

# Mrs Sarah Banham

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

<b>Overall rating for this service</b>	<b>Requires improvement</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Requires improvement</b> 

# 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 Rowley Healthcare on 19 March 2015. Overall the practice is rated as requires improvement.

The overall rating for the practice is requires improvement. This is because the safe and well led domains were rated as requires improvement. We found the service was good for caring, effective and responsive domains. It was also rated as requires improvement for providing services for families, children and young people and those of working age, people with long term conditions, older people, people in vulnerable groups and people experiencing poor mental health.

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

- There were systems in place to ensure patients received a safe service although not all of the systems in place were robust.
- There was evidence of clinical audits, significant event analysis and best practice guidance in place to ensure patients' care and treatment achieved positive outcomes.
- Patients were complimentary about the staff at the practice and said they were caring, listened and gave them sufficient time to discuss their concerns.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was responsive to the needs of the practice population and had a system in place for handling patient complaints and concerns.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG).
- There were systems in place for assessing and monitoring the quality of service provision.

# Summary of findings

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded although learning from this was not widely shared
- Urgent appointments were available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through the practice when phoning to make an appointment. Some patients acknowledged that this had started to improve as a result of recent changes to the appointment system.

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

The provider must:

- Ensure infection prevention and control audits and risk assessments of the practice are undertaken
- Ensure that the registered provider submits all statutory notifications related to any absence and relevant applications relating to any changes in registration

In addition the provider should:

- Review the current process to ensure information in relation to supervision and training is available for all staff
- Review the recruitment policy and procedure to ensure robust recruitment processes are consistently implemented to include all necessary employment checks for all staff
- Undertake a Disability Discrimination Act (DDA) audit.
- Address the gaps and inconsistencies in training so that staff have the knowledge and skills they need to deliver care safely and effectively such as chaperone duties and staff are aware of Mental Capacity Act (2005) and what this means in practice.

**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?

There were some systems in place to ensure patients received a safe service. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong lessons learned were not communicated widely enough. For example, learning from incidents was not always communicated to the whole practice although feedback was provided to the individual concerned. In the case of significant events and complaints, reviews of these were standing items on the clinical meeting agenda which the practice manager and GPs attended. In most cases, risks to patients who used services were assessed and the systems and processes to address these risks implemented although this was not done consistently. For example the practice employed locum GPs only, and whilst it was recognised that the same locum had been employed for some time, risk assessments for exclusively relying on locums had not been carried out. Additionally, the recruitment policy and procedures should be reviewed to ensure required processes are being consistently implemented.

Requires improvement



### Are services effective?

Clinical audits were completed to ensure patients' care and treatment was effective. There were examples of evidence based practice which was referenced in patients' care and treatment to ensure positive outcomes were achieved. Multidisciplinary working was also taking place.

Good



### Are services caring?

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients told us that staff listened and gave them sufficient time to discuss their concerns and they were involved in making decisions about their care and treatment. There were good arrangements in place to provide patients with end of life care that was compassionate. Families were supported to cope with bereavement. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were available the same day. We saw the practice had reviewed the needs of its local population and had it had put in

Good



# Summary of findings

place a plan to secure improvements. For example a new appointment system had recently been implemented to try and improve access. We found that the practice was equipped to treat patients but the needs of people with disabilities were not being fully met. Some patients also considered that the premises in general required upgrading although some limited work on improving the reception area had taken place. The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. There was evidence that learning from complaints had been shared with individual staff.

## **Are services well-led?**

The registered provider was absent from the practice at the time of the inspection. Staff we spoke with felt that the service was well run, and that the practice manager and GP provided supportive leadership. Although not all staff were aware of the practice's vision or strategy, staff were aware of their responsibilities in delivering a good service. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated as necessary. There were systems in place for assessing and monitoring the quality of the service provision. There was evidence of improvements made as a result of audits and feedback from patients and had an active patient participation group (PPG). All staff had received inductions but it could not be evidenced that all staff had received regular performance reviews.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. All patients over 75 had care plans in place with a named GP. This is an accountable GP to ensure patients over the age of 75 years received co-ordinated care. Patients in this age group were also offered quarterly health reviews and had access to a dedicated phone line. A coffee morning for all patients was also hosted by the practice one morning a week although this was not very well attended.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Patients with long term conditions were reviewed by the GPs and the nurses to assess and monitor their health condition so that any changes to their treatment could be made. An alert had been set up on the computer system to ensure timely reviews were carried out. The practice had clinics where staff reviewed and managed patients with diabetes. Health checks and medication reviews took place and repeat prescriptions were accessible.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

At the time of our inspection, a practice nurse was not in post. However, we were told that a nurse from another practice was temporarily carrying out the six week baby checks at another location three miles away from this practice. Antenatal clinics were

Requires improvement



# Summary of findings

being held at the practice on a weekly basis by a midwife. The practice immunisation rates for the standard childhood immunisations were mostly near the average for the area. Limited appointments were available outside of school hours.

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The age profile of patients at the practice was mainly those of working age and students but there was no representation of these groups within the patient participation group (PPG). The practice offered extended opening hours for appointments one day a week. The practice website allowed repeat prescriptions to be ordered online but there were no facilities for booking appointments via the practice website.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

The practice had worked to identify all patients who were likely to be at high risk of unplanned admissions and created a case management register. The practice also held a register of patients living in vulnerable circumstances including those with a learning disability. We were shown packs that had been developed by the practice that presented information in a format that was accessible for patients with learning disabilities. The practice had carried out annual health checks for people with a learning disability and offered them longer appointments.

Staff were aware of how to recognise signs of abuse in vulnerable adults and children. Staff were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Data for 2013/2014 showed that 100% of patients with poor mental health at the practice had a comprehensive, agreed care plan documented in their record compared to a national average of 85%. The practice had told patients experiencing poor mental health how to access various support groups and made referrals as appropriate.

The practice carried out advance care planning for patients with dementia. Patients were proactively identified for dementia screening depending on their health, age and other circumstances which would put them in a high risk category. Once identified, they were offered a dementia assessment. Most of the staff had not received formal training on the Mental Capacity Act (2005) or were aware of what this meant. However, when interviewed, staff were able to give examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

Requires improvement



# Summary of findings

## What people who use the service say

As part of the inspection we sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 44 completed comment cards; positive comments were received from 37 patients. Patients said that the staff were friendly and caring, the GPs and nurses listened and took their time and everyone was always helpful. Seven of the comment cards included information about areas that concerned patient. These related to the premises requiring updating, the difficulties encountered in getting through on the telephone and getting an appointment at a time that suited them. One patient also commented that this was starting to improve due to recent changes made by the practice. There were also negative comments by patients on the constant use of locums GPs.

On the day of the inspection we spoke with eight patients including one member of the patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care. Patients gave positive feedback about the service received and told us that staff were friendly, caring and attentive. We were told that staff treated patients with dignity and respect and GPs took their time, listened and understood patient's needs. Two of the patients we spoke with mentioned the reliance on locum GPs. Some patients also commented that the practice premises required updating.

We looked at results of the national GP patient survey carried out in 2014/15. Findings of the survey were based on comparison to the regional average for other practices in the local Clinical Commissioning Group (CCG). A CCG is

an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. In some areas the practice performed below the CCG average:

- The proportion of respondents with a preferred GP who usually get to see or speak to that GP 38% (local CCG average 51%)
- The proportion of respondents who described their experience of making an appointment as good 55% (local CCG average 66%)
- The proportion of respondents who are satisfied with the surgery's opening hours 60% (local CCG average 74%)

In other areas the practice performed better than the CCG average:

- The proportion of respondents who said that they usually wait 15 minutes or less after their appointment time to be seen 63% (local CCG average 54%)
- The proportion of respondents of respondents who found the receptionists at this surgery helpful 92% (local CCG average 84%)
- The proportion of respondents who said the last nurse they saw or spoke to was good at treating them with care and concern 94% (local CCG average 87%)

These results were based on 106 surveys that were returned from a total of 345 sent out; a response rate of 31%.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure infection prevention and control audits and risk assessments of the practice are undertaken
- Ensure that the registered provider submits all statutory notifications related to any absence and relevant applications relating to any changes in registration

### Action the service **SHOULD** take to improve

- Review the current process to ensure information in relation to supervision and training is available for all staff
- Review the recruitment policy and procedure to ensure robust recruitment processes are consistently implemented to include all necessary employment checks for all staff

# Summary of findings

- Undertake a Disability Discrimination Act (DDA) audit.
- Address the gaps and inconsistencies in training so that staff have the knowledge and skills they need to deliver care safely and effectively such as chaperone duties and staff are aware of Mental Capacity Act (2005) and what this means in practice.

# Mrs Sarah Banham

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a second CQC Inspector, a specialist advisor GP and a specialist advisor practice nurse with experience of primary care services.

## Background to Mrs Sarah Banham

Rowley Healthcare is based in the Sandwell and West Birmingham Clinical Commissioning Group (CCG) area. The practice holds a Primary Medical Services (PMS) contract to deliver essential primary care services to approximately 4,250 patients in the local community. The practice operates from a single location in Rowley Regis.

Rowley Healthcare is a nurse-led practice, the provider is also the advanced nurse practitioner (ANP) at the practice. An ANP is a registered nurse who has acquired additional expert knowledge, decision-making skills and clinical competencies for expanded practice. At the time of our inspection, the ANP was on long term leave. The lead GP is a long term male locum. A female locum GP also works at the practice. Other staff employed by the practice included a practice manager, an assistant practice manager, a medical secretary, five reception staff and a cleaner. We saw that a practice nurse had recently been recruited and was due to start at the end of March 2015.

The practice's patient population profile is similar to the national average with a slightly higher number of female

patients between the ages of 40-50. Data from Public Health England shows that the practice is located in an area where income deprivation is higher than the England average.

The practice offers a range of clinics and services including, asthma, family planning, specialist care and diabetes.

The practice opening hours are 8am – 12pm and 2pm – 6pm on Monday, Tuesday, Wednesday and Friday. The practice closes early on a Thursday and the hours of opening are 8.30am – 1pm. During the daytime when the practice is closed between 12pm and 2pm, the telephone lines are covered by 'Primecare'

The practice has opted out of providing out-of-hours services to their own patients. This service is also provided by 'Primecare' who are an external out of hours service contracted by the local CCG.

## Why we carried out this inspection

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

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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 19 March 2015. During our inspection we spoke with a range of staff including the locum GP, the practice manager and two receptionist/administration staff. We also spoke with eight patients who used the service including a participant of the Patient Participation Group (PPG) who also told us of their experience as a PPG member. A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care. We also spent some time observing how staff interacted with patients but did not observe any aspects of patients' care or treatment. We reviewed 44 comment cards completed by patients as well as other relevant documentation.

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)

# Are services safe?

## Our findings

### Safe track record

Patients we spoke with did not report any safety concerns to us and we were not aware of any major safety incidents that had occurred at the practice.

National patient safety alerts were reviewed and appropriate action taken as necessary and we saw evidence to support this. The practice manager was responsible for checking safety alerts. Their role involved responding to any alerts and taking the appropriate action.

The practice had systems in place to report any incidents that occurred at the practice. Discussions with staff demonstrated that they were aware of the process for incident reporting. Staff we spoke with told us they received feedback following incidents on an individual basis and sometimes discussions occurred at staff meetings. Incidents were always discussed in clinical meetings and we saw evidence to support this.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We looked at records of significant events that had occurred during the last year. There had been nine in the last 12 months. We saw that where appropriate, extra training and support had been provided to ensure that the risk of the same event occurring again was reduced.

We saw that significant events and complaints reviews were standing items on the clinical meeting agenda which the practice manager and doctors attended. However, this was not the case for the practice meetings that all staff were required to attend. This meant that although individuals received one-to-one feedback about significant events, the wider team did not always benefit from the learning.

A staff member we spoke with gave an example where a patient had been affected by something that had gone wrong. They told us that in line with practice policy, the practice apologised to the patient and informed them of the actions taken.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. This included safeguarding policies and contact numbers for local safeguarding teams for staff to refer to should they have any concerns. The long term locum GP had taken on the lead for safeguarding and an alert system was in place to highlight vulnerable adults and children. We saw evidence that the lead GP had received safeguarding training for adults and had been booked to attend safeguarding children training at a level suitable for this role. We were told about a recent children safeguarding referral that had been made by the GP.

Not all of the staff had received training in safeguarding adults and children. However, we saw evidence that all remaining staff were booked to complete safeguarding training a week after the inspection.

All staff we spoke with were aware of who to speak with in the practice if they had a safeguarding concern. Staff were able to tell us how they would respond to potential safeguarding issues and how to contact the relevant agencies in working hours and out of normal hours. Contact details for relevant agencies were easily available to staff.

Some of the staff acted as chaperones and we saw that there was a chaperone policy in place at the practice. A chaperone should be offered to patients during intimate examinations or if requested by a patient or clinician. This is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. We found that none of the staff had received chaperone training although staff we spoke with told us that they had been instructed on how they should behave in this role. We asked some of the staff about their understanding of the chaperone policy and to describe what they would do as a chaperone. Staff we spoke with were able to describe some of the procedure, including where to stand to be able to observe the examination appropriately. The practice manager informed us chaperone training had been discussed and all relevant staff would be booked on to attend.

### Medicines management

There was a dedicated secure fridge where vaccines were stored. We were told that reciprocal arrangements were in place with a neighbouring practice in the event of fridge breaking down. Each practice could safely transport and

## Are services safe?

use each other's fridges as a temporary measure. There were systems in place to check the fridge temperature regularly. We saw that staff were recording the range within which temperature fell rather than the actual minimum and maximum temperatures. Although this provided assurance that the vaccines were stored within the recommended temperature ranges, it would not alert staff if the fridge temperature started to consistently go up or down so allow earlier intervention to take place before the temperature fell out of range.

There were systems in place to ensure emergency medicine and equipment were safe and effective to use in the event of a medical emergency. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Policies were in place and the practice staff followed the policy.

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.

The practice routinely used electronic prescribing and where a paper prescription was used a system was in place so that the prescriptions could be accounted for. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times

There were arrangements in place for repeat prescribing so that patients were reviewed appropriately to ensure medications remained relevant to their health needs. Protocols were in place to provide staff with guidance and ensure consistency. All prescriptions were reviewed and signed by a GP before they were given to the patient.

The most recent data available to us showed that the practice prescribing rates for a number of medicines were in line with the national average. We were told about a clinical audit that had been completed in response to new guidelines for prescribing medicines used to lower blood cholesterol levels. Following this, patients had been sent information informing them of the changes that would be taking place.

### Cleanliness and infection control

On the day of our inspection we observed that the practice was clean and tidy. There were systems in place to reduce the risk of cross infection. This included the availability of personal protective equipment (PPE) and disposable privacy curtains that were clearly dated and showed that they had been recently changed. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. However, some of the patients we spoke with felt that the décor required updating.

The practice manager told us that the building was owned by the provider r who together with the practice manager undertook weekly spot checks although these were not recorded. We saw that in one treatment room, some bare plaster patches were visible and in another, the hand-washing sink was not accessible due to equipment and other items being in the way.

The practice employed its own cleaner. There were cleaning schedules in place that included daily, weekly and monthly tasks so that cleaning was consistently maintained. We saw schedules where the cleaner documented the cleaning that had taken place

Records showed that staff had recently completed hand hygiene training. We also saw that a legionella (bacteria which can contaminate water systems in buildings) risk assessment had been completed to ensure that any risks to patients were identified and acted on. This was scheduled to be reviewed the week after the inspection.

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. However the practice had not carried out any infection control audits so could not demonstrate that they complied with infection control standards or had taken mitigating action where they did not meet these, for example the an audit of the facilities available for appropriate cleaning.

We found that suitable arrangements were in place for the storage and the disposal of clinical waste and sharps. Sharps boxes were dated and signed with the date of use to enable staff to monitor how long they had been in place. A contract was in place to ensure the safe disposable of clinical waste.

### Equipment

## Are services safe?

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. Records we viewed showed that medical equipment had been calibrated and electrical appliances had been tested to ensure they were in good working order and safe to use. A schedule of testing was in place and equipment was due to be tested again in December 2015.

### Staffing and recruitment

We saw that the practice had a recruitment policy that set out the standards to be followed when recruiting staff. The records we looked at contained evidence of registration with the appropriate professional bodies. The practice manager confirmed that most of the staff had worked at the practice for a number of years which provided stability within staff team. 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.

We were told that the practice nurse had left in February 2015 and in the interim baby clinics were being carried out by a neighbouring practice nurse. A new practice nurse had now been recruited and was due to start at the end of March 2015. We saw that that a CV, interview notes and one reference was available in the file for this new member of staff. We were told that the identification checks were still to be completed and a second reference would be obtained. The practice manager kept a separate file containing evidence of staff Disclosure and Barring Service (DBS) checks and we were able to view this. 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.

We looked at another staff file and saw that although other checks had been completed, references had not been obtained for that individual. We were told that the individual had worked with the practice manager for a number of years some time prior to being employed at the practice and therefore they had not been asked to provide references. However, this meant that the practice had not followed their own recruitment policy and procedures in a consistent manner.

### Monitoring safety and responding to risk

The practice had policies in place to manage risks to patients, staff and visitors to the practice. This included dealing with emergencies and equipment. Staff we spoke with were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. Staff explained how patients with long term medical conditions were monitored and appropriate alerts were placed on patients' medical records.

We saw that staff had received training in responding to a medical emergency and fire awareness.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Emergency medicines were available in a secure area of the practice and all staff knew of their location. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

There were emergency medicines and equipment available that were checked regularly so that staff could respond safely in the event of a medical emergency. The practice had an automated external defibrillator (AED). This is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. All of the staff who we spoke with (including receptionists) knew the location of the emergency medicines and equipment

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. This had been recently reviewed and was due to be reviewed again in January 2016. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Some of the risks identified included power failure, fire, epidemic and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed and alternative interim accommodation if access to the building was lost.

Records showed that staff were up to date with fire training and that they practised regular fire drills.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The long-term locum GP we spoke with could clearly outline the rationale for their approaches to treatment and was familiar with current best practice guidance and with guidelines from the National Institute for Health and Care Excellence (NICE). The GP was aware of the need to stay updated regarding changes to guidelines and told us that he also maintained good knowledge of the latest General Medical Council (GMC) Good Medical Practice recommendations. The GP gave us an example of managing hypertension and the changes they had made to meet new NICE guidelines was discussed by the GP.

The GP told us each patient was assessed on an individual basis and care planned accordingly. We were told that GPs would refer patients to the health trainer hosted by the practice for healthy lifestyle advice, weight management and for other health information as appropriate. Patients could also self-refer and we saw this advertised in the patient waiting area. We were told that the practice also operated a separate smoking cessation clinic for more focused support. Dedicated clinics for management of alcohol and drug abuse were also being held on a weekly basis. Patients who were identified with rheumatology complaints were referred to the specialist rheumatology nurse who was employed by the practice to attend weekly.

We saw that the practice had care plans in place for patients with chronic diseases such as diabetes, heart disease and asthma who were invited for annual health checks and for vulnerable adults. We were told that vulnerable adults including those with learning disabilities all had a personalised care plan, a named GP and a dedicated phone line. We viewed examples of a number of care plans with these processes in place.

The GP discussed how they adhered to the Quality and Outcomes Framework (QOF) in relation to mental health and the systems in place for identifying 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 such as diabetes, and for implementing preventative measures. The results are published annually. 2013/2014 QOF information showed that 100% of patients with schizophrenia, bipolar disorder and other psychoses had a comprehensive agreed

care plan in the preceding 12 months. The practice had 31 patients on its mental health register who they offered annual health checks to. We also saw that QOF was a standing item on both the clinical practice meetings and the general staff meetings held at the practice.

We were told about and saw evidence of close working with the community palliative care team who held regular meetings with the practice. A palliative care register was held at the practice and appropriate support offered to those identified. We viewed minutes of monthly multi-disciplinary team (MDT) meetings the practice held with palliative care representatives where they discussed patients' needs and required actions were agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support they needed.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with the GP showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. For example, the assistant practice manager was responsible for monitoring QOF and all reception staff were involved in regularly calling patients for reviews. We found staff were knowledgeable about how to refer patients for smoking cessation, counselling or to the dietician as appropriate. Patients could directly be referred to these services (other than counselling) with a booked appointment from reception, increasing ease of access.

In response to low uptake of immunisations the practice had set up dedicated clinics three times a week and on alternative Saturdays and evenings. This increased attendance significantly with the majority of identified patients attending.

We were told that the advanced nurse practitioner (ANP) had completed audits on chronic disease medicines although we were unable to view these on the day of the inspection. We did see an audit of cervical screening which had been completed by the ANP. We saw that it benchmarked the rate of inadequate and abnormal screening against national and regional statistics as well as

# Are services effective?

## (for example, treatment is effective)

documenting individual smear rates. Following the audit the results had been discussed and an action plan implemented in respect of any issues found. The audit was due to be reviewed in March 2015.

The practice showed us other clinical audits undertaken within the last 12 months. Following each clinical audit, changes to treatment or care were made where needed and the audit repeated to ensure outcomes for patients had improved. For example, following an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) regarding a medicine used to reduce blood cholesterol levels a clinical audit was carried out. The aim of the audit was to ensure that all patients prescribed this medicine in combination with another specific medicine for high blood pressure were not put at risk of serious medicines interactions. The first audit demonstrated that 13 out of 50 patients needed their medicines reviewed. Twelve of these patients needed the dose of their medicine to be changed and the practice wrote to them to inform them of the changes that would be taking place. In one case the situation was more complex and an appointment was made to discuss this with the patient. A re-audit was scheduled to take place in the following year. Other examples included audits to show any benefits of increasing quit rates for smoking on reducing unplanned admissions.

We viewed the protocol for repeat prescribing which was in line with national guidance. A computer system alert was in place which flagged patients receiving repeat prescriptions needed to be reviewed by the GP. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

### Effective staffing

Practice staffing included a long term locum GP, managerial and administrative staff. The advanced nurse practitioner (ANP) was on long term leave and the practice nurse had left almost a month before the inspection. However, a practice nurse had recently been recruited was due to start at the end of March 2015.

We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as basic life support. The GP was up to date with their yearly continuing professional development requirements and had been revalidated in 2013. (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).

Staff files we viewed demonstrated that they had undertaken annual appraisals that identified learning needs from which action plans had been documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses. For example one member of staff told us they had originally joined the practice as an apprentice and the practice had funded them for a diploma in administration

Staff files we reviewed showed that where poor performance had been identified appropriate action had been taken to manage this.

### Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage the care of patients with complex needs. Test results, hospital discharge summaries and information from the out of hours service came to the practice either by post or electronically. Anything that arrived by post was scanned into the computer system. We were told blood test results which arrived electronically were reviewed by a GP. The electronic system was used by the GPs to assign tasks to the practice staff. These tasks included sending referral letters and contacting patients to book an appointment. In cases where there was more urgency or sensitivity, the doctor called the patient themselves.

Notifications about patients who had used the 111 out of hours service were received by the practice via email. These were printed and provided to the GPs to consider before all of the information was scanned into patients' individual records. Patients with complex needs such as those receiving palliative care were identified and brought to the attention of the out of hours service.

Midwife, health visitor and smoking cessation clinics were held weekly and the practice could refer patients to a counsellor who also came to the practice every week. A rheumatology nurse was employed by the practice to provide weekly sessions to appropriately identified patients.

We were given various examples of collaborative working with external services such as health visitors, counsellors,

# Are services effective?

(for example, treatment is effective)

midwives, health trainers, palliative care nurses and district nurses. Multi-disciplinary team (MDT) meetings were held quarterly to discuss the needs of patients with complex needs. Separate monthly palliative care meetings were held with palliative care nurses to discuss how to best support those with end of life care needs. These meetings were attended by practice staff such as the GP and the practice manager. We were told the practice advanced nurse practitioner had also attended prior to taking long-term leave. We saw minutes of palliative care meetings and MDT meetings which confirmed this.

## Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local 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, and the practice used the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they would 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 as well as details of the last three practice appointments the patient had attended for the patient to take with them to the Accident and Emergency (A&E) department.

Systems were in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. 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

There were processes to seek, record and review consent decisions. We saw there were consent forms for patients to sign agreeing to minor surgery procedures.

Our discussions with the long-term locum GP and evidence we reviewed showed that they acted in accordance with the legal requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The GP we spoke with was able to demonstrate their understanding of capacity assessments

and how the principles would be applied in practice. We were told that where there were doubts regarding capacity, a formal mental capacity assessment would be requested from a consultant psychiatrist.

An example was discussed with the GP where they had referred a patient for a mental capacity assessment. The patient had become isolated and was refusing carer support following hospital discharge. The practice was able to refer the patient for an assessment by a consultant psychiatrist, occupational therapist and a social worker for assessment.

We saw from the practice training records that other staff had not received formal training on the MCA (2005) and found that other staff we spoke with on the day of the inspection were not aware of the MCA (2005) existence. However, 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.

## Health promotion and prevention

It was practice policy to offer all new patients registering with the practice a health check. This was usually done by the practice nurse but in their absence, was being conducted by the health care assistant. The GP was informed of all health concerns detected and these were followed-up as soon as an appointment was available and if possible at the time of the health check.

Those patients who required additional support were referred to various services such as smoking cessation and weight loss services. For example, patients who were identified as requiring weight loss support were referred to health trainers who attended the practice on a weekly basis. Patients were also able to self-refer to this service. Health trainers help people to develop healthier behaviour and lifestyles. They offer practical support to help people achieve their own choices and goals. We were told that the smoking status of patients was obtained and recorded. We saw that those patients who smoked had been advised to attend smoking cessation support clinics which were held at the practice.

We were told that the rate of patients not attending a booked appointment at the practice was low and we saw evidence to support this. The normal rate of patient non-attendance was around 5% per week. The practice was proactive in following up any patients who missed their appointment.

## Are services effective? (for example, treatment is effective)

Systems were in place to ensure patients with long term conditions were involved in their care. We saw that the practice had developed personalised care plans for patients with learning disabilities. These were in an 'easy read' format to help them be involved in the long term management of their care. A dedicated practice phone number was provided and a named member of staff was also allocated to the patients.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities and we saw that 19 patients had been placed in this register which was reviewed annually. However, there was no register of carers to identify patients who may need extra support because of their responsibilities as a carer. An alert system set up on the computer was used by the practice to notify the staff when a patient review was required and reception staff would call patients as appropriate.

The practice offered immunisations for children and flu vaccinations in line with current national guidance. Information for 2014 demonstrated that the practice's performance for immunisations was below average for both child and adult immunisations compared to others in the Clinical Commissioning Group (CCG) area. The practice had recognise this and taken steps to make it easier for patients to attend for immunisations. This had already resulted in improved uptake of immunisations. The practice also offered cervical screening although we were unable to view data relating to this.

We saw evidence to demonstrate that patients were signposted to local support groups to enable them to maintain a good quality of life. We saw that a wide range of leaflets and posters informing patients of support services and alternative therapies were available in the reception area. This included guidance on choosing the most appropriate service for effective treatment and advice.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Patients completed CQC comment cards to tell us what they thought about the practice. We also spoke with eight patients. We received 44 completed cards and the majority were positive about the service experienced and were complimentary about the care given by the practice.

Patients were offered a chaperone for intimate examinations. Our discussions with staff demonstrated that they were aware of the importance of maintaining patients' dignity and respect during such procedures. All patients we spoke with felt they were always treated with respect and dignity by all members of staff.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation and treatment room doors were closed during consultations. We saw curtains could be drawn around treatment couches in consultation rooms to ensure patients' privacy and dignity in the event of someone entering the room during treatment.

In the reception area we observed how staff and patients interacted with each other, in person and over the telephone. Staff were helpful, polite and understanding towards patients. We observed that staff were careful in what they discussed with patients approaching the reception desk. Staff took incoming calls away from the desk so that sensitive information could not be overheard. However, we also saw that the door leading to the staff reception area was kept open. This meant that patients walking past the door to get to the GP consulting rooms could see into the reception area where patient files were located. During our inspection we found that we could look into this area and read confidential information such as patient names and addresses from patient files. We informed the practice about this and they told us that the door was kept open for the convenience of practice staff but would keep it closed in future.

We were told that patients could discuss more private issues in any rooms that may be free. However, we did not see any information informing patients that they could discuss any issues in private away from the main reception desk

There was one locum female GP working at the practice which gave patients the option of seeing either a male or female GP.

### Care planning and involvement in decisions about care and treatment

The National GP patient survey results from January 2015 showed that the practice was either average or slightly above average in comparison to other practices for patients being involved in decisions about their care and for being treated with care and concern by the GP. For example, 91% felt that the nurses involved them in care decisions. This result was slightly above the national average. Patients we spoke with told us that they were involved in planning their care and making decisions.

Feedback from the patients we spoke with was positive and we were told that the practice was extremely caring and supportive. Patients 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. Patients commented that they were willing to wait a little longer when arriving for an appointment as they knew they would also get sufficient time to properly discuss all issues with the GP or nurse.

Care plans were in place for patients with a view to avoiding unnecessary hospital admissions as well as for vulnerable adults. Records were coded appropriately and completed care plans were given to the patient. We were told that all patients over 75 years (305) had quarterly reviews and those identified as 'at risk' had care plans in place to avoid hospital admissions. We viewed some of those care plans on the day. Systems were in place to ensure that patients' records were updated following any hospital admission or outpatient appointment.

Staff told us that translation services were available for patients who did not have English as a first language although this was rarely used due to the practice having very few patients who did not speak English.

### Patient/carer support to cope emotionally with care and treatment

The practice had a contract in place for the services of counsellor who visited the practice once a week. The practice manager informed us that the contract had been extended for another 2 years. Patients were referred to the

## Are services caring?

counsellor by their GP as required but could also self-refer. Health trainer services to help improve patients' emotional well-being through a healthier lifestyle was also available for patients. Patients could either access this through the GP or self-refer. They were available twice a week and we saw that the range of services they could offer was advertised in the reception area. A coffee morning for all patients was also hosted by the practice one morning a week although this was not very well attended.

The long term locum GP provided bereavement support to family members when patients died. We were told that family members were always contacted by the practice

following a death to offer support and that a condolence card was sent from the practice to the family. There were arrangements in place to refer patients to specialist services if necessary and we saw contact numbers displayed in the staff reception area.

National patient survey information we reviewed for 2014/2015 showed that patients were generally positive about the emotional support provided by the nurses and rated it well in this area. For example, 94% of respondents said that the nurse they saw was good at treating them with care and concern compared to a local area average of 87%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found aspects of the service were responsive to people's needs with systems in place to maintain the level of service provided. The practice delivered core services to meet the needs of the main patient population they treated. For example screening services were in place to detect and monitor the symptoms of long term conditions such as diabetes. There were vaccination clinics for babies and children and women were offered cervical screening. Patients over the age of 75 years had an accountable GP to ensure their care was co-ordinated.

We saw that the practice had a patient participation group (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. We spoke with a member of the PPG who told us that the group met regularly. There was evidence that the practice had acted on feedback from patients and the PPG. As a result of patient feedback improvements had been made in the telephone system at the practice to improve access. The practice recognised the need to recruit new members to the PPG who were reflective of the practice population. The PPG were considering changing the timings of the meetings to make it more accessible to working patients who wanted to join. We saw that the PPG had identified further actions required as result of patient feedback such as updating the seating upholstery within the waiting areas so that it was easier for infection control purposes. However, issues remained regarding the general décor of the practice.

### Tackling inequity and promoting equality

The practice had not completed a Disability Discrimination Act (DDA) audit to show compliance with the DDA. This act ensures providers of services do not treat disabled people less favourably, and must make reasonable adjustments so that there are no physical barriers to prevent them using their service. There was level access to the practice which aided those with mobility issues. However, the entrance doors themselves were both heavy and not automatic. This could cause difficulty for a person in a wheelchair or with other mobility issues although staff told us they would assist when needed. Furthermore, we were told that the PPG had raised concerns about the front entrance door to the practice 'sticking' so that it was difficult to open. This

would be especially a concern for people with disabilities. We were told that the practice had previously tried to get this fixed but this had not been very successful. The practice told us that those patients who were unable to access the practice would be visited at home.

There was a loop induction system to help patients with hearing aids.

We saw that all staff at the practice had had attended equality and diversity training. Staff we spoke with were able to provide examples of how they would ensure that the equality and diversity principles were applied.

We were told that the majority of the patients registered at the practice spoke English which meant that interpreting services were rarely needed. If required however, the practice did have access to translation services and we were told the GP was also able to speak a second language. The practice website could also be translated into 90 different languages to ensure that patients had access to all information about the practice.

### Access to the service

The practice was open between the hours of 8am to 6pm on Monday, Wednesday and Friday. The practice had extended opening hours on Tuesday when it was open from 8am to 8pm. This was particularly useful to patients with work commitments. The practice closed on Thursday afternoon from 1pm.

Primecare, an out of hours provider contracted by the Clinical Commissioning Group (CCG) provided the out of hours service to the practice from 6pm to 8am and during weekends when the practice was closed. If patients called the practice when it was closed, answerphone messages gave the telephone number they should ring depending on the circumstances and the time of day.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits. Details were also provided on urgent medical assistance when the practice was closed. Other information such as way in which repeat prescriptions could be ordered or the types of services available at the practice was also available on the practice website.

Longer appointments were available for patients who needed them and those with long-term conditions had an alert on the system so staff knew they might need a longer

# Are services responsive to people's needs?

(for example, to feedback?)

appointment. This also included appointments with a named GP or nurse. Appointments could be booked for the same day, within two weeks or further ahead. Patients could also make appointments and order repeat prescriptions through an on-line service. Comments from patients showed that patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice.

The results of the national GP patient survey for 2014/15 showed that the practice rated lower than the national average for the percentage of patients who found it easy to get through to someone at the GP surgery on the phone (66% compared to 73% nationally). Seven out of the 44 comments cards completed raised concerns about telephone access to the surgery and getting appointments although two of them acknowledged that this had started to improve. We saw that priority had been given to telephone systems and appointments during the last practice satisfaction survey in 2014. The main issue identified related to the telephone system. With advice from the PPG, an action plan had been developed and implemented. Comments received from patients on the day of the inspection and evidence we saw from the practice surveys confirmed that the changes had started to have a positive impact in getting appointments.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person

who handled all complaints in the practice. A complaints leaflet was not available although we saw that the practice leaflet had a complaints section which was available to patients.

The practice manager told us that written complaints were considered to be formal complaints which were logged and responded to accordingly. Verbal complaints were usually addressed on the day on which they were made. Patients we spoke with on the day of inspection said that staff were approachable and friendly and they would raise any issue or concerns with them as needed. Two of the patients we spoke with told us they had made verbal complaints which had been dealt with appropriately.

We were provided with a log of complaints received in the last 12 months. We found seven complaints had been logged by the practice which also documented the action taken and learning implemented. We saw that lessons learned from individual complaints had been acted on. For example, in one case some extra training had been provided to the appropriate staff whilst in two cases the incident had been discussed at clinical meetings. This resulted in a patient having an alert placed on their record for a recurring illness to ensure ease of regular access to an appointment in future.

Staff we spoke with were aware of the process for making a complaint and were aware of their responsibility to raise concerns and to report them. We were told that the practice manager would investigate complaints and involve the appropriate member of staff. Reception staff told us that would pass information on to the practice manager for discussion and investigation.

# 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

At the time of our inspection, the provider was on leave from the practice. The practice had also been without a permanent practice nurse for almost a month, although a new practice nurse had been recently recruited and was starting at the end of March 2015. GPs employed at the practice were all on a locum basis although we were told that one of the GPs had been with the practice for a number of years.

We discussed how the practice planned to deliver care with the future challenges that faced them such as access to the service, resources and the exclusive use of locums GPs. By using locums the practice could be vulnerable should the long-term locum decide to leave. The practice manager explained that before they joined the practice, a number of different locum GPs were being used from various different agencies. The practice manager had since worked hard to build a strong relationship with one locum agency and improved stability by using one long term locum. The practice manager agreed that there was an element of increased risk in using only locum GPs. However, they were confident that the other regular locum GPs who covered most sessions would provide suitable notice if they decided to leave. However, no written confirmation of this had been obtained and no risk assessments had been carried out in relation to this.

We were told that the long term locum had been offered a permanent position but was unsure of how they wanted to proceed. The practice told us that they had advertised externally for a permanent GP position but that response had been poor. We were told that the provider was now uncertain about the long term strategy in relation to this. We spoke with the long term locum GP who told us they were unsure about the practice's vision and plans for the future.

We spoke with the members of staff available on the day and found they had some understanding of the vision and values of the practice. Although there was some uncertainty one of the staff talked about how the practice focus was on caring about their patients and trying to make continual improvements where possible. We did not see note of any discussions at meetings were the staff had discussed and agreed any visions or values of the practice.

Staff also said that they felt that the service was well run, and that the practice manager and GP provided supportive leadership. Staff were encouraged to report incidents and complaints to improve the quality of the service. This showed a culture where transparency and openness was encouraged.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We looked at some of these policies and procedures and found that they had been reviewed and were up to date.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. 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 e.g. diabetes and implementing preventative measures. The results are published annually. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was a standing agenda item for discussion at monthly team meetings.

The practice manager told us that when the advanced nurse practitioner (who was also the provider), was at work they had taken part in a local peer review system with neighbouring GP practices. In their absence the practice could not provide us with more detailed information about this.

### Leadership, openness and transparency

The registered provider was absent from the practice during the inspection. There is a regulatory requirement to inform CQC when the service provider is proposed to be absent from carrying on or managing the regulated activity for 28 days or more. Although we reminded the practice manager of this requirement, at the time of this report this notification had not been received. In the absence of the registered provider, the practice manager had taken on the lead role at the practice. We were told that the Clinical Commissioning Group (CCG) were aware of this.

Documentation in relation to appraisals, training and qualifications for the advanced nurse practitioner were not available to the time of the inspection. We did not gain

# Are services well-led?

Requires improvement 

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

assurance that the appropriate training and competency checks were in place for cervical cytology, administration of vaccines and minor surgery which the person had performed.

Staff all told us they felt valued, well supported and knew who to go to in the practice with any concerns. Leadership was provided by the practice manager and the long term locum GP. We saw from minutes that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. For example, staff told us that the 'no-blame' principles at the practice helped to remove any concerns they may have had in raising contentious issues.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example the recruitment, induction and disciplinary policies which were in place to support staff. Staff we spoke with knew where to find these policies if required.

The practice also had a whistle blowing policy and staff told us that they felt confident to raise any concerns about poor care that could compromise patient safety. Whistleblowing is when staff are able to report suspected wrong doing at work, this is officially referred to as 'making a disclosure in the public interest'.

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

The practice had an established patient participation group (PPG) in place which had six members. This is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG did not contain representatives from all population groups such as working age people but we were told that it had been difficult to maintain representation from younger age population groups due to work and family commitments. In response to this the PPG was considering changing the time when they held meetings to increase participation from this group.

We saw minutes of previous PPG meetings and saw how the PPG had been fully involved in initiatives such as

increasing appointment availability and introducing patient satisfaction surveys. We saw that as a result of feedback, the practice had recently made improvements to the appointment booking system. The practice manager showed us improvements that had been made to the waiting area, which included new chairs and some redecoration following feedback from patients.

We saw that a practice suggestions box was located in the waiting area for patients to suggest changes or improvements and we were told that the practice manager regularly looked at the comments left. However, we opened the box on the day of the inspection and found a number of suggestions left by patients dating back to 2013. We informed the practice manager who told us that this had been an over-sight.

The practice gathered feedback from staff generally through appraisals, meetings and informal discussions. Staff that we spoke with told us that they felt listened to and gave examples such as requests for specific training which had been provided.

## Management lead through learning and improvement

We found that staff at the practice were motivated and committed to finding ways of continual improvement through learning. Staff told us that they felt any training request would be considered by the practice. Staff we talked with spoke highly of the support received from the practice manager in helping to maintain their professional development through training and mentoring.

We looked at two staff files, we saw that regular appraisals took place which included a personal development plan. However, appraisal and training records of the ANP were not available on the day of the inspection and we were informed that this would be forwarded to us after the inspection. However, sometime after the inspection we were told that it would no longer be possible to send us the relevant information.

The practice had completed reviews of significant events, complaints and other incidents and shared with clinical staff at meetings to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations  
2010 Cleanliness and infection control

The practice did not have an effective system to assess the risk of and to prevent, detect and control the spread of health care associated infection. The practice had not carried out infection control audits and so could not demonstrate that they complied with infection control standards or had taken mitigating action where they did not meet these.

Regulation 12 (1)(a)(b)(c) (2)(a)

This breach corresponds to regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 14 CQC (Registration) Regulations 2009  
Notifications – notice of absence

The practice did not notify as required, the absence of the registered provider.

Regulation 14 (1)(a) (2)(a)(b)(c)(d)(e)

This breach corresponds to regulation 14 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment