygen cylinder that was stored on the resuscitation trolley had expired in 2011.

Are services safe?

There was a further cylinder in one of the treatment rooms that was within date and the practice removed the expired cylinder and replaced it when we pointed this out. A first aid kit and accident book were available.

- There were emergency medicines available in the treatment room. These 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.

- 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

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 and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available. Exception reporting was 10.4% which was lower than the local clinical commissioning group (CCG) level of 10.7% and higher than the national average of 9.8%. (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 lower than the local and national averages. For example, blood measurements for diabetic patients showed that 77% of patients had well controlled blood sugar levels (64 mmol/mol or less) compared with the CCG average of 82% and national average of 78%. Also, the percentage of patients with blood pressure readings within recommended levels (150/80 mmHG or less) was 89% compared to the CCG average of 92% and national average of 91%.
- Performance for mental health related indicators was variable compared to the local and national averages. For example, 88% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average

of 92% and national average of 89%. However, 94% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 91% and national average of 84%.

Other data from 2015/16 showed the practice performance was variable when compared to local and national averages. For example:

- 78% of patients with hypertension had their blood pressure measured in the preceding 12 months and it was less than 150/90 mmHg compared to the CCG average of 85% and the national average of 83%.
- 81% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG average of 79% and the national average of 76%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years and we saw two that were completed audits where the improvements made were implemented and monitored. Although there were records kept of these audits, the practice had not always documented them thoroughly and it was sometimes difficult to assess audit activity. We saw evidence of many patient medication audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Staff told us that participation in research helped to inform clinical practice and knowledge.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the better management of patients with atrial fibrillation (a heart condition).

Information about patients' outcomes was used to make improvements such as ensuring that patients with gout were appropriately monitored and received appropriate medications.

The practice had worked on streamlining patient appointments for patients with more than one long-term condition wherever possible. This meant that patients could be managed more effectively and it reduced the amount of appointments that were needed at the practice. They also reviewed the care pathway of these patients to ensure that they were managed more safely.

Are services effective?

(for example, treatment is effective)

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 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. Administration staff were regularly trained in conflict resolution.
- 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, by referencing vaccine update publications and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice had adopted 360-degree feedback in 2016 in order to evaluate staff performance better and staff told us that they liked this approach. 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. The practice was changing its process for appraisal and was offering appraisal to administration staff in the month of their birthday. Most staff had received an appraisal within the last 12 months and those that had not were scheduled to be appraised shortly. The nurse manager provided regular formal clinical supervision for nurses every eight weeks and had an informal “team huddle” with them every week.
- The nurse practitioner had recently completed training and was to start work as an advanced nurse practitioner and the community specialist practitioner was supported by the practice to extend her scope of prescribing so that she could prescribe for practice patients.

- The advanced nurse practitioner had recently completed training to initiate insulin for diabetic patients and nurses had trained to provide foot screening for diabetic patients. The practice planned to start both of these services in the near future.
- The practice was a teaching practice for medical students. They had won a Quality Teaching Practice Gold award in 2016 for training students from Manchester University and a Bronze award in 2015. We saw evidence of positive feedback from students who had trained at the practice.
- The practice had employed a medicines co-ordinator in June 2016, funded by the CCG, to improve practice patient prescribing. They issued a newsletter every month to demonstrate results of their work and we saw evidence that they had already made cost savings for the practice.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and both external and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used the Electronic Palliative Care Co-ordination System (EPaCCS) to enable the recording and sharing of people’s care preferences and key details about their care at the end of life with other services.
- The practice had developed a protocol in order to ensure the safe referral and monitoring of those referrals under the patient two-week wait referral guidelines.

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. The practice community specialist practitioner contacted all

Are services effective?

(for example, treatment is effective)

vulnerable patients when they were discharged from hospital to identify any unmet needs. 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.
- 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.

The practice had provided internal training and education for staff in the area of consent.

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 and those experiencing memory loss. Patients were signposted to the relevant service.
- A counsellor for patients taking benzodiazepine medication visited the practice once a fortnight and smoking cessation advice was available from a local support group.

- The practice offered a women's health clinic one evening every month.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 85% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available and there were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. 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; they displayed posters in the patient waiting area. Figures for attendance at these programmes showed that 73% of patients invited to attend breast screening had attended, compared to the CCG average of 71% and the national average of 72% and for those attending for bowel screening, figures indicated that 57% had attended compared to 59% for the CCG and 58% nationally.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to one year olds ranged from 97% to 99% compared to the CCG averages of 97% to 98% and for five year olds from 90% to 98% compared to the CCG averages of 90% to 99%.

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

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. A radio played in the patient waiting area to aid confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs and a poster was displayed in the waiting area to advise patients of this.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two of the comment cards also mentioned problems with staff attitude but praised the service as a whole. Patients also said that GPs provided care and treatment that was focused on them and they were fortunate to have such a good GP practice.

We spoke with a member 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 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 the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 99% 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%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and the national averages of 97%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice had provided training to staff in customer care. They transcribed real telephone conversations that had been recorded between patients and staff and used them in role playing exercises to train staff at education events.

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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results 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%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.

Are services caring?

- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and 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.
- Information leaflets were available in easy read format.
- A hearing loop system was available for those people with hearing impairment.

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 97 patients as carers (0.8% of the practice list) and these patients were invited for 'flu vaccinations. The practice was aware that this figure was low and told us that they were changing their new patient information sheet to include carer information to better identify carers in the future. 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 would sometimes contact them. They would offer a patient consultation at a flexible time and location to meet the family's needs. However, this was not routine practice protocol and the practice said that they would look to improve this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

- They had identified that maternity patients were being seen in the hospital and then the practice was asked to provide testing services before the patient returned to the hospital. The practice met with the CCG and the hospital to revise the patient pathway so that patients could be tested at the hospital without needing to return to the practice.
- They had developed a care pathway for patients with a new diagnosis of cancer in consultation with a consultant for palliative medicine and the Macmillan GP for Chorley and South Ribble. The nurse manager telephoned patients as soon as they were diagnosed with cancer to offer support and signpost any services that were available. We saw a communication from the Macmillan GP praising the practice for its innovation in this area.
- The practice offered a 'Commuter's Clinic' on a Saturday from 9am to 11.30am and on Sunday from 8.30am to 11.30am for working patients who could not attend during normal opening hours. These clinics were staffed by both GPs and nurses.
- There were longer appointments available for patients with a learning disability and for those with complex needs. The practice used a letter developed with the learning disability service to invite patients with learning disabilities to attend for review.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had appointed a community specialist practitioner to support vulnerable patients in the community. She visited all patients in their own homes to assess their health and social care needs and provide care plans that could be shared with other services.
- The community specialist practitioner visited care homes in the practice area, sometimes jointly with a GP or with the medicines co-ordinator, to provide care and support for patients in these homes. She visited every care home once a month.

- 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.
- The practice had volunteered to provide patient services for Syrian refugee families who were new to the country. They carried out new patient health checks and children's vaccinations and immunisations as needed.
- The practice provided a weekly vasectomy clinic service for patients.
- A physiotherapist visited the practice three times a week.
- The practice was a hub for the palliative care service and a member of the local hospice team attended the practice once a month.
- A midwife provided antenatal clinics every week and clinics for baby vaccinations and immunisations were held weekly.
- A podiatrist visited the practice to provide foot screening services for diabetic patients.

Access to the service

The practice was open from Monday to Friday from 8am to 6.30pm (doors closed at 6pm) and extended hours were offered on Saturday from 9am to 11.30am and on Sunday from 8.30am to 11.30am. Appointments were from 8.10am to 11.30am and from 2pm to 5.40pm on weekdays and from 9am to 11.20am on Saturdays and from 8.30am to 11.10am on Sundays. 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. We saw that the next pre-bookable appointment was available four working days from the date of the inspection although the system allowed for more appointments to be made available for two days' time each day. Telephone appointments were available as well as face-to-face and patients were able to book appointments online.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 65% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 86% of patients said that the last appointment that they got was convenient compared to 92% nationally.

The practice told us that they hoped that the new weekend opening would address these results and that there had been a new telephone system installed that they also hoped would address any problems associated with contacting the practice by telephone. They told us that they planned to review the appointment system in 2017.

The practice used a text messaging system to remind patients about their appointments. People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patient requests for home visits were listed on the practice computer system including the reason for the request. Before 12 noon the GPs indicated which visit they were taking on the computer to ensure that all visits were allocated. After 12 noon, requests for visits were listed and the duty doctor visited the patient. 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 had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person, the practice manager, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and there was a complaints leaflet available in reception and on the practice website.
- The practice recorded both written and verbal complaints.

We looked at eight complaints received for the year 2015 to 2016 and found they had been dealt with in a timely way and with openness and honesty. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. The practice analysed trends annually and produced action plans based on results. They had worked on improving customer care and had seen reductions in complaints regarding staff attitude and an increase in patient satisfaction demonstrated by the friends and family test and the national GP patient survey.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and all staff had been instrumental in developing the statement and knew and understood the values. The mission statement was “Worden Medical Centre is a long established GP surgery that is committed to preserving and enhancing its good reputation for being caring and innovative by providing high quality medical services in a friendly, happy and healthy environment”.
- The practice had a comprehensive strategy and supporting business plan which reflected the vision and values and were regularly monitored. The business plan was used to produce an annual action plan which was updated regularly.

Governance arrangements

There were shortfalls in the practice governance framework to support the delivery of the strategy and good quality care. We saw that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice had both clinical and non-clinical policies in place. However, the practice protocols for chaperoning and infection prevention and control were not being followed.
- A programme of continuous clinical and internal review was used to monitor quality and to make improvements. Quality improvement topics were tabled at practice meetings as standard agenda items for discussion and review. Documentation relating to quality improvement work was stored on the shared computer system for all staff to access. However, we saw that some audit activity was not recorded well and audit results and learning were unclear.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however, there was a lack of health and safety risk assessment for staff working and the practice environment.

- There were policies and procedures relating to safeguarding that needed to be developed and the practice had not acted on the results of a safeguarding audit conducted four months previously.

Leadership and culture

On the day of inspection the partners in the practice told us they aimed to achieve 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. 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. We noted that a team away day had been held recently and that the practice funded a team social event every year.
- 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.
- The practice had encouraged progression of staff through the practice. The practice had supported the nurse practitioner to become an advanced nurse practitioner and one of the practice nurses had recently qualified as a nurse prescriber.

Are services well-led?

Requires improvement 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It carried out its own patient survey every year.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a mainly virtual group of about 31 members. A working group of about seven members was convened to carry out projects when needed, which met twice a year. The PPG was consulted on patient survey content and the practice had tested online access to patient records with four of the members before launching it in the practice. The PPG also submitted proposals for improvements to the practice management team. For example, the PPG had suggested that certain posters were removed from the waiting area to make it easier to view the patient call system and the practice had done this.
- The practice encouraged patients to complete the Friends and Family Test (FFT) on their website, in the practice and using the patient text messaging system. They published the results of this on the practice website and shared it internally with all staff.
- 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. We saw examples of where staff suggestions had been adopted by the practice. For example, staff suggested that the practice telephone prescription ordering service be retained for all patients, not just housebound patients and this was agreed. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice produced a newsletter for staff every two months that kept them up to date with service developments.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. Staff were forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They had acted as a pilot site for the new Electronic Palliative Care Co-ordination Systems (EPaCCS) project to enable the recording and sharing of people's care preferences and key details about their care at the end of life. They had also been a pilot for patient referrals to the new service for patients named "exercise on prescription".

The practice had extended the services that it was going to provide to patients by training staff to initiate insulin for diabetic patients and to be able to provide diabetic patient foot screening.

The practice had identified a need for additional clinical space in the practice and had freed up space by enabling patient records to be stored offsite at a secure storage facility. We saw service agreements with this facility that satisfied all possible governance issues and provided timely access to records when needed.

The practice had reviewed the patient journey for patients with long-term conditions and had streamlined appointments and made the management of these patients safer.

The nurse manager had recently become a member of the team put together by the Local Medical Council to support vulnerable practices in the area.

The practice was a teaching practice for medical students. They had won a Quality Teaching Practice Gold award in 2016 for training students from Manchester University and a Bronze award in 2015. We saw evidence of positive feedback from students who had trained at the practice.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients and staff.</p> <p>They had not assessed the risks of leaving prescriptions in printers when non-practice staff were in the rooms.</p> <p>Temperatures for the fridge in reception had not been recorded daily on all working days and there was shared storage of vaccines and patient samples.</p> <p>Some staff acting as chaperones had not been risk assessed for the role.</p> <p>There had been no comprehensive, documented infection prevention and control audit carried out.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes to ensure comprehensive governance had not been established in order to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Staff had not followed practice policies.</p>

This section is primarily information for the provider

Requirement notices

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