Balaam Street Practice

Quality Report

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Date of inspection visit: 2 June 2015
Date of publication: 24/09/2015

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 Balaam Street Practice on the 2 June 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. It also required improvement for providing services for 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 and people experiencing poor mental health (including people with dementia). It was good for providing effective, caring and responsive services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to the availability of emergency oxygen and staff recruitment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- 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.
- Patients said there was continuity of care, with urgent appointments available the same day.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The practice had not proactively sought feedback from patients through its PPG.

Summary of findings

However, there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure all clinical and non-clinical staff receives appropriate training in infection control and annual infection control audits are completed.
- Ensure all staff receives basic life support training and the practice explores ways of providing access to oxygen. The National Resuscitation Council has the view that: 'Current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.' Oxygen is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxaemia, which is an abnormal low level of oxygen in the blood.
- Ensure that recruitment checks have been completed for staff before the start of their employment.
- Ensure the views of patients through its PPG (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care) and of stakeholders about their experiences, quality of care and treatment delivered by the service are sought.

In addition the provider should:

- To exploring ways of increasing QOF performance.
- To provide equality and diversity training to its staff team.
- To hold regular staff meetings, multi-disciplinary meetings and quarterly palliative care meetings. To keep a recorded audit trail of meetings and ensure that governance issues, performance, quality and risks have been discussed.
- To provide locum GPs with a locum induction pack.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there were areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Significant events were discussed with staff through memos and emails but were not discussed regularly at meetings as they took place on an ad hoc basis. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example there were concerns regarding, the lack of recruitment checks for recently appointed staff and oxygen not being available in the event of an emergency. Two members of non-clinical staff had also not received updated basic life support training.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patient's' needs were assessed and care was planned and delivered in line with current legislation. Staff were committed to working collaboratively and people who had complex needs were supported to receive coordinated care. There were efficient ways to deliver more joined up care to patients. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff appraisals and personal development plans were in place for all staff.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual physical health check. Similar mechanisms for identifying 'at risk' groups were used for patients who were carers, obese, experiencing mental ill health and those receiving end of life care. These groups were offered further support in line with their needs and were offered advice on how to access support networks.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The

Summary of findings

data from the GP Patient Survey 2014 told us patients had confidence in the clinical staff they saw. The majority of patients said they had confidence and trust in the last GP they saw or spoke to and said the same about the last nurse they saw. Patients were positive about their experience during consultations with the GPs with most stating the GP was good at listening to them. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness, respect and maintained confidentiality.

Notices in the patients' waiting room, told patients how to access a number of support groups and organisations.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. The practice responded quickly to issues raised and learned from complaints. The practice had a 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. Patients were provided with the contact details of The Independent Complaints Advocacy Services (ICAS) and the Patient Advice and Liaison Services (PALS) to support them with their complaints.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. All staff were aware of the practice's vision and understood what their responsibilities were in relation to providing a good quality service. There was a leadership structure and staff felt supported by management. However, the GPs did not take an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective.

The practice had a number of policies and procedures to govern activity but did not hold regular governance meetings. The practice did not hold monthly staff or multi-disciplinary meetings and did not record the minutes of clinical meetings. Quarterly palliative care meetings also did not take place. We could not be assured that governance issues, performance, quality and risks had been discussed. There was a limited approach to obtaining the views of patients and other stakeholders. This was restricted to the friends and family test for patients and systems were not in place to obtain feedback from stakeholders.

Staff had received inductions and regular performance reviews.

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

Requires improvement

The practice is rated as requires improvement for the care of older people as there were areas where it should make improvements. Older people were cared for with dignity and respect. However, older patients identified at risk of isolation were not discussed at monthly clinical meetings or multi-disciplinary meetings to monitor their care and address the support they required as necessary. The percentage of patients aged 65 who had received a flu vaccination was at 63.14% compared to the national average of 73.24% and the ratio of expected to reported prevalence of coronary heart disease (CHD) was at 43.65% compared to the national average of 52.29%.

An avoiding 'Unplanned Admissions List' was in place which was designed to help reduce avoidable unplanned admissions by improving services for vulnerable patients at high risk of hospital admission or re-admission. All these patients had a named GP.

Home visits were also made to older patients. There was some evidence of learning and sharing of information to help improve care delivery.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long term conditions as there were areas where it should make improvements. (LTCs). There was evidence of patients with LTCs receiving effective and responsive care. Clinical staff had the knowledge and skills to respond to the needs of patients with cardiovascular diseases, diabetes mellitus, asthma and chronic obstructive pulmonary disease (COPD).

The practice had a palliative care (end of life) register but did not hold regular internal or multidisciplinary meetings to discuss the care and support needs of patients and their families. Patients on the register were discussed with external healthcare professionals through telephone contact and patients were recalled for longer individual consultations with their GPs. Patients with suspected cancers were referred and seen within two weeks. Longer appointments were also available for patients with long-term conditions.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people as there were areas where it should make improvements. The practice was responsive to the needs of this group. There were suitable safeguarding policies and

Summary of findings

procedures in place, and staff we spoke with were aware of how to report any concerns they had. GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. Medical records demonstrated good liaison with partner agencies such as the police and social services. Clinical staff attended child protection case conferences and reviews where appropriate. However, we were not provided with evidence to confirm joint working with midwives, health visitors and school nurses or evidence of regular meetings taking place.

The practice offered a full range of immunisations for children, which included travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the Clinical Commissioning Group (CCG), and there was a clear policy for following up non-attenders by the named practice nurse. Appointments were made available outside of school hours for children and young people and we saw that premises were suitable for children and young people.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students) as there were areas where it should make improvements. 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. 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.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable as there were areas where it should make improvements. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing. Staff we spoke with were aware of their responsibilities in identifying and reporting concerns.

The practice had numerous ways of identifying patients who needed additional support. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Summary of findings

Notices in the patient waiting room, told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were told carers could also access a support service available at the practice.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) as there were areas where it should make improvements. The practice provided a caring and responsive service to people experiencing poor mental health. Although, the dementia diagnosis rate was in line with the national average with the practice achieving 75% compared to the national average 83.83%, we found that only 45.12% of mental health patients experiencing poor mental health had received a health check and had care plans in place in comparison to the national average of 86.09%. The practice had reviewed 75 % of its patients diagnosed with dementia in a face to face review in the preceding 12 months, compared to the national average of 83.83%.

Staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment. The practice worked closely with the local mental health team. All clinical staff had received training in the Mental Capacity Act 2005 and were able to demonstrate an understanding of key parts of the legislation and describe how they implemented it in their practice. The practice had a psychiatric nurse linked to the practice and who visited once every three months. A consultant psychiatrist also reviewed the list of all patients with poor mental health once a year.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GP Patient Survey 2014 and the results of the Friends and Family Test survey undertaken from January 2015 to April 2015 by the practice. These highlighted that patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

The data from the GP Patient Survey told us patients had confidence in the clinical staff they saw. For example, out of 114 patients who completed the survey, 90% said they had confidence and trust in the last GP they saw or spoke with which was higher than the CCG average at 85.8% and 70.9% of patients said the same about the last nurse they saw. Patients were positive about their experience during consultations with GPs and 88.6% practice respondents said their GP was good at listening to them and described their experience as very good.

Patients completed CQC comment cards to tell us what they thought about the practice. We received eleven completed cards and five patients had made positive comments about the service experienced and said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Six comments cards included negative comments which highlighted they did not always find it easy to get through on the phone and found it difficult to make an appointment.

Areas for improvement

Action the service MUST take to improve

- Ensure all clinical and non-clinical staff receives appropriate training in infection control and annual infection control audits are completed.
- Ensure all staff receives basic life support training and the practice explores ways of providing access to oxygen. The National Resuscitation Council has the view that: 'Current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.' Oxygen is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxaemia, which is an abnormal low level of oxygen in the blood.
- Ensure that recruitment checks have been completed for staff before the start of their employment.
- Ensure the views of patients through its PPG (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care) and of stakeholders about their experiences, quality of care and treatment delivered by the service are sought.

Action the service SHOULD take to improve

- To exploring ways of increasing QOF performance.
- To provide equality and diversity training to its staff team.
- To hold regular staff meetings, multi-disciplinary meetings and quarterly palliative care meetings. To keep a recorded audit trail of meetings and ensure that governance issues, performance, quality and risks have been discussed.
- To provide locum GPs with a locum induction pack.

Balaam Street Practice

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 who was granted the same authority to enter registered persons' premises as the CQC inspector.

Background to Balaam Street Practice

Balaam Street Practice is situated in Plaistow in east London and is situated within NHS Newham Clinical Commissioning Group (CCG). The practice holds a Personal Medical Services contract (Primary Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a range of enhanced services including extending hours access, influenza and pneumococcal immunisations and remote care monitoring.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures.

The practice had a patient list of just over 6,700 at the time of our inspection.

The staff team at the practice included two male GP partners, a female locum GP, a female practice nurse and a team of administrative staff, all working a mix of full time and part time hours.

Balaam Street Practice was not an approved training practice.

The practice was open between 08:00 am and 18.30 pm Monday to Friday. Appointments were available all day and the practice did not close during the day.

To assist patients in accessing the service there was an online booking system, text message reminders for appointments and test results. Urgent appointments were available each day and GPs also completed telephone consultations for patients. The out of hours services were provided by a local deputising service to cover the practice when it was closed.

The practice had a higher percentage than the national average of people in paid work or full time education (63% compared to 60.2%); and a higher percentage than the national average of people with health related problems in daily life (53.7% compared to 48.8%). The average male and female life expectancy for the CCG area was below the national average for males and in line with the national average for females.

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.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

This provider had not been inspected before and that was why we included them.

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

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 2 June 2015. During our visit we spoke with a range of staff such as three of the GPs, practice nurse and administrative staff. We spoke with two patients and reviewed personal care or treatment records of other patients. We also reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, they reported incidents and used national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example we saw one recorded significant event where there was a missed cancer diagnosis as a result of the hospital entering the wrong date of birth on the patient's clinical records following an ultrasound. The report was not matched by the practice and added to the patient's clinical records, resulting in the missed diagnosis. The practice met with the patient and their family and was given an apology and explanation of what had happened. The practice reviewed its procedures and a member of staff was given responsibility to match reports.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of eight significant events that had occurred during the last two years and saw this system was followed appropriately.

Although significant events were discussed at meetings when they took place they were not discussed regularly as they took place on an ad hoc basis. For example, three staff meetings took place in 2013 and another three took place in 2014 and one took place in 2015 of which we saw minutes. However, significant events were not a standing agenda item. An annual dedicated meeting was held with all the staff team to review actions from past significant events. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to one of the partner GPs. There were records of significant events, and we were provided with a log dating from May 2014 to the present date. The GP showed us the system used to manage and monitor incidents. We tracked three incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result and that the learning had been shared. For example, a prescription issued appeared to have been stolen and the pharmacist was contacted and the event was discussed with medicines management team who advised that no further action could be taken as it was unclear which prescription had been taken. Action was taken to increase security and a locked cabinet for prescriptions was installed.

National patient safety alerts were disseminated by email and then placed onto the intranet. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at weekly clinical meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action. We saw Medicines and Healthcare Products Regulatory Agency (MHRA) alerts and saw an alert on Ebola that had been communicated to the practice.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that non-clinical staff had received relevant role specific training on safeguarding in both adults and children. We were provided with written documents to evidence that all permanent clinical staff and one of the locum GPs had received Level 3 child protection training and training in safeguarding adults.

We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and

could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example children subject to child protection plans. The practice kept a child protection and an adult safeguarding register.

The lead safeguarding GP was aware of vulnerable children and adults; and medical records demonstrated good liaison with partner agencies such as the police, social services and health visitors. Staff were proactive in monitoring if children or vulnerable adults attended accident and emergency or missed appointments frequently. These were brought to the GPs' attention, who then worked with other health and social care professionals.

There was a chaperone policy, which was visible in the waiting room and in consulting rooms . A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The two GPs and the practice nurse were responsible for chaperoning. They had all received Disclosure and Barring Service (DBS) checks. These 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.

Medicines management

We checked medicines stored in the treatment rooms and the medicine refrigerator and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and daily fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Prescriptions were kept in a locked cabinet, in a locked room and prescription serial numbers were logged.

The practice did not have any Controlled Drugs.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked three anonymised patient records which confirmed that the procedure was being followed.

The practice nurse used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.

Cleanliness and infection control

We observed the premises to be clean and tidy and were provided with written cleaning logs to evidence that cleaning was taking place on a daily basis. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The practice had a lead for infection prevention and control who was one of the GP partners but had not undertaken

further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role but did not receive annual updates. Infection prevention and control audits for each of the last three years had not been completed. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). The practice had undertaken a risk assessment for legionella in June 2013 and had decided that the risk was sufficiently low to make formal testing unnecessary.

Equipment

Staff we spoke with told us they had the equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer that had taken place in December 2014.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at the recruitment files for one locum GP, two reception members of staff and the medical secretary had recently been recruited. We found that appropriate recruitment checks had not been undertaken prior to employment by the practice. For example, for the two members of the reception team and the medical secretary, all three did not have a completed application form and two of them had no references on file. The locum GP did have all the required checks but did not have access to a GP locum pack as there was not one in place. Proof of identification and the appropriate checks through the Disclosure and Barring Service had been completed.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The management showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, fire safety, the environment, medicines management, staffing, and equipment. For example, weekly audit checks of areas such as domestic and clinical waste bins, toilet areas, fire routes/ exits, fire extinguishers, outdoor areas, electrical equipment, security of the building, infection control, e.g. wipes in rooms, gloves, aprons and alcohol gel dispensers were checked. Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. For example, we saw that additional GP cover was arranged following bank holidays and locum GPs were booked in advance to cover staff annual leave.

The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements to deal with emergencies and major incidents

Although the practice had arrangements in place to manage emergencies they were not fully equipped for dealing with emergencies. Records showed that not all staff had received training in basic life support. Two members of the reception team had last received basic life support training in 2011 which meant their training was out of date. The emergency equipment available was an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date. The practice did not have access to oxygen. The National Resuscitation Council has the view that: 'Current resuscitation guidelines emphasise the use of oxygen, and

Requires improvement

Are services safe?

this should be available whenever possible.' Oxygen is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxaemia

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. The plan had been reviewed within the last twelve months.

The practice had carried out a fire risk assessment in April 2014 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practiced regular fire drills.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with the two GPs and the nurse how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff. We were informed that the practice discussed these at their three monthly meetings but were not provided with minutes of these meetings to evidence the implications for the practice's performance and the patients that were identified and required actions agreed. The GPs informed us that they did not record minutes of meetings. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Both GPs and the nurse supported each other to provide care in specialist clinical areas such as diabetes, heart disease, asthma, chronic obstructive pulmonary disorder (COPD) and cardiovascular disease. One of the GPs had an additional certificate in dermatology. The nurse told us the GPs were always there to provide advice and support. The practice used the choose and book system for standard referrals and the GPs followed national standards for two week wait urgent referrals for suspected cancer. Patients we spoke with commented that referrals were always made in a timely manner and the GPs checked that they had attended their appointments with the relevant specialists.

Staff described how they carried out comprehensive assessments which covered all health needs and were in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes received regular health checks and were being referred to other services when required.

The practice also participated in local benchmarking run by the CCG. This was a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. For example the local CCG provided data and feedback to local practices and a CCG wide network incorporating this feedback. For example, the practice compared its anti-biotic prescribing, the number of patients with cardiovascular (CVD) on NSAIDS, its referral rates, to other practices within the CCG.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met. National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. GPs used national standards for the referral of patients with suspected cancers referred and seen within two weeks. We saw where regular reviews of elective and urgent referrals were made and improvements to practice were shared with all clinical staff through email and memo messages.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information was used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the management to support the practice to carry out clinical audits.

The practice had a system in place for completing clinical audit cycles. The practice showed us three clinical audits undertaken in 2014 and 2015, two of which were completed audits and the changes to treatment or care that were made where needed. This first audit linked to GLP-1 Mimetic (exenatide, liraglutide) therapy (medicines to treat diabetes) and that it should only be continued if the patient has had a reduction of at least 1% (11 IFCC points) in HbA1c in 6 months and 3% weight loss from the start of therapy.

Good

Are services effective?

(for example, treatment is effective)

The first cycle took place in September 2014 and the second in February 2015. The main outcome of the audit for patients on the drug was that to only continue the drug if they had a reduction in both hba1c and their weight and patients were reviewed where this had not occurred.

The second completed audit was linked to Glitazone therapy (medicines to treat type 2 diabetes) with the first cycle taking place in August 2008 and then completed in February 2015. The audit results noted that the Glitazone therapy must be used cautiously in patients with risk factors for congestive heart failure and high risk of fractures. As a result of the audit five patient's medication was reviewed.

The third audit was linked to nutritional supplements, which was not yet completed.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The GPs informed that they had not kept up to date with QOF due to staff shortages and as a result their scores were lower than the national average. For example, the practice achieved 80.9% of the total QOF target in 2014.

There was a protocol for repeat prescribing which was in line with national guidance. Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. We looked at the medical records for three patients experiencing poor mental health and found appropriate medication had been reviewed and prescribed. The IT system flagged up relevant medicine alerts when the GPs were prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs reviewed the use of the medicine in question. The evidence we saw confirmed that the GPs had oversight and a good understanding of the best treatment for each patient's needs.

The practice had a palliative care register but did not hold quarterly palliative care meetings to discuss the care and support needs of patients and their families. However, we reviewed four patient records and saw evidence of GP consultations with individual patients.

Effective staffing

Practice staff included two male GP partners, a female locum GP, a female practice nurse and a team of administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory training courses such as safeguarding and chaperoning. However, not all staff were up to date with basic life support training. We noted a good skill mix among the GPs with one GP with a certificate in diabetes and the other with a diploma in Ear, Nose and Throat disorders (ENT).

The practice was not a training practice.

Both GPs were up to date with their yearly continuing professional development requirements, one GP was due revalidation in November 2015 and the other being revalidated in 2015. This is a process where every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. We reviewed five staff files, which confirmed this. Our discussions with clinical staff confirmed that the practice was proactive in providing training and funding for relevant courses, such as cytology, contraceptive and sexual health updates, child immunisations and travel, which the practice nurse had received.

Working with colleagues and other services

The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they

Good

Are services effective?

(for example, treatment is effective)

were received. The GPs who saw these documents and results, were responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries that were not followed up appropriately.

The practice worked with other service providers to meet patient needs and manage complex cases, by making appropriate referrals and liaising with them directly. However, it did not hold clinical multidisciplinary team meetings with external health professionals to discuss the needs of complex patients, for example children on the at risk register.

Information sharing

The practice used several electronic systems to communicate with other providers. There was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals; the practice used the Choose and Book system, which enabled patients to choose which hospital they would like to be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

For emergency patients, there was a policy of providing a printed copy of a summary record for the patient to take with them to the Accident & Emergency (A&E) department. The practice was using the electronic patient record system, and highlighted the importance of this communication with A&E.

The practice had systems to provide staff with the information they needed. Staff used electronic patient records to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

Staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling this legislation. All clinical staff had received training in the Mental Capacity Act 2005. Clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. These processes highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. These helped clinicians to identify children aged under 16 who had the legal capacity to consent to medical examinations and treatment.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

The practice had met with the Public Health team from the Clinical Commissioning Group to discuss the implications of and share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the local area. This information was used to help focus health promotion activity.

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. The GPs were informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and had a palliative care register.

We found that 87.58% of patients with hypertension (high blood pressure) in whom the last blood pressure reading measured 150/90mmHg or less had received a blood pressure check. Of the patients who required a smear test in the last five years, 68.46% had been seen which was below the national average of 81.89. The practice nurse

Good

Are services effective?

(for example, treatment is effective)

informed that she was responsible for recalls and a high number of patients who had declined or did not show up for their appointment which affected the practice's QOF figures.

The practice had a psychiatric nurse linked to the practice and who visited once every three months. A consultant psychiatrist also reviewed the list of all patients with poor mental health once a year. However, performance for mental health related QOF indicators was lower than the national average with the practice achieving 21.63 of the 40 points and was 36.3% below the national average. The dementia diagnosis rate was in line with the national average with the practice achieving 75% compared to the national average 83.83%. We found that only 45.12% of patients experiencing poor mental health had received a health check and had care plans in place in comparison to the national average of 86.09%. The practice had reviewed 75 % of its patients diagnosed with dementia in a face to face review in the preceding 12 months, compared to the national average of 83.83%. The GPs informed that they had not kept up to date with QOF and had therefore scored lower than the national average.

The percentage of patients aged 65 who had received a flu vaccination was at 63.14% compared to the national average of 73.24% and the ratio of expected to reported prevalence of coronary heart disease (CHD) was at 43.65% compared to the national average of 52.29%. We were informed that the local pharmacy also administered flu vaccinations which affected the QOF figures although the practice nurse was trying to recall patients earlier than the local pharmacy. The practice did not have a summariser and the GPs admitted they did always code patient's CHD and as a result had lower QOF figures. They informed they were already exploring ways of increasing QOF performance.

Patients were given support to stop smoking and QOF data showed us that 95.01% of patients had their smoking status recorded which was in line with the national average. There was an asthma register and 65.2% of patients had an asthma review in the last 12 months. The practice met all the minimum standards for QOF in arterial fibrillation (1.8% above the national average) and heart failure (2.9% above the national average). Mechanisms of identifying 'at risk' groups were used for patients who were identified as carers, were obese, those receiving end of life care and those who experienced poor mental health. These groups were offered further support in line with their needs and offered advice on support networks.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all childhood immunisations was above average for the CCG, for example 88.2% of children aged 24 months had received an MMR vaccination compared to the CCG average of 84.7%; 62.2% of 5 year old children had received the DTaP/IPV Booster compared to the CCG average of 69.1%.

The practice also provided occupational health and travel services. Patients were able to access a range of information via the practice website. This included guidance on long term conditions such as asthma, heart disease, diabetes; epilepsy, hypertension, respiratory disease, family health and minor illnesses.

The practice supported its students and working age patients by offering extended opening hours, telephone appointments and online bookings.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GP Patient Survey 2014 and the results of the friends and family test survey which took place every month. We saw the results of the surveys undertaken from January 2015 to April 2015 by the practice. These highlighted that patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

The data from the GP Patient Survey told us patients had confidence in the clinical staff they saw. For example, out of 114 patients who completed the survey, 90% said they had confidence and trust in the last GP they saw or spoke with which was higher than the CCG average at 85.8% and 70.9% of patients said the same about the last nurse they saw. Patients were positive about their experience during consultations with GPs and 88.6% practice respondents said their GP was good at listening to them, describing their experience as very good.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 11 completed cards and five patients had made positive comments about the service experienced and said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Six comments cards included negative comments which highlighted they did not always find it easy to get through on the phone and found it difficult to make an appointment.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk which helped patient information to be kept private. Patients could speak to reception staff in a private room and notices were displayed in the reception areas informing patients of this facility..

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would conduct an investigation and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The GP Patient Survey 2014 and comment cards we received showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example, data from the GP Patient Survey showed 74.4% of respondents said the GP involved them in care decisions and 83.1% of patients felt the GP was good at explaining treatments.

The two patients we spoke with on the day of our inspection were also members of the Patient Participation Group (PPG). They told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on CQC comment cards was also aligned with these views.

Staff told us interpreting services were available for patients who did not have English as a first language. We saw a notice in the reception areas informing patents this service was available. Sign language services were available to support patients with a hearing disability.

Patient/carer support to cope emotionally with care and treatment

The practice website offered patients information as to what to do in time of bereavement and also referred them to a local counselling service.

Good

Are services caring?

Notices in the patient waiting room, advised patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer and the practice assessed carers' needs and kept a register of these individuals.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

We were informed that there was close liaison between the practice and the CCG, particularly as the one of the practice partners was the cardiac lead for the CCG and met with them every month. There was documented evidence to confirm that discussions with the CCG had led the practice to implement service improvements or manage delivery challenges to its population.

The practice had not actively promoted its Patient Participation Group (PPG) which had met twice since starting three years ago. When speaking to two members of the group they informed us that they had not attended any regular meetings. We did not see active advertisements in the reception areas or on the practice website informing patients how they could join the group. The two patients we spoke with said they were very happy with the efforts the practice had taken to involve them in their care. They felt that their concerns were listened to and suggestions were always implemented but would like to see an active PPG to ensure patients had a voice at the practice.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. We saw the practice had identified the numbers of patients on the learning disability register, those experiencing poor mental health, patients who were carers, children and adults on the vulnerable risk register and patients with dementia.

The practice had not provided equality and diversity training to its staff team. Although, this training had not been provided, equality and diversity was discussed at staff appraisals.

The premises and services had been adapted to meet the needs of people with disabilities and there were pushchair and wheelchair access throughout the premises. As well as an accessible toilet there were also baby changing facilities. The practice was situated on the ground floor with all services for patients operating from this floor.

Access to the service

The practice was open between 08:00 am and 18.30 pm Monday to Friday. Appointments were available all day and the practice did not close during the day. To assist patients in accessing the service there was an online booking system, text message reminders for appointments and test results. Urgent appointments were available each day and GPs also completed telephone consultations for patients. Longer appointments were available with a named GP, nurse or healthcare assistant for people who needed them, for example those with long-term conditions. Home visits were made to those patients who needed one. The out of hours services were provided by a local deputising service to cover the practice. Comprehensive information was available to patients about appointments on the NHS choices website.

Poor appointments access was highlighted in the GP Patient Survey 2014 which showed low numbers of patients satisfied with the appointments system, with 50.4% of patients who described their experience of making an appointment as good and only 41.4% informing that they found it easy to get through to the surgery by phone. In response to the GP Patient Survey the practice was in the process of reviewing its accessibility and exploring ways of increasing this.

Listening and learning from concerns and complaints

The practice had a 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 an office manager who was the designated responsible person who handled all complaints in the practice. Patients were also provided with the contact details of The Independent Complaints Advocacy Services (ICAS) and the Patient Advice and Liaison Services (PALS) to support them with their complaints.

We saw that information was available to help patients understand the complaints system such as posters displayed in the reception area.

The practice had recorded five complaints between June 2014 and April 2015. They were satisfactorily handled and were dealt with in a timely way which was in accordance with the practice's complaints policy. Each complainant was written to, discussing their complaint in detail.

Good

Are services responsive to people's needs?

(for example, to feedback?)

All complaints including verbal complaints were thoroughly recorded and we saw evidence of openness and transparency when dealing with complaints. Verbal complaints were recorded in writing to ensure they were not missed and were also responded to in writing.

The practice reviewed complaints on an on-going basis by discussing complaints at its practice meetings to detect themes and trends and to ensure lessons were learned from individual complaints. We saw from the minutes that complaints were discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

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. We found details of the vision and practice values were part of the practice's strategy and business plan. However, we were not provided with evidence to confirm that the strategy and business plan were regularly reviewed by the practice. The practice vision and values included for example to listen to and understand the needs of their patients, provide an environment which was clean, safe and welcoming without discrimination, to provide urgent appointments for those with immediate and urgent medical needs and remain caring and friendly.

We spoke with five members of staff. They knew and understood the vision and values and also their responsibilities in relation to the vision and values.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We reviewed a number of policies, for example the induction policy and recruitment policy, which were in place to support staff. They were detailed and provided appropriate guidance for staff. We were shown the staff handbook that was available to all staff, which included sections on equality, whistleblowing, harassment and bullying at work. All policies and procedures we looked at had been reviewed annually and were up to date.

There was a leadership structure with named members of staff in lead roles. For example, there was a lead for infection control, safeguarding, medication management audits, health and safety, fire safety, information governance and patient complaints. The five members of staff we spoke with told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff were encouraged to learn and develop their careers.

However, the GPs did not take an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. This included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was not performing to national standards for some areas. The GPs informed that they had not kept up to date with QOF due to administration staff shortages and as a result scores were lower than the national average. Although, the shortfalls had been identified, action had not been taken to address or monitor the low QOF performance.

The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. The practice showed us two completed audits and the changes to treatment or care that were made where needed. This first audit linked to GLP-1 Mimetic (exenatide, liraglutide) therapy and the second linked to Glitazone therapy.

There were arrangements for identifying, recording and managing risks. The management showed us the risk log, which addressed a wide range of potential issues, such as risks to the building, staff, dealing with emergencies and equipment. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk.

The practice also had a health and safety policy. Health and safety information was on the practice intranet for staff to see.

Leadership, openness and transparency

The practice did not hold monthly staff meetings or multi-disciplinary meetings and did not record the minutes of clinical meetings. Quarterly palliative care meetings also did not take place. We could not be assured that governance issues, performance, quality and risks had been discussed. Meetings were held on an ad-hoc basis. Clinicians informed us that they had daily discussions and also communicated through email and memos but acknowledged the importance of holding regular meetings and recording them. Staff told us that there was an open culture within the practice and they had the opportunity to raise issues with staff any time.

Seeking and acting on feedback from patients, public and staff

Evidence from other data from sources, including incidents and complaints was used to identify areas where improvements could be made. However, there was a limited approach to obtaining the views of patients and other stakeholders. This was restricted to the friends and

Are services well-led?

Requires improvement

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

family test for patients and systems were not in place to obtain feedback from stakeholders. The practice PPG had been inactive for over 3 years and action had not been taken to monitor, promote or re-activate group meetings.

The practice had gathered feedback from staff appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Regular appraisals took place which included a personal development plan for staff. Staff told us that the practice was very supportive of training.

The practice had completed annual reviews of significant events and other incidents and shared the findings with staff through memos and email communication and but not regular practice meetings. There were records of significant events that had occurred during the last year and we were able to review these.

Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration and they felt encouraged to do so. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person had not ensured all clinical and non-clinical staff had received appropriate training in infection control and the practice had completed annual infection control audits 12 (2) (h).

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person had not ensured all staff had received basic life support training and provided access to oxygen. The National Resuscitation Council has the view that: 'Current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.' Oxygen is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxaemia, which is an abnormal low level of oxygen in the blood 12 (1).

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 registered person had not ensured the views of patients through a PPG (A PPG is a group of patients registered with a

This section is primarily information for the provider

Requirement notices

practice who work with the practice to improve services and the quality of care) and of stakeholders about their experiences, quality of care and treatment delivered by the service had been actively sought, 17(2) (a).

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered person had not ensured that full recruitment checks had been completed for staff before the start of their employment 19 (3) (a).