QMADS | QUALITY, MANAGEMENT AND DEVELOPMENT SERVICES

REMEDIAL ACTION PLAN (RAP)

ITEMS	KEY INFROMATION
Service Provider	London Road Surgery (*hereinafter* as **PRS**) - HM1 1LX
CQC Status	Special Measures
Date of CQC Inspection	January, 7th 2021
Current Service Provider / Partner	Dr. Gordon Smith (*trading* as PRS)
Consulting Group	Quality, Management and Development Services (*hereinafter* as **QMADS**) – KT18 5RY
Consulting Team	MINHAS Tariq, XXXXXXXXX (*hereinafter* as **TM, XX, XXX**)
Date of Commissioning / Agreement	Monday 22nd XXXX
Action Plan Approval Date	Thursday, 1st XXXX
Action Plan Initiation Date	Friday, 2nd XXXX
Action Plan Achievement/Completion Date	Friday, 30th XXXX or before
Action Plan Duration	3-4 Weeks
Point of Contact for Stakeholder Enquiries	Dr. Gordon Smith & Tariq Minhas
Emails Correspondence	XXXXX@nhs.net & business@qmads.co.uk
Disclaimer	© - All rights reserved by QMADS.
Exception for Circulation	The updated version of the action plan can be circulated to relevant parties at CQC, CCG, NHSE, and PHE with consent.
Author	MINHAS Tariq

BREACH NOTICES	
You are failing to comply with five of the CQC regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.	
• Regulation 12	Safe care and treatment
• Regulation 16	Receiving and acting on complaints
• Regulation 17	Good Governance
• Regulation 18	Staffing
• Regulation 19	Fit and proper persons

Summary of Inspection (CQC) and Breach Notification (NHSE)	Summary of Objectives for Compliance (PRS & QMADS)
On June 7th ZXXX, the CQC team conducted a comprehensive announced inspection of your practice at London Road Surgery – XXXXX. Overall, the practice is rated as inadequate. Specifically, they found the practice inadequate for providing safe and being well led. It was also inadequate for providing services for the six population groups. Improvements were also required for providing responsive and effective services. It was good for providing caring services. However, the practice was placed in special measures and will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, CQC will take action in line with their enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling the registration or to varying the terms of the registration within six months if the practice do not improve.	We appreciate the gaps which have been identified and we are committed to fill those gaps, we have commissioned a consulting group QMADS LTD and who have started to provide CQC support services to ensure that PRS are 100% compliant with CQC once again under the new leadership of XXXX and refurbished premises. The scope of commissioned work is following: **1.** Manage the remedial (special measures) notice and make the PRS compliant with all the identified gaps and standards for Six Populations Groups, Key Lines of Enquiries and overall CQC regulations. **2.** After achieving all the objectives, conduct an independent mock inspection to highlight any further areas (if applicable). **3.** To ensure that all the workflow procedures are resilient.

SAFE	
The actions which we are going to take with the support of consulting group are following:	
Summary of Inspection (CQC) and Breach Notification (NHSE)	**ACTION TO/WILL BE TAKEN (PRS & QMADS)**
1. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not undertaken and lessons learned were not communicated to support improvement. Patients received a verbal apology, however, these discussions were not recorded.	- Management has ensured that an effective complaints policy is reviewed, made easily accessible as well as understood by all staff and a complaints lead has been nominated. Complaints are added to the practice meetings as a standing item on the agenda, this ensures all complaints are discussed throughout the team and ensure outcomes, learning objectives and policy updates are introduced. All minutes are circulated to keep absentees informed. - Annual review of complaints and near misses are scheduled for the end of June for the previous financial year to identify themes, any themes are then scheduled to be discussed in the following complaints practice meeting. (QMADS 30/06/xxxx)
2. The practice did not carry out a thorough analysis of the significant events; there was no evidence of discussion taking place and actions taken by the practice to improve the process to prevent the same thing happening again.	- Management has ensured that an effective significant events policy, procedure and toolkit is reviewed and staff are educated and trained. Significant events are added to the practice meetings as a standing item on the agenda, this ensures all events including near misses are discussed throughout the team and ensures outcomes, learning objectives and policy updates are introduced, as necessary. All practice meeting minutes are circulated to keep absentees informed. A summary log is in place to identify the commonalities and occurrence of events for prevention. (QMADS 30/06/xxxx)

3. There was no formal policy or incident recording form available. Staff told us they would inform senior managers of any incidents and record the details in an 'incident diary', which was kept in the reception area. We saw an example when a child hit their head against a shelf in the practice; this was recorded in the incident book. Staff informed us that the patient's parent received a verbal apology; however, there was no record of the discussion which took place or any evidence of this incident being discussed with staff or learning shared with all staff.	- Management has ensured that incident policy and forms are shared along with other policies, procedures and protocols for clinical and non-clinical staff. All staff are shown how to access the folders on the shared drive and who the nominated individual is. - Annual review of significant events and near misses is scheduled for the end of June for the previous financial year to identify themes. If needed, further amendments to policy and procedures will be made. Any themes will be discussed in the following significant events practice meeting. (QMADS 30/06/xxxx)
4. Some arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The practice had no policy in place, clearly outlining who to contact for further guidance if staff had concerns about a patient's welfare. There was no lead member of staff for safeguarding. The GPs did, however, attend safeguarding meetings when possible and always provided reports where necessary for other agencies. All (clinical and non-clinical) demonstrated they understood their responsibilities and were aware of what to do if they had a concern; however, non-clinical staff had not received any safeguarding training relevant to their role. Only GPs and nursing staff were trained to child safeguarding level 3 and level 2.	- Management has ensured that a policy is in place and contact details of safeguarding CCG leads are displayed in the policy. Non-clinical staff have undergone adult and children safeguarding training via blue stream. Protected time has been allocated for staff members to complete these. All staff have been shown how to access the policy folder on the shared drive and a nominated safeguarding individual. (QMADS 02/06/xxxx)
5. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for	- Management has ensured posters are displayed in waiting room and all consulting rooms. Staff that have yet to undergo a DBS check will not undertake chaperoning until a DBS certificate has cleared. Chaperoning will be carried out by nursing staff. All staff have been

the role, however, they had not received a Disclosure and Barring Service (DBS) check.	requested to undergo a DBS check, until this arrives all staff have signed a self-disclosure. To facilitate the essential DBS compliance, PRS has signed up to DDC Company for online DBS checks, which is a much faster and efficient service. (QMADS 02/06/xxxx)
6. We reviewed five personnel files and found recruitment checks, which had been undertaken prior to employment of non-clinical staff to be incomplete.	- Dr XXXX has introduced a recruitment policy to ensure all pre-employment checks are undertaken and satisfactory before any new employee starts at Pinner Road Surgery. All staff files have been reviewed to identify any potential non-compliance and action taken to ensure all employees meet UK law and fit and proper CQC regulation. (QMADS 02/06/xxxx)
7. However, there was limited management capacity to deal with day-to-day issues, as the position of practice management was vacant and a suitable replacement had not been appointed.	- Dr XXXX is currently recruiting for a suitable candidate to take up the practice manager post. The senior administrator is available to deal with day-to-day issues with the support of QMADS consulting services. This is only a temporary solution until appointment has been appointed. Dr XXXX has interviewed four potential candidates to date and this has been an active prioritised process, with the help of QMADS. Current senior administrator is being promoted to Assistant Practice Manger. (QMADS 20/06/xxxxx)
8. There were no procedures in place for monitoring and managing risks to patient and staff safety. For example, there was no health and safety policy available, the practice had no up to date fire risk assessments and did not undertake regular fire drills. Electrical equipment was not checked at regular intervals to ensure the equipment was safe to use and clinical equipment was not checked at regular intervals to ensure it was working	- New policies, procedures and protocols including non-clinical audits and assessments have been provided by QMADS, which is accessible via the shared drive to all staff members. Protocols include a 12 month calendar, with due dates of relevant tests, audits and assessments which can be imported into outlook to allow reminder prompts to the relevant staff to organise the appropriate checks in the designated intervals. (QMADS 02/06/xxxx)

properly. The practice also lacked other risk assessments to monitor the safety of the premises such as; control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).	- Practice have completed calibration and PAT testing done for the medical equipment's and fire extinguishers have been checked (PRS 25/05/16) - Legionella Risk Assessment & Water Sampling has been completed (QMADS 31/05/xxx) - Health And Safety Audit has been done by third party on 14 March xxx (RHSS LTD 14/03/xxx)
9. Some arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. However, there was limited management capacity to deal with day-to-day issues, as the position of practice management was vacant and a suitable replacement had not been appointed.	- Dr XXXX has interviewed four potential candidates to date and this has been an active prioritised process, with the help of QMADS. Current senior administrator is being promoted to Assistant Practice Manager. QMADS is providing practice management support and training to the senior administrator as an interim measure until practice manager appointment has been made. - (QMADS 31/10/xxxx) - In meantime, training and development of existing staff members is being reviewed by PRS and QMADS. All staff have been given access to online training portal (Blue Stream Academy) for online courses. Training to be achieved in 2 stages: 1. Essential / Mandatory Training 2. Desirable Training – which has been defined in each staff members PDP created during staff members appraisals with Dr xxxxx in March xxxx.
10. Non-clinical staff had not received annual basic life support training.	- All existing staff members have undergone face-to-face training in April xxxx. New staff members will undergo online training via bluestream for BLS and then undergo face-to-face training at the next available opportunity.

QMADS LTD
1A Merland Rise
Epsom Downs, Surrey
KT18 5RY

BUSINESS@QMADS.CO.UK
WWW.QMADS.CO.UK

0208 111 1188
0789 984 4834

COMPANY NO. 08313940
VAT NO. 258796146