The Newhall Medical Practice Limited

Newhall Medical Practice - Newhall Street

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 28 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

Our key findings were:

- The provider carried out travel vaccinations and private GP consultations as part of their regulated activities with CQC.
- The systems to keep patients safe and safeguarded from abuse needed improving. We identified several areas where risks in relation to the management of safe services had not been sufficiently managed or embedded within the service.
- The premises had recently been refurbished prior to a recent move and appeared well maintained and visibly clean and tidy.

Summary of findings

- The provider had arrangements for the safe management of medicines.
- Incidents were acted on and used to support learning.
- Staff were supported with their learning and development needs and had access to training and regular appraisals. However, the provider had not clearly identified core training needs of all staff or had effective systems for monitoring this.
- There was evidence of clinical improvement activity, while this predominantly related to services that were outside the scope of CQC regulation it was relevant to the regulated services.
- The provider had effective systems for obtaining consent and patient information was appropriately documented.
- Feedback from people about the service they received was positive. People who had used the service felt involved in decisions and said that they were treated with dignity and respect.
- People who used the service received timely care.
- There was a complaints process and complaints seen were appropriately managed.
- There was clear leadership to support the running of the service. However, governance arrangements did not adequately identify and address all areas of risks relating to the regulated activities. The provider had also failed to properly register their services.

We identified regulations that were not being met and the provider must**:**

- Ensure patients are protected from abuse and improper treatment.
- Ensure effective systems and processes are established to ensure good governance in accordance with the fundamental standards of care.
- Ensure the service is properly registered with CQC.

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

There were areas where the provider could make improvements and should:

- Review systems in place for supporting patients who may experience barriers to accessing information.
- Review prescribing guidance to include what medicines will or will not be prescribed through the private GP service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- Although the provider had some systems and processes in place to keep people safe, some of these were not sufficiently well managed or embedded to ensure their effectiveness. This included risk in relation to safeguarding, chaperoning, recruitment and other ongoing staff checks, infection control, fire and legionella, unforeseen emergencies and the management of safety alerts.
- The premises had been refurbished prior to the provider moving in in May 2018 and were visibly clean, tidy and in good condition.
- Information was obtained and recorded to support the delivery of individual safe care and treatment. Medicines were appropriately managed and incidents were used to support learning and improvement.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff received appropriate guidance, support and training for their roles and duties. Staff had access to appraisals to identify their learning and development needs.
- However, core training requirements had not been clearly identified and monitored for all staff.
- There was evidence of service improvement activity including clinical audit. Although this had predominantly related to services that were outside of CQC regulation they were relevant and able to be extended across other parts of the service including those regulated by CQC.
- The provider had effective systems for obtaining consent.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Positive feedback was received from people who used the service through the CQC comment cards and the providers own in-house satisfaction surveys. People said they had sufficient time to discuss health issues and were treated with dignity and respect.

Staff respected and promoted people' privacy and dignity when using the service.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The provider understood the people's needs and provided timely appointments when needed.
- Reasonable adjustments were made to help provide an accessible service to all patients.
- The provider had systems in place for handling complaints and concerns. Those we saw were appropriately managed.

Summary of findings

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The provider had a clear vision to provide a high quality sustainable service. They aimed to continue to develop the private GP service which was currently only a small part of the provider's business.
- Staff felt supported and valued with opportunities for learning and development.
- Governance arrangements were in place but these did not adequately identify and address all areas of risk.
- Feedback from people who used the service helped drive improvement. However, opportunities for local staff to formally provide input into the service were limited.

Newhall Medical Practice - Newhall Street

Detailed findings

Background to this inspection

We carried out this inspection on the 28 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Newhall Medical Practice services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at Newhall Medical Practice, we only inspected the services delivered under the regulated activities.

Newhall Medical Practice - Newhall Street registered with CQC in 2010 under the provider organisation The Newhall Medical Practice Limited. It is an independent health care provider which provides private travel health services and private GP consultations which are registerable with CQC. However the service predominately provides Occupational Health Services, the provider estimates that approximately 90% of their activity is related to the provision of Occupational Health with relatively few patients accessing regulated services. The service is available to people over the age of 16 years.

The practice became part of the occupational health provider organisation BHSF in 2015 and moved from the registered address in May 2018 to Cornerblock, 2 Cornwall Street, Birmingham B3 2DL. These changes had not been reflected in the CQC registration, the provider has been made aware that this is a breach in the conditions of their registration.

The service is open for appointments Monday to Friday between 8am and 5.30pm. Staffing consists of three occupational health physicians, two sessional GPs (currently covering two sessions per week) and two nurses (covering six sessions per week for occupational health and travel services) supported by an administrative team. There is an Operations Manager and Clinical Standards Manager who also support the running of the service.

The service is registered with CQC under the Health and Social Care Act 2008 to provide the regulated activities of diagnostic and screening procedures and for the treatment of disease, disorder or injury.

The current registered manager is the Operations Manager however the service is in the process of changing the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we visited the service on the 28 June 2018 the inspection team consisted of a lead CQC inspector and a GP Specialist advisor to CQC.

Before visiting, we reviewed information we gathered from the provider through the provider information return and

Detailed findings

other information we hold about the service. During the inspection we spoke with the Chief Medical Officer, Operations Manager, Clinical Standards Manager and a nurse.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six completed comment cards where people who used the service shared their views and experiences of the service. All comments received were positive about 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?

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

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

Safety systems and processes

The service had some systems to keep patient safe and safeguarded from abuse but these needed to be improved.

- There was a lack of clear arrangements for safeguarding patients from harm. There was no clear lead for safeguarding and the Chief Medical Officer took on this role but had not undertaken any specific safeguarding training for children or vulnerable adults. There was an expectation that the private GPs would be aware of local referral pathways. Staff told us that they did not see children at the service however they would see people over the age of 16 years. Safeguarding was not highlighted as core training for the service and there were significant gaps in training for although some staff told us they had received it through other employment and demonstrated a good understanding. There was safeguarding statement for the service which set out the procedure for child concerns but did not include vulnerable adults. Information about who to contact if someone was at risk of harm was not readily available and staff told us that they would either look for it or report to their line manager. Staff we spoke with told us that they had not come across any safeguarding incidents although made reference to contacting the mental health crisis team at another of the provider's services.
- The service offered a chaperone to people if needed. However, there was no chaperone policy in place and staff had not undertaken any specific training to undertake this role. All staff had undergone 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 provider carried out staff checks prior to the employment of new staff, however examples seen showed these were not consistently completed for all staff. We reviewed the personnel files for two members of staff and found some gaps for those working on a self-employed basis for example, evidence of conduct in previous employment such as through the provision of references, a current DBS check at the time of recruitment, evidence of current registration with any professional bodies and evidence of medical indemnity where relevant.
- We looked at the systems to manage infection prevention and control. The premises were visibly clean and tidy. Cleaning was carried out by an external company. There were cleaning schedules and monitoring systems in place for the cleaning of the premises and specific items of clinical equipment. Staff had access to appropriate personal protective equipment. There were arrangements in place for the appropriate removal of healthcare waste. However, there was no local lead for infection control, evidence of any infection prevention control audits or records of staff immunisation maintained. There was an infection control policy in place but this did not include all of the necessary information and guidance.
- The premises appeared well maintained and had been refurbished prior to the service relocation during May 2018. We saw risk assessments in respect of the COSHH but none in relation to health and safety. The provider advised us that the premises were managed by the landlord and through their central team but were unable to demonstrate arrangements in place for fire safety and legionella during the inspection.
- Clinical equipment appeared well maintained. We saw evidence of electrical safety testing and calibration checks, where appropriate, had been undertaken to ensure clinical equipment was in good working order.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety but there were some areas where these needed to be improved.

- Staffing levels were based on service demand. Staff we spoke to told us that they did not utilise locum or agency staff and that they felt that staffing levels were sufficient to cover the work they did. Consultations were by appointment only which enabled them to manage any periods of leave.
- Staff told us that nursing staff were covered by the employer's insurance and that the GPs were self-employed with their own professional indemnity

arrangements in place to cover the work carried out at the service. However, these were not available to us or any records which confirmed they had assured themselves of this.

- Appropriate risk assessments were undertaken for those attending the travel vaccination clinic. For example, peoples' medical history, medicines, allergies and details of their trip were taken into account in order to provide appropriate travel advice and treatment.
- We were advised that all staff had undertaken basic life support and anaphylaxis training within the last year. Clinical staff we spoke with on the day confirmed they had received this training. The service held anaphylaxis kits which were checked by the nursing staff on a monthly basis which were appropriate for the travel clinic. However, the service had not undertaken a risk assessment to identify what emergency equipment or emergency medicines may be needed on site as part of the private GP service.
- The provider had a business continuity plan which was held by senior staff. However, senior staff advised that this was not shared with all staff to refer to in an emergency as it contained personal information.

Information to deliver safe care and treatment

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

- The service generally saw people on a one-off basis. We looked at some of the records available and saw that information was well documented and was accessible if needed for future reference.
- The service did not routinely share information with other services but told us they would contact a person's usual GP if appropriate.
- The practice held a mix of paper and electronic records. There were security arrangements in place for this information and the staff told us that they were currently working to achieve information security standards.

Safe and appropriate use of medicines

The provider had reliable systems for the safe handling and appropriate use of medicines.

- We saw that medicines were stored appropriately. The provider maintained a stock of vaccinations on site and some medicines for the prevention of malaria. Medicines, including vaccinations were required to be stored in line with manufacturers' guidance at specific temperatures to ensure their effectiveness.
- We saw that vaccinations were stored in a medicine fridge and the temperature was monitored on a daily basis. The provider had appropriate arrangements for transporting vaccines for administering off site if needed.
- People attending for travel vaccinations and/or medicines were given advice on medicines and vaccinations administered and were made aware of the length of treatment for example, if a course of vaccinations were required for immunity. Patients on a course of vaccines were asked to make the next appointment before they left the clinic. A copy of the vaccination record was given to the traveller.
- Patient Group Directions had been adopted by the service to allow nurses to administer medicines in line with legislation.
- The provider had not undertaken any specific prescribing audits due to limitations of the current computer system however, staff told us they were to move to a new system which would provide better functionality for this. There was an expectation that the private GPs would bring their knowledge and follow local antimicrobial guidelines.
- The provider issued private prescriptions if needed. They had also only issued one prescription through the private GP practice and records showed this was appropriate. The provider told us that there were certain medicines they would not prescribe and would expect patient to go to their own GP. However, we did not see any formal documentation of this.

Track record on safety

The provider had some systems for monitoring safety in the service.

- The provider had systems in place for managing incidents and complaints.
- The provider used a range of information and on-line resources to identify risks to travellers.

Are services safe?

- Staff who undertook travel vaccinations were aware of reporting systems for any adverse events or side effects from medicines.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

- The provider maintained records of incidents and complaints across the organisation. These were rated according to severity. Incidents were investigated by the appropriate manager and a report submitted through the organisational governance structures.
- The provider discussed with us a recent incident, the lessons learnt and actions taken in response to help minimise the risk of re-occurrence, this included the provision of additional staff training.
- The provider did not have a clear system for reviewing and managing safety alerts such as those from the Medicines and Healthcare products Regulatory Authority (MHRA) and Central Alerting System (CAS) through their practice. Staff advised us that these were received by the Operations Manager and forwarded to staff as appropriate. Staff advised us that they had not come across any relevant safety alerts. No specific records were maintained for this.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider advised us how they kept up to date and made use of evidence based guidance and standards when providing care and treatment. Staff involved in travel vaccinations we spoke with told us that they utilised a range of relevant on-line resources which were regularly updated to support their work. For example, NaTHNac (National Travel Health Network and Centre), a service commissioned by Public Health England and the Green Book, information published by the government containing the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.

Patients received a travel assessment which routinely included details about their trip, past medical history, medicines and vaccination history to ensure appropriate care and treatment was provided to meet their individual needs.

There was an expectation that the GPs who were recruited to provide private GP consultations would use evidence based guidance and knowledge gained through their experience as a GP and other roles. Both GPs also worked in the NHS. There had only been a small number of private GP consultations to date.

Monitoring care and treatment

The provider had undertaken some quality improvement activity including clinical audit. There was an annual clinical audit programme in place. The provider shared with us three audits that had been undertaken in the last three years. As the provider had only recently started to develop private GP consultations the audits mainly related to occupational health side of the service. However, some of these were still relevant across all aspects of the service. For example, there was a medical record keeping audit in which 154 records randomly selected were reviewed against national and local guidelines. Overall a satisfactory quality was achieved for 90% of the records reviewed. In order to make further improvements recommendations were identified.

Another audit seen related to vaccination, anaphylaxis, medicine management and cold chain procedures and policies. Seven clinicians were audited and found to achieving the desired standard in compliance in these areas.

Effective staffing

We looked at whether staff had the skills, knowledge and experience to carry out effective care and treatment.

- There was a clinical pack for new clinicians. A competency form was completed when staff joined the organisation which helped to identify any training or learning needs.
- We saw that staff received specific training for the roles they undertook. For example, in relation to travel vaccines. Staff we spoke with were positive about the support and training they received from the provider to enable them to carry out their duties.
- However, at the time of inspection we found that the provider had not clearly identified the core training requirements for relevant staff or had effective systems for monitoring that staff were up to date with this training. For example, safeguarding children and vulnerable adults, basic life support, fire safety or infection control training.
- Staff received annual appraisals to discuss any concerns or development needs. We saw that appraisals had been carried out over the last 12 months.
- We saw records which showed relevant staff had appraisals and undertook revalidation with their respective professional bodies. However, the provider was unavailable to provide any evidence of this for the self-employed GPs working at the service or records as to how they assured themselves of this.
- The service was an accredited yellow fever centre with training through NaTHNac. However, we noticed that the registration with NaTHNac had not yet been updated to reflect the service's new address.

Coordinating patient care and information sharing

- The provider did not routinely share information with other professionals about those who attended the service but told us they would if appropriate. The provider also advised that in certain circumstances they would advise people to attend their NHS GPs.

Are services effective?

(for example, treatment is effective)

- A copy of the vaccination record was given to the patient so that they could share this with their GP.

Supporting patients to live healthier lives

During consultations for travel vaccinations people were given health advice to help minimise the risk of contracting travel related diseases. Travellers could also purchase items for their trips onsite such as sterile first aid kits and mosquito nets.

Consent to care and treatment

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

- The provider had systems in place for obtaining written consent for vaccinations given and we saw evidence of this.
- Risks relating to vaccines were discussed with patients to help patients to make an informed decision about their treatment.
- Details of fees for the various vaccinations were available at reception so that patients could be informed of the full costs before receiving them.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated people with kindness, respect and compassion.

- Our conversations with staff indicated that they were sensitive to patients' personal, cultural, social and religious needs. We observed a calm and friendly atmosphere at the practice during our inspection.
- Administrative staff had received customer services training.
- Privacy screens were provided in the consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consulting room and treatment room doors were closed during consultations and conversations taking place in them could not be overheard.
- The provider carried out an inhouse patient survey across the whole organisation. The latest survey was undertaken in February 2016 and predominantly related to the Occupational Health Service. However, the results were positive with 99% or people saying the consultation met their expectation.

As part of the inspection we asked for CQC comment cards to be completed by people who used the service prior to our inspection. We received six completed comment cards, all were positive. People were very complimentary about the service they had received and the way they were treated by staff. Patients said staff were friendly and welcoming.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Feedback received from the people who used the service through the completed CQC comment cards told us that clinical staff took the time to involve them in their care. People said they were listened to and that care and treatment was explained to them.
- The provider's own in-house survey found 97% of people surveyed said there was sufficient time to discuss their health issue.
- For travel vaccinations people were given opportunities to discuss their travel needs during their consultation so that appropriate advice and treatment could be given.
- The provider did not have any specific arrangements for patients whose first language was not English. Staff advised us that if a patient needed support they would ask them to bring someone with them and that this was something they needed to consider as the private GP service developed.

Privacy and Dignity

Staff respected and promoted patients' privacy and dignity.

- If people appeared distressed or wished to speak in private at reception the provider had a room they could offer away from the main waiting area.
- Patient information was held securely in lockable facilities.

Comment cards we received indicated people using the service were treated with dignity and respect. The providers own in-house survey found 84% of people who had used the survey said their privacy was either very good or excellent.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet peoples' needs.

- The provider understood the travel needs of their population and tailored services in response to this. Travel risk assessments were undertaken to identify people's individual needs. Travel consultation appointments were made for thirty minutes to allow time for the assessment.
- The provider was in the process of developing the private GP service, this was located in the city centre close to commercial and business area. The provider explained it wasn't there to replace the NHS GPs but to support those whose busy working commitments made it difficult for them to see their usual GP.
- The service was accessible to those with mobility difficulties. The service could be accessed via a lift and there was space for wheelchair access. Disabled toilet facilities were available within the premises.
- An evacuation chair had been purchased for the new premises and staff had been booked to have training in its use.

Access to the service

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

- All consultations were by appointment. The service was open for appointments Monday to Friday between 8.30am and 5pm.
- Staff told us that people were usually able to get appointments within 24 hours although this depended on the days the clinical staff worked. The private GP service was still in development and numbers attending were low so a GP was not available every day.
- Any urgent or complex care needs would be signposted to more appropriate services to manage their condition.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and had systems in place for responding to them.

- The provider had a complaints policy in line with recognised guidance.
- Information was available which told people about how to make a complaint or raise concerns.
- The provider shared with us one complaint they had received in the last 12 months. Records demonstrated that this was satisfactorily handled and responses demonstrated openness and transparency.

Are services well-led?

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

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

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

- The service was part of a wider organisation led by an executive group board. At a local level the local staff team was supported by the Chief Medical Officer, an Operations Manager and a Clinical Standards Manager who were shared across some of the providers other sites.
- The leadership team was visible and approachable to staff.

Vision and strategy

The service had a vision for the future to deliver high quality services.

- The provider operated as a not for profit organisation and told us that their ethos was about making a difference to people's lives and to deliver quality care. Staff explained that their service in Birmingham was the only one that was providing non-occupational health services registerable with the CQC.
- The provider was looking to developing the private GP practice in Birmingham but this was in its early stage of development and currently constituted only a small part of the overall service being provided.

Culture

The provider aimed to achieve a culture of high-quality sustainable care.

- Staff we spoke with felt respected, valued and supported. They told us that there was someone they could contact for advice and support if needed. They found leaders approachable.
- Staff had access to training and knowledge specific to their roles and knew where to find further guidance and support when needed.
- Our conversations with staff indicated that behaviour and performance of staff was consistent with their vision and values.
- The culture of the service encouraged candour, openness and honesty. We saw evidence of this when responding to incidents and complaints.
- The provider had a whistleblowing policy in place.
- Feedback from patients received through CQC comment cards was positive.

Governance arrangements

Although there was a clear governance structure within the organisation this was predominantly focussed around the occupation health function of the organisation. We identified some areas of weakness in the systems to support the running of regulated services being provided.

- Staff were clear on their individual roles and accountabilities. However, responsibilities for areas such as safeguarding and infection prevention and control had not been clearly set out.
- Meetings generally took place at senior level. Staff told us that communication was mainly via emails. We saw that quarterly clinical bulletins were sent to all clinical staff.
- There were policies and procedures in place which staff could access from their computers. We identified some gaps in policies and procedures to support staff including, safeguarding, fire safety, infection control and business continuity. Equally we saw evidence of audits undertaken by the provider to assure themselves that established policies, procedures and activities to ensure safety were operating as intended, for example, in relation to vaccinations and the cold chain policy.
- The provider had made changes which were had not been reflected in the CQC registration, they were therefore in breach of the conditions of their registration.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not consistently well implemented.

- The leadership team maintained oversight of incidents and complaints to ensure they were acted upon and learning took place.

Are services well-led?

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

- There was evidence of improvement activity to support improvements in the quality of the service, although these currently related mainly to the occupation health side of the service.
- Systems for monitoring performance of individual clinicians was in place however, this also largely related to occupational health clinicians as few patients had been seen through the private GP service.
- We found risks in relation to patient travel needs were well managed to ensure patient safety whilst travelling. However, other areas or risk were less well managed for example, there was a lack of oversight in arrangements relating to the safety of the premises, infection control, recruitment checks for some staff, monitoring of core training requirements and management of safety alerts. There was a lack of risk assessment as to medicines and equipment that would be required in case of a medical emergency. Business continuity arrangements were not shared with all staff in the case of unforeseen disruptions to the service.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Records seen contained appropriate information to support care and treatment provided. The provider had undertaken records audits to check the quality of information recorded.
- Records were tidy and organised and stored securely.

Engagement with patients, the public, staff and external partners

- The provider had sought feedback from people who used the service on an annual basis. The feedback was broken down into individual clinician feedback. Feedback was positive in relation to questions about waiting times, privacy, consultations and environment.
- Clinical staff advised patients to see their usual GP if they had any concerns.
- Those attending for travel vaccinations were given a record of their vaccinations which they could share with their usual GP.
- Although provider meetings took place, opportunities for staff to input were not clear.

Continuous improvement and innovation

We asked the provider about systems and processes for learning, continuous improvement and innovation.

- The private GP service was an area the provider was looking to develop to meet the needs of working people who may struggle to obtain appointments with their usual GP. The private GP service currently formed only a small part of the overall service being provided.

The provider advised us that they had organisational based e-learning with approximately 70 learning modules that could be accessed by staff. They also held monthly clinical webinars for example, on subjects such as spirometry interpretation for clinical staff and where relevant study leave and courses were provided to support staff roles and responsibilities.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The registered person had failed to establish systems to prevent abuse. In particular: The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular: There was a lack of adequate arrangements in place to support staff in the management of risks and concerns relating to safeguarding. **Regulation 13(1)&(2)**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not operate effective systems to enable them to adequately assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • There were gaps in recruitment checks for self-employed staff and evidence of professional indemnity arrangements. • There was a lack of oversight in relation to risks relating to the premises in particular arrangements for fire safety and legionella. • Risks relating to the absence of some emergency equipment and medicines had not been assessed and mitigated against.

This section is primarily information for the provider

Requirement notices

- Effective systems for receiving, reviewing and acting on safety alerts were not in place.
- Policies and procedures were not consistently well established and embedded for all areas reviewed. For example, safeguarding, infection control, business continuity and fire safety.
- Core training requirements for all staff had not been identified with effective systems for monitoring completion.
- There were limited formal opportunities for staff to provide feedback into the service.
- There was limited oversight of infection control.
- There was no policy in place in relation to prescribing guidelines or audits of prescribing to review prescribing.
- The provider had yet to ensure registration of services with CQC were correct and in place and ensure NaTHNac had the correct details in relation to the Yellow Fever Centre location following the service relocation.

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Section 33 HSCA Failure to comply with a condition The provider has failed to ensure the correct registration of services with CQC were in place.